Quality Account

2011-2012

LOROS Sites:

LOROS Hospice
Groby Road
Leicester
LE3 9QE
Tel: 0116 231 3771
Fax: 0116 232 0312

Manor Croft Day Therapy Unit
147 Ratcliffe Road
Stoneygate
Leicester
LE2 3TE
Tel: 0116 270 7339

Website:  www.loros.co.uk

Registered Charity No:  506120
Registered company in England and Wales:  1298456
CQC Provider ID:  1-101728486

This Quality Account was endorsed by the LOROS Board of Trustees
VISION
(Our long term aspiration for our society)

Everyone with an incurable illness has the right to excellent care. This should value and respect their uniqueness and their own choices. People should be enabled to live and die with dignity and with appropriate and compassionate support for them and their loved ones.

MISSION
(Our goals and activities in working towards our Vision)

LOROS is a charity whose aim is to enhance the quality of life of adult patients with cancer, progressive neurological conditions and end-stage organ failure for whom curative treatment is no longer possible. Patients are treated at the hospice and in the community based upon clinical need, regardless of background and the ability to pay.

LOROS specialises in holistic, multidisciplinary care, focused on the whole person and including family and carers. The care given takes into account the patients’ physical, psychological, social and spiritual needs as well as their own choices. Family members are supported in adjusting to loss and bereavement.

LOROS contributes to the education and training of its own and other health and social care professionals and of volunteers. The charity is also committed to research in order to improve the understanding and practice of palliative care.

VALUES & BEHAVIOURS
(How we will strive to be)

PROFESSIONAL in our attitude and everything we do

FOCUSED on patients, families and carers whilst listening, learning and adapting to their diverse needs

COLLABORATIVE in working together and with others

COMPASSIONATE in providing care and responding sensitively to requests for support

TRUSTED within our organisation and by our community
“LOROS staff have been amazing and the facilities are wonderful…”
November 2011

“Staff are always very helpful and go out of their way to help patients and their families…”
January 2012

“I have been coming to LOROS for about 10 years to the Lymphoedema clinic. I cannot think of anything that could improve the special care and consideration I have always received…”
February 2012

“LOROS is a wonderful hospice… It has a brilliant atmosphere…”
April 2012

“I was on the point of physical collapse, literally, when admitted and now, 1 week later, I feel as strong and well as I could possibly be. Thank you for the huge difference it has made to me and my family…”
May 2012
## Contents

### Part 1
- Statement on Quality from Chief Executive ........................................... 1

### Part 2
- Priorities for Improvement 2012/13 – Future Planning .......................... 2-4
- Statements of Assurance from the Board .............................................. 4
- Review of Services (Mandatory Statement) ........................................... 4
- Participation in Clinical Audits (Mandatory Statement) ......................... 4-5
- Research (Mandatory Statement) .......................................................... 6
- Education .............................................................................................. 6-7
- Goals Agreed with Commissioners (Mandatory Statement) .................. 7
- What Others Say About Us (the Provider) (Mandatory Statement) ....... 7-10
- Data Quality (Mandatory Statement) ..................................................... 10
- Information Governance Toolkit (Mandatory Statement) ...................... 10
- Clinical Coding Error Rate .................................................................... 10

### Part 3
- Quality Overview - Review of Quality Performance ............................ 13-16
- Clinical Data .......................................................................................... 17-20
- Service Specification 2012/13 ............................................................... 21-22
- Demonstrating Patient Outcomes ......................................................... 23
- Feedback from Patients/Families .......................................................... 23-25
- What Our Staff Say About the Organisation ......................................... 26-28
- The Board of Trustees Commitment to Quality .................................... 28
- Glossary of Terms .................................................................................. 29
- Written statements by other bodies ...................................................... 30-31
Part 1

Statement on Quality from the Chief Executive

LOROS is an independent local charity providing palliative care and support to around 2,500 people each year across Leicester, Leicestershire and Rutland. Patients are offered our care services based upon medical need and independent of gender, race, colour, creed or the ability to pay. In fact all of the care services are provided free of charge as a consequence of about 1/3 of the cost being funded by NHS and 2/3 from the generosity of the local community.

LOROS has an excellent track record of delivering outstanding care over the last 25 years and a reputation as an extremely worthwhile and valued local charity. This is based upon a clear purpose and focus and an enduring commitment to quality. LOROS staff and volunteers are passionate about their roles and the organisation and seek constantly to capture and act on feedback to improve further.

There are specific examples of commitment to such improvements in quality in this document in terms of developing an enhanced model of day care; investing in better communication systems; focussing more on partnership working and improving IT systems.

LOROS is actively engaged with the NHS and other stakeholders in determining how the quality of End of Life Care can be developed in the future.

A large number of people have contributed to the creation of this Quality Account, most notably the Director of Care Services.

The LOROS Board of Trustees reviewed and approved this Quality Account in September 2012.

To the best of my knowledge, the information contained in this document is accurate.

Simon Proffitt
Chief Executive

September 2012
Part 2

Priorities for Improvement 2012/13 – Future Planning

The hospice has a number of on-going initiatives to enable us to offer a more comprehensive service to the local community, whilst working within the limitations of the current financial constraints. All plans for improvement have been discussed with, and have been influenced by staff, volunteers, patients, carers and the community we serve. The key priorities we have selected have been influenced by the recent strategic review and will impact directly on two domains of quality: Clinical Effectiveness and Patient Experience.

Clinical Effectiveness

Priority 1 – Day Care Transformation

The outcome of the review of the current day care service was presented at a Board of Trustees “Away Day” in March 2012. It was agreed that LOROS was committed to providing a day care service for the foreseeable future. However, the review concluded that the current facilities (Manor Croft) were no longer fit for purpose and that to ensure a greater number of patients can access the service and an increased choice of services can be offered, including a greater focus on clinical interventions, a new service model should be piloted at the main hospice site and at a suitable venue in the community. This has since been agreed as being in Loughborough.

It is hoped that the pilots will commence in October 2012 and will run for 12 months with on-going evaluation. It is envisaged that following a successful pilot, a fit for purpose day therapy centre will be commissioned on the hospice site and further satellite units will be established around Leicestershire County and Rutland. The Manor Croft site will be sold to help fund any new build and support the services in the community. The new day therapy service will also involve working in partnership with other charities to help share the financial burden and enable a wider menu of services to be offered to patients and carers across Leicester, Leicestershire and Rutland (LLR).

Patient Experience

Priority 2 – Improving Communication Channels (user involvement, patient information, website development)

LOROS is committed to involving patients and carers in service developments and improvements and ensuring that they can access the right information at the right time to enable patients to make informed decisions about their care.
There are several initiatives developing at the hospice to assist with this. LOROS has recently revised its ‘Have your Say’ feedback mechanism and changed it to ‘Tell Us What You Think’. This now includes specific questions around key areas of service delivery and also gives people the opportunity to tell LOROS what the hospice does well and what could be improved. This has been positively received since its introduction in May 2012.

A new Patient/Carer Information Board is being developed in the Social Area at LOROS and will include the ‘Tell Us What You Think’ feedback each month to inform service users as to what people have said about the services and how the hospice has responded. The board will also include information regarding a new Patient/Carer Participation Group that is to be established in the autumn. The group will consist of patients, carers and healthcare professionals from across the hospice working together to develop and improve our services. This group will also be able to contribute to the development of future Quality Accounts.

All LOROS patient/carer information is to be reviewed to ensure it meets national requirements and to ensure consistency of presentation across all departments. A readers’ panel will be formed with representation from the Patient/Carer Participation Group to ensure all leaflets are easily understandable. Opportunities will be explored to translate relevant leaflets into other languages if required.

The LOROS website is currently being redesigned to ensure it contains all the relevant information, is easy to navigate around the different sections and is able to be easily maintained and updated as required. Patients and carers will be consulted as part of the redesign process to ensure the new site is ‘user friendly’ and has the appropriate content for service users. It will also include important information for GPs and other health and social care staff.

**Priority 3 – Inclusivity**

Inclusivity was highlighted as a key priority as part of the hospice’s Strategic Review. A high level action plan was presented at the Board of Trustees “Away Day” in March this year outlining the key areas to be addressed to ensure LOROS is accessible to all individuals from across LLR based on their clinical need. Priorities fall under four main headings: data collection, awareness and accessibility, training and education and research. Some progress has already taken place in a number of these areas and following agreement by the Board an Implementation Group is now taking other specific pieces of work forward. One component of the action plan is the Broadening Horizons Project which aims to raise awareness of local palliative and end of life care services amongst the Black and Ethnic Minority (BME) communities of Leicester City. This is a two year project funded by a grant from the Volunteering Fund for Health and Social Care. Volunteers have been recruited to support the project and have been attending a number of events around the city over recent months. Initial feedback is very positive.
and it is hoped that the project evaluation will demonstrate an increase of awareness in these communities which should in turn lead to greater access to our services from our local BME population. LOROS acknowledges a comment from Leicestershire LINk in last year's Quality Account, which outlined the diversity of BME communities and that some may not wish to access our services. However, from the work undertaken so far it would appear that there is a severe lack of knowledge amongst these communities and that this is definitely a contributing factor in relation to individuals not accessing the services. We therefore believe that raising awareness will hopefully ensure that those who do wish to use our services will be informed and feel able to do so.

**Statements of Assurance from the Board**

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to palliative care providers. Please note that the wording of these statements is prescribed.

**Review of Services (Mandatory Statement)**

During 2011/12, LOROS has provided for the NHS:
- In-patient Unit
- Day Care Unit
- Outpatients and domiciliary palliative medicine consultant visits
- Care in the community palliative care nurse specialist service
- Home visiting
- Counselling
- Lymphoedema Clinic service (cancer and non-cancer)
- Complementary therapy
- Education service

**NB – the hospice at home service is not provided by LOROS**

LOROS has reviewed all of the data available to them on the quality of care in all of these services (NHS services). The income generated by the NHS services reviewed in 2011/12 represents one third of the total expenditure incurred in the provision of services by LOROS for the reporting period 2011/12.

**Participation in Clinical Audits (Mandatory Statement)**

There have been no national clinical audits in 2011/12, however LOROS has participated in an East Midlands Cancer Network Audit regarding the use of strong opioids (pain killers) across the region. LOROS has not participated in any national confidential enquiries during this time period.

To ensure provision of a consistently high quality service, LOROS has reviewed and revised the Clinical Audit Programme. This programme provides a means to monitor the
quality of care being provided in a systematic way and creates a framework where we can review this information and make improvements where required. In addition to the annual clinical audit plan, clinical teams are encouraged to propose ideas for clinical interest audits. The Board of Trustees is kept fully informed about the audit results and any identified shortfalls through quarterly and annual reports. Through this process, the Board has received an assurance of the quality of the services provided.

Examples of Audits Year 2011/12

<table>
<thead>
<tr>
<th>Subject Matter</th>
<th>Implications for Practice /Outcomes of Audit</th>
<th>Follow-Up Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control: 5 Moments of Hand Hygiene</td>
<td>▪ Low compliance for the first 3 months of 2012</td>
<td>▪ Continue with Infection Prevention and Control Training within the mandatory training timetable. ▪ Results and importance of hand hygiene disseminated to all staff.</td>
</tr>
<tr>
<td>Inpatient Unit Respect &amp; Dignity Audit</td>
<td>▪ 100% compliance except: 50% of patients were not offered hand washing facilities prior to meals.</td>
<td>▪ Hand wipes now placed on meal trays before they leave the kitchen.</td>
</tr>
<tr>
<td>Nutrition – Day Centre</td>
<td>▪ 100% compliance.</td>
<td>None required.</td>
</tr>
<tr>
<td>Self-Assessment Tool – Accountable Officer: Controlled Drugs, Inpatient Unit</td>
<td>▪ 100% compliance delivered except: Role &amp; Responsibility of the Accountable Officer – 95.7% compliance.</td>
<td>▪ Although compliance is high, a Pharmacy CD Audit will be introduced annually in addition to the Accountable Officer Audit and the twice yearly general CD audit to ensure that there is an audit of CD processes every 3 months.</td>
</tr>
<tr>
<td>Standards for Hospice and Palliative Care Chaplaincy. Audit of the practice of the Chaplaincy service.</td>
<td>▪ Area for improvement: standard 2 – spiritual and religious care. Computerised records are not always completed for spiritual and religious needs assessment and how these will be addressed.</td>
<td>▪ Discussion to take place with new Clinical Systems Lead regarding re-configuration of the computerised template.</td>
</tr>
</tbody>
</table>
Research *(Mandatory Statement)*

LOROS is actively developing opportunities to question and challenge the provision of palliative care from its broadest perspective. Research in 2011/12 has included:

1. IMPACT (Improving Palliative Care for Tomorrow) – Researching the impact of a Foundation Degree in palliative and supportive care.
2. A study exploring the value and impact of seeking feedback from patients and carers to students on the Foundation Degree.
3. The donation of tissue samples post mortem for pharmaceutical and other research.
5. Knowledge and attitudes of hospice staff to organ donation.
6. Use of sedation in palliative care.
7. Care in the last days of life for people with cancer: Aspects of decision making: A qualitative study of the perspectives of clinical staff and bereaved relatives.

Research has been disseminated through presentations at National Conferences.

LOROS has adopted the Research Governance Framework for the NHS and is overseen by the Hospice Education and Research Committee.

Future research is being focussed on the following areas:
   1. Innovative services in specialist palliative care
   2. Diversity and disadvantage
   3. Education including communication skills
   4. Lymphoedema
   5. End of life decision making and advance care planning

Education

LOROS continues to develop a reputation for high quality, innovative and relevant education provision across the UK. Education activity continues to expand and includes a wide range of taught programmes and practice development in the workplace to the extent that over 2500 individuals accessed a LOROS education programme during 2011/12. Continued success in attracting End of Life Care Funding for education has contributed to the increase in activity.

The LOROS Education Department has recently taken on the responsibility for internal staff education, training and development as well as the external education provision. Working closely with Heads of Departments and Human Resources, this model will ensure a non-fragmented approach to internal staff development which supports appropriate workforce development.
The LOROS Education Strategy is now embedded within the organisation and work is underway to achieve the milestones identified within the document. A Business Manager has been appointed within the Education Department to support the business elements of the strategy. Evaluation of education provision with evidence of impact on practice together with metrics for demonstrating value for money are key areas to be undertaken through the role of the Business Manager during 2012/13 and will be undertaken in partnership with local NHS workforce planning and educational commissioning groups.

CPEP (Centre for the Promotion of Excellence in Palliative Care) is a joint initiative between LOROS and De Montfort University. CPEP seeks to enhance the quality of palliative care provision through education, research and public engagement and was officially launched at a House of Commons event held in March 2012. To date CPEP has achieved a number of highly positive outcomes, including a student nurse award in recognition of excellence in palliative care supported by the Royal College of Nursing, the joint appointment of an educational Fellow in palliative care and an innovative education programme which will develop GPs as palliative care mentors in order to disseminate and support best practice in primary care.

**Goals Agreed with Commissioners (Mandatory Statement)**

LOROS’ income in 2011/12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) Payment Framework, because LOROS is not contractually part of the CQUIN scheme. We do provide an annual care report for the Primary Care Trust (PCT) cluster and shadow Clinical Commissioning Groups (CCGs). Revised Key Performance Indicators (KPI) have been agreed for the period 2012/13. For the reporting period 2012/13, payment will not be related to KPI compliance.

**What Others Say About Us (the Provider) (Mandatory Statement)**

LOROS is required to register with the Care Quality Commission (CQC); currently the hospice and Manor Croft Day Therapy Unit are registered separately which has previously been a requirement. However following a recent visit to Manor Croft by the CQC, LOROS has been advised that the current service provision does not require it to be registered with the CQC. The hospice’s current registration is as a provider of the following regulated activities:

The Leicestershire & Rutland Organisation for the Relief of Suffering has the following conditions of registration that apply:
1. **Diagnostic screening procedures**  
The Registered Provider must ensure that the regulated activity, diagnostic and screening procedures is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the locations LOROS The Leicestershire and Rutland Hospice.

2. **Treatment of disease, disorder or injury**  
The Registered Provider must ensure that the regulated activity treatment of disease, disorder or injury is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the locations LOROS The Leicestershire & Rutland Hospice.

Nursing care has recently been removed from the registration as is covered within treatment of disease, disorder or injury.

Additional conditions that apply at LOROS Hospice:

1. The Registered Provider must only accommodate a maximum of 32 service users at LOROS The Leicestershire & Rutland Hospice.

LOROS applied for a change to its registered manager in July 2011 following the appointment of a new Director of Care Services. This application was successfully approved in September 2011. The Care Quality Commission has undertaken unannounced visits to both sites in February and March 2012 and the hospice and Manor Croft were found to be fully compliant in all areas reviewed. Some of the quotes outlined in these reports are included below:

**CQC visit February 2012 – Hospice Site**

*We received positive comments from both patients and their relatives. People told us they were involved in decisions about their care and treatment and that they received care and support from staff that were able to meet their needs.*

A patient and their relative told us: "They talk to you about everything, nothing is done without your involvement and they write down your wishes which they listen to and act upon”.

*The care plans and records we looked at were holistic, and looked at how people’s health affected all aspects of their lives and that of their relatives. Care plans were supported by risk assessments and considered a range of health care needs. [They] covered topics which included eating and drinking, hygiene, moving and handling, pressure ulcer prevention and pain management [and] considered the physical, social, psychological and spiritual needs of the patient.*
Patients and relatives we spoke with were aware of the range of services provided at LOROS and told us of the personalised care and support they received. One person told us..."They asked me about my cultural needs when I first came in, they asked me about my preferred diet and my religious needs”.

The service enabled people to comment on the service they received and had a robust system to ensure that complaints were recorded and responded too.

Patients' medication was managed well which supported their safe care and effective treatment.

Patients and relatives we spoke with told us that in their opinion there were sufficient nursing staff on duty to look after them. They told us the doctors and nursing staff were available when they needed them.

We observed throughout our inspection a number of staff on duty which included doctors, nurses and health care assistants. Staff were readily available to meet the needs of patients and we saw them spending time with both patients and relatives talking about their care, treatment and support.

**CQC visit March 2012 – Manor Croft Site**

Patients told us the most significant benefit to them from attending the service was mixing with and speaking with people who had similar health conditions to themselves. Patients told us that LOROS provided a safe and supportive environment which enabled them to speak openly without fear of judgement with other patients and staff.

Patients were respected and were supported to understand the care, treatment and choices available to them. Patients' views and experiences were taken into account which was reflected in the service they received.

We spoke with three patients and asked them whether the service respected and involved them in the service they received. One patient told us "They explain what the doctors have told you, gently and kindly using words not to upset you but to help you understand. They show you kindness and compassion but not pity."

Patients we spoke with shared with us their comments about the staff and volunteers at LOROS palliative day therapy unit. Patients' comments included: - "I think they're lovely and fantastic, they can't do enough." "My named nurse is fantastic, she talks to me about things at home, and has helped me sought things out."

All staff and volunteers spoken with said they felt valued appreciated and informed about their roles; there was an open access to management and peer support. Positive
comments were also observed for their views of training and development opportunities.

**Data Quality (Mandatory Statement)**

LOROS did not submit records during 2011/12 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

**Information Governance Toolkit (Mandatory Statement)**

We are currently putting in place the relevant framework documents, policies, training and security infrastructure to attain 100% Level 2 compliance, which would grade us green on the Connecting for Health’s Information Governance Grading Scheme. Our current score of version 10 (2012/13) of the Information Governance Toolkit is 14%. This has a target date of completion for November 2012.

When we achieve 100%, LOROS Hospice will be compliant with Connecting for Health’s standards and provide patients with the confidence that their information is being dealt with safely and securely.

**Clinical Coding Error Rate**

LOROS was not subject to the Payment by Results clinical coding audit during the period 2011/12 by the Audit Commission.
Part 3

Report on Review of Quality Performance 2011/12

Clinical Effectiveness

Priority 1 - Patient Record System

Following a thorough evaluation of different options, LOROS is in the process of implementing SystmOne which is an electronic patient record system already in use by a majority of GPs in Leicester, Leicestershire and Rutland. This system is due to go-live at LOROS on 1 February 2012 and should enhance patient care and the organisation’s effectiveness and efficiency. It will not only provide LOROS with a modern IT system for processing and storing patient information but will also provide an opportunity to share such information between healthcare professionals, subject to approval of individual patients.

Update

SystmOne went live as planned at the beginning of February 2012. Implementation took place across the entire organisation and was extremely successful. After a period of embedding the new system and giving opportunity for staff to get used to recording clinical data electronically, developments will now take place to make the system even more efficient. The organisation has recently appointed a Clinical Systems Lead to ensure the on-going maintenance and development of SystmOne. The benefit of sharing patient information across organisational boundaries has already been realised. To assist in the governance process a documentation audit will be undertaken on an annual basis to measure where practitioners are documenting information and what is being recorded. Any areas for improvement to ensure consistency and clarity of information will then be implemented.

Priority 2 - Partnership Working

LOROS already works closely and effectively with a number of other organisations involved in providing health and social care. The implementation of the Health and Social Care Bill will result in palliative care services being commissioned by GP led local Clinical Commissioning Groups as opposed to PCTs. Consequently, LOROS is seeking to establish very close working relationships with these CCGs in order to enhance end of life care.

Furthermore, effective education and training of healthcare professionals is increasingly being regarded as a requirement to improve the quality of end of life care. LOROS will enhance its provision in this area, as well as in research, by partnership working with
De Montfort University (DMU) to create jointly a Centre for the Promotion of Excellence in Palliative Care (CPEP).

**Update**

LOROS is maintaining links with the now merged PCT cluster and is also developing links with the Clinical Commissioning Group Leads and End of Life Care Leads within each Commissioning Group. Plans regarding proposed developments in services such as the transformation of day care are being communicated and input into such initiatives is being encouraged. LOROS remains engaged with the local LINks organisations and are sending representatives to events regarding the newly formed Health and Well Being Boards. LOROS also has representation on the recently formed End of Life Care (EOLC) Network which has representation from across Leicester, Leicestershire and Rutland (LLR) and whose remit is to help shape the future delivery of EOLC within the region.

The Centre for the Promotion of Excellence in Palliative Care (CPEP) was launched nationally at the House of Commons in March 2012 with support from Liz Kendall, MP. A local launch followed at DMU in May and Professor Mayur Lakhani the End of Life Care Commissioning Lead for Leicestershire West was the key note speaker at this event.

**Patient Experience**

**Priority 3 - Day Care**

As part of a broad strategic review, LOROS is currently conducting a specific review of day care with the objective of ensuring that the model for the future best meets the needs of patients. This will be within the context of other services offered by LOROS and other providers. A wide range of stakeholders are being consulted, including patients, carers, family members and referrers.

**Update**

Covered under Priority 1 – priorities for improvement 2012/13

**Patient Safety**

**Priority 4 – Syringe Driver Replacement Programme**

In December 2010 the National Patient Safety Agency (NPSA) identified patient safety issues associated with the use of certain types of syringe pump, including the Graseby pump currently used in LOROS.

In response to this, working alongside hospital and community services, the Graseby pumps currently used will be replaced, in October 2011, by syringe pumps that
incorporate the necessary safety features stipulated within the NPSA Rapid Response Report.

Consultation between palliative care providers, within the hospital and community settings, is on-going in order to minimise risks to patient safety and maintain quality of care across care settings during the transition period.

**Update**

All Graseby pumps were replaced with the recommended McKinley pumps in November 2011. The transition went very smoothly following a comprehensive training programme co-ordinated and delivered by a member of the LOROS Advancing Practice and Development Team. The majority of health providers across LLR are now using McKinley pumps, which has greatly reduced the risk of errors. There have been minimal incidents reported since the changeover. In response to a concern raised by Leicestershire LINk in last year’s Quality Account in relation to the time it took to make this change over, LOROS would like to comment that as soon as the NPSA alert was published, the hospice developed a replacement plan. Clearly, funding such a change was a key consideration in relation to agreeing a change over date and ensuring all staff were competent in using the new pumps. Implementation also needed to be in line with other organisations across LLR to reduce the risk of errors.

**Quality Overview - Review of Quality Performance**

LOROS is a specialist palliative care provider – we also provide an education and training service to ensure as many people as possible can benefit from the specialist knowledge and experience LOROS has developed around palliative and end of life care.

In accordance with the Department of Health (DH), LOROS submits a National Minimum Dataset (MDS) to the National Council for Palliative Care.

The Minimum Data Set Report for 2010/11 (*see below*) is the 16th report to be produced. The most recent National Minimum Data Set which covers the period 2010/11 compares LOROS against the published results.
National Survey of Patient Activity Data for Specialist Palliative Care Services

In accordance with the Department of Health, LOROS submits a National Minimum Dataset (MDS) to the National Council for Palliative Care.

The Minimum Data Set Report for 2010/11 (see below) is the 16th report to be produced. The most recent National Minimum Data Set which covers the period 2010/11, compares LOROS against the published results.

### Inpatient Unit:

<table>
<thead>
<tr>
<th>Age (all patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 and under</td>
<td>0.19%</td>
<td>1%</td>
</tr>
<tr>
<td>25 - 64</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>65 - 84</td>
<td>57%</td>
<td>53%</td>
</tr>
<tr>
<td>85 and over</td>
<td>12%</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity (new patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>77%</td>
<td>89%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis (new patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Cancer</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>

| Average Length of Stay   | 15.6             | 13          |
| Admissions Ending in Death | 55%            | 46%         |
| % Bed Occupancy (midnight) | 73.3%          | 73%         |
| Throughput (Adms per bed per year) | 21.8 | 24       |
| Turnover (Interval between adms) | 4.2 | 4       |

15.5% of new patients had no ethnicity recorded.

For LOROS the % admission for non-Cancer patients for 10/11 is around 14% including Motor Neurone Disease (MND). The figure quoted in the National Data accounts for patient numbers not admission rates.

The fact that 45% of admissions ended in discharge should go some way to dispelling the myth that hospices are just somewhere where people go to die.

### Daycare:

<table>
<thead>
<tr>
<th>Avg number of new patients</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>105</td>
<td>113</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (all patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 and under</td>
<td>0.29%</td>
<td>0%</td>
</tr>
<tr>
<td>25 – 64</td>
<td>34%</td>
<td>31%</td>
</tr>
<tr>
<td>65 – 84</td>
<td>55%</td>
<td>57%</td>
</tr>
<tr>
<td>85 and over</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Male</td>
<td>43%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>57%</td>
<td>51%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity (new patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>76%</td>
<td>94%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis (new patients)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Cancer</td>
<td>15%</td>
<td>21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average length of care (days)</th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>180</td>
<td>244.4</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg no of sessions per year per unit</td>
<td>211.8</td>
<td>151</td>
</tr>
<tr>
<td>Avg no of places per session</td>
<td>14.9</td>
<td>20</td>
</tr>
<tr>
<td>% use of available places</td>
<td>74%</td>
<td>86%</td>
</tr>
</tbody>
</table>

317% of new patients had no ethnicity recorded

4Excluding the patients with a ‘not known’ diagnosis 15% had a diagnosis other than cancer. Of the 132 services responding 27% had more than 20% of patients (reaching to over 50% in the case of two services) with a non-cancer diagnosis.

558% of patients attended for 90 days or fewer while 24% attended Day Care for more than 180 days.

Community Services:

<table>
<thead>
<tr>
<th></th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Number of new patients</td>
<td>550</td>
<td>528</td>
</tr>
<tr>
<td>Age (all patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 and under</td>
<td>0.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>25 - 64</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>65 - 84</td>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>85 and over</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Ethnicity (new patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>70%</td>
<td>89%</td>
</tr>
<tr>
<td>Diagnosis (new patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Cancer</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Average number of visits per patient</td>
<td>4.2</td>
<td>4.9</td>
</tr>
<tr>
<td>Home deaths</td>
<td>64%</td>
<td>46%</td>
</tr>
<tr>
<td>Average length of care (days)</td>
<td>123</td>
<td>105.6</td>
</tr>
<tr>
<td>Average caseload per team</td>
<td>226</td>
<td>202</td>
</tr>
</tbody>
</table>

6For the third year of the revised MDS we have seen an increase in the number of people using Community Services who died at home or in care homes. The number of deaths in hospices also increased by more than 5%. (LOROS figures show home deaths have decreased slightly 09/10 to 10/11 from 57% to 54% (home deaths include care homes) and hospice deaths have increased from 20% to 24%).

Medical Outpatients:

<table>
<thead>
<tr>
<th></th>
<th>Nat Survey 10/11</th>
<th>LOROS 10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (all patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 and under</td>
<td>1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>25 - 64</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td>65 - 84</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>85 and over</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Ethnicity (new patients)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White British</td>
<td>761%</td>
<td>92%</td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Cancer</td>
<td>21%</td>
<td>22%</td>
</tr>
</tbody>
</table>

732% of new patients had no ethnicity recorded.
**Inpatients:**
Of the 113 services seeing people with a primary diagnosis of MND, 94% saw 10 patients or fewer. Five Independent and 2 NHS units saw more than 10 patients (*LOROS more than 10 patients*).

**Day Care:**
Of the 110 services who see people with MND, 95% saw 10 patients or fewer. No NHS services saw more than 10 patients and one service alone saw 26 patients – which accounted for 5% of people seen (*LOROS 10 patients or fewer*).

**Community Care:**
Community Care services were the only setting where the majority of services saw more than 10 people. Of the 119 services who reported seeing people with MND, 72% saw 10 or fewer and 7% saw more than 20 people. *LOROS Community CNS Team did not see any MND patients during this period as there are MND Community CNSs locally.*

**Outpatients:**
34% of services did not see anyone with MND, of those that did 87% saw 10 of fewer. One unit alone saw 59 people with MND – 16% of the total number of people (*LOROS saw 59 people with MND*).
## Clinical Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of new referrals</td>
<td>1616</td>
<td>1697</td>
<td>1574</td>
</tr>
<tr>
<td>Total number of admissions to Inpatient Unit (IPU)</td>
<td>797</td>
<td>730</td>
<td>659</td>
</tr>
<tr>
<td>% of admissions ending in discharge</td>
<td>55%</td>
<td>54%</td>
<td>45%</td>
</tr>
<tr>
<td>% occupancy</td>
<td>83(M)/90</td>
<td>73(M)/80</td>
<td>76(M)/82</td>
</tr>
<tr>
<td>Average Length of stay on the IPU (days) midnight figure</td>
<td>14</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Total number of medical outpatient attendances including Manor Croft and Domiciliary</td>
<td>509</td>
<td>528</td>
<td>649</td>
</tr>
<tr>
<td>Total number of Lymphoedema outpatient attendances incl Consultant Lymphoedema clinics</td>
<td>2316</td>
<td>2623</td>
<td>2197</td>
</tr>
<tr>
<td>Total number of Enablement Team Therapy Clinic attendances including Acupuncture sessions</td>
<td>99</td>
<td>117</td>
<td>151</td>
</tr>
<tr>
<td>Total number of Complementary Therapy Outpatient sessions not including Ward activity</td>
<td>780</td>
<td>937</td>
<td>690</td>
</tr>
<tr>
<td>Total number of attendances by patients at Day Therapy Unit</td>
<td>1829</td>
<td>1830</td>
<td>2010</td>
</tr>
<tr>
<td>Total number of contacts with patients by the CNS Team</td>
<td>3578</td>
<td>3394</td>
<td>3044</td>
</tr>
<tr>
<td>¹Total number of written clinical complaints</td>
<td>4</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>The number of clinical complaints that were founded</td>
<td>1</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>The number of clinical complaints which were unfounded</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>The number of written compliments</td>
<td>346</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>²The number of drug incidents</td>
<td>41</td>
<td>44</td>
<td>36</td>
</tr>
<tr>
<td>²The number of near miss drug incidents</td>
<td>50</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>²Slips, trips and falls (patients only)</td>
<td>115</td>
<td>109</td>
<td>82</td>
</tr>
<tr>
<td>³The number of patients who experience a fracture or other serious injury as a result of a fall (from 2011 onwards all fractures are classified as Serious Untoward Incidents)</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Indicator</td>
<td>2011/12</td>
<td>2010/11</td>
<td>2009/10</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>4  The number of patients known to be infected with MRSA on admission to</td>
<td>4</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>the IPU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Patients infected with MRSA whilst on the IPU</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4  The number of patients known to be infected with Clostridium difficile,</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia on admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Patients who contracted these infections whilst on the IPU</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5  Number of Patients admitted to the IPU with pressure sores</td>
<td>-</td>
<td>81</td>
<td>66</td>
</tr>
<tr>
<td>5  Number which were Grade 3 or 4</td>
<td>10</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>5  Number of Patients who developed pressure sores whilst on the IPU</td>
<td>-</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>5  Number which were Grade 3 or 4</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>6  The total number of serious patient safety incidents or serious</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>untoward incidents (inc. pressure sores of grade 3 and 4 developed at</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOROS and fractures)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Number of Outpatient Attendances includes Hospice (incl: Pain clinics & Motor Neurone Disease (MND))/Manor Croft and Domiciliary Visits Day Therapy Attendances does not include first assessments carried out in patients home. Attendance figures % admissions ending in discharge calculated using 10 months of data prior to S1 deployment. Inpatient Unit figures accurate for 12 months.

1 The hospice cares for over 2,500 patients and relatives each year. We received 4 written complaints during the period April 2011 – March 2012 which has fallen since the previous year. All were resolved and only one related to care on the IPU which was received and resolved in June.

All complaints are taken seriously, thoroughly investigated and acknowledged to the person making the complaint. They are also reported to the Clinical Governance Steering Group. Once the investigation has been completed the findings are shared with the complainant and the appropriate actions taken with the relevant staff. A register of complaints is kept along with a register of compliments.

2 During the past 12 months, the number of incidents reported remains high. LOROS trains it staff to understand the importance of reporting all incidents including near misses. The forms are initially reviewed by the relevant head of department and learning points noted and fed back to the appropriate teams to action. The forms are also seen by the Operations Manager who is responsible for Health and Safety at LOROS and the Director of Care Services. All incidents are logged and reported on a quarterly basis to the Clinical Governance Steering Group and any further
actions identified. Drug incidents are also discussed at the Therapeutics Committee and areas for improvement identified and subsequently actioned. In addition, incidents relating to controlled drugs are reported quarterly to the Local Intelligence Network. Accountable officers from all relevant healthcare providers across LLR are members of this group which provides an external governance process regarding the management of controlled drugs.

During the year 2011/12, a total of 1 incident has been reported to the Care Quality Commission and the Health and Safety Executive, in relation to the incidents which have happened to patients. All patient incidents are thoroughly investigated and copies of all findings and the report are held on the patient’s files. This is incident related to a fall resulting in a fracture. The patient was on the In-patient Unit, and had significant underlying health problems. Learning from these incidents was to stress to staff the importance of continual assessment of patients, whilst understanding the need for patients to be empowered and independent.

Infection rates remain low but LOROS continues to proactively address infection prevention and control (IPC) across the organisation. The appointment of an IPC Lead Nurse has been very successful in helping to train staff and ensure that policies and procedures are kept up to date and are appropriately implemented. Hand sanitizers are readily available within all clinical areas and have now been introduced at the bottom of each patient’s bed. A leaflet has recently been produced to educate visitors on the importance of hand hygiene and regular audits and awareness events are undertaken across the hospice.

Over the last year there have been some discrepancies regarding the collection of pressure sore data. Evidence has been documented in individual patient records but not all grade 1 and 2 pressure sore data has been collected on the database. This has recently been resolved and complete figures will be included in 2012/13 Quality Account. All grade 3 & 4 pressure sores are recorded and reported to the PCT immediately either on admission or if they develop following admission to the IPU.

Any Serious Untoward Incidents are investigated by LOROS and also reported immediately to the PCT. A total of 3 incidents were reported in 2011/2012; 2 were pressure sores which developed into a grade 3/4 whilst patients were on the IPU and one related to a fracture.

**Safeguarding**

The development of a robust approach to safeguarding continues at LOROS. Policies relating to safeguarding and mental capacity have been updated and an action plan has been developed to help ensure all staff and volunteers receive the appropriate level of training and information to enable them to safeguard individuals within our care. A number of written resources are being utilised to support the formal training programme including the Safeguarding Adults prompt cards and an in-house Safeguarding Handbook which has been developed for volunteers. LOROS is also in the initial stages of developing e-learning packages to enable greater numbers of clinical staff to access the training they require as quickly as possible. The LOROS Social Workers act as lead advisors in all safeguarding issues and will continue to deliver some aspects of training and provide support and advice to staff as required.
### LOROS Hospice Care for Leicestershire & Rutland

#### Service Specification 2011/12

**Key Performance Indicators (KPI) - Figures correct at date of submission**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 PPD Achieved Ward(^1)</td>
<td>60%</td>
<td>86%</td>
<td>72%</td>
<td>83%</td>
<td>93%</td>
<td>73%</td>
<td>93%</td>
<td>90%</td>
<td>72%</td>
<td>69%</td>
<td>76%</td>
<td>61%</td>
<td>86%</td>
</tr>
<tr>
<td>PPD Achieved CNS(^1)</td>
<td>60%</td>
<td>62%</td>
<td>63%</td>
<td>85%</td>
<td>69%</td>
<td>70%</td>
<td>80%</td>
<td>76%</td>
<td>68%</td>
<td>52%</td>
<td>69%</td>
<td>No Data(^4)</td>
<td>No Data(^4)</td>
</tr>
<tr>
<td>2.1 Advance Care Plan Ward (evidenced by completed EMAS and/or DNARCPR)</td>
<td>50%</td>
<td>89%</td>
<td>97%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>90%</td>
<td>85%</td>
<td>91%</td>
<td>94%</td>
<td>87%</td>
<td>91%</td>
<td>99%</td>
</tr>
<tr>
<td>3.2 Ward patients on LCP(^2) v.12 documentation used in Ward from June 2011 (evidenced in Medical records)</td>
<td>85%</td>
<td>92%</td>
<td>83%</td>
<td>85%</td>
<td>92%</td>
<td>96%</td>
<td>92%</td>
<td>91%</td>
<td>87%</td>
<td>76%</td>
<td>96%</td>
<td>78%</td>
<td>79%</td>
</tr>
<tr>
<td>3.3 The Ward provides a response to the initial request within 2 hours.</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Patients admitted to the Ward within 48 hrs(^3) of request being made if required clinically and enough resources available to do so.</td>
<td>90%</td>
<td>84%</td>
<td>90%</td>
<td>90%</td>
<td>79%</td>
<td>83%</td>
<td>87%</td>
<td>98%</td>
<td>89%</td>
<td>79%</td>
<td>85%</td>
<td>No Data(^4)</td>
<td>No Data(^4)</td>
</tr>
<tr>
<td>4.4 The CNS service provides a response to the request within 2 working</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Legend:**
- **Red** - Below 80% of threshold
- **Amber** - Between 80% and 100% of threshold
- **Green** - 100% + above of threshold
days and undertakes a visit within 5 working days (or at a timescale at the patient’s request)

<table>
<thead>
<tr>
<th>4.8 CNS patients on LCP</th>
<th>85%</th>
<th>80%</th>
<th>73%</th>
<th>71%</th>
<th>85%</th>
<th>55%</th>
<th>82%</th>
<th>75%</th>
<th>84%</th>
<th>56%</th>
<th>81%</th>
</tr>
</thead>
</table>

1 Preferred Place of Death (PPD) calculated includes figures for PPD achieved, not achieved and unknown.
2 A small number of patients have died without being placed on the Liverpool Care Pathway (LCP) as they have either died within a couple of hours of admission, or have suddenly deteriorated and there was not time to put them on the pathway.
3 Reasons for admission 48hrs after referral includes:
   1) Pre-booked respite care
   2) Pre-booked day care procedures
   3) Specific request of dates to compliment other appointments/treatments
   4) Referrals late on a Friday afternoon which are then allocated for the next working week
4 Data unavailable for February and March, due to switch to SystmOne (patient electronic record) Full year data will be available for 2012/13
5 The LOROS Clinical Nurse Specialists (CNS) are not always responsible for the initiation of the LCP as the need can occur out of hours
**Demonstrating Patient Outcomes**

Outcome measurement has a major role to play in improving the quality, efficiency and availability of the services we provide.

We are aware that the NHS reforms place greater emphasis on demonstrating outcomes. As an organisation we are keen to develop this aspect.

The ‘SKIPPS’ outcomes tool developed by St. Christopher’s Hospice and Southampton University was piloted in three areas of the hospice last year with mixed results. As other hospices are experiencing similar challenges using this tool and there is presently no national directive to utilise it, LOROS has decided to develop and use local tools to begin to capture outcomes. All clinical departments have this as an objective for 2012/13. Discussions have also taken place with CPEP representatives to explore the possibility of developing a local validated tool if funding can be sought to undertake this.

**Feedback from Patients/Families**

**What Our Patients Say about the Organisation**

LOROS values the views of our patients and carers and actively engages with users of our services in a number of ways. Patients are encouraged to give on-going feedback through Patient Satisfaction Questionnaires, “Tell Us What You Think” forms (introduced in May 2012 to replace the previous ‘Have Your Say’ forms), and Patient and Carer Forums. The ‘Tell Us What You Think’ feedback is collated at the end of each month and displayed at the hospice for patients, carers, staff and visitors to see. This includes positive comments plus any actions that have been put in place to address suggested improvements to our services. Further initiatives planned for 2012 are outlined in Priorities for Improvement 2012/13 – Priority 2.

**Patient Satisfaction Questionnaires**

A comprehensive Patient Satisfaction Questionnaire is distributed annually across all departments. A total of 173 questionnaires were handed out to patients/carers during June 2012 and 86 were returned giving a response rate of 49%. Results are set out below:
173 Questionnaires were distributed to patients and/or carers during June 2012. 85 completed questionnaires were received giving a 49% response rate and achieving a 100% satisfaction rate. The following gives a synopsis of the results.

Of the completed surveys received 63 were completed by patients, 17 by Next of Kin, 3 by Carers and 2 by Relatives/Friends.

- 68% of those questioned received a LOROS leaflet if appropriate.
- 93% felt that the leaflets were given at the right time.
- 100% felt that the leaflet was easy to understand and
- 98% found the leaflets helpful.

The following questions were asked about the care received from the Hospice:

<table>
<thead>
<tr>
<th>Question</th>
<th>N/A</th>
<th>Never</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the staff introduce themselves in a warm and courteous manner?</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>74</td>
</tr>
<tr>
<td>Did the staff explain what they were doing and why they were doing it?</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>68</td>
</tr>
<tr>
<td>Did you find the staff helpful and supportive in meeting your individual needs?</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>70</td>
</tr>
<tr>
<td>Did you feel the staff listened to you and responded to your needs without being rushed?</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>73</td>
</tr>
<tr>
<td>Did you feel, your family and friends were involved as much as you wanted to be in decisions about your care and treatment?</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>66</td>
</tr>
</tbody>
</table>

Did you find that you were treated with courtesy and respect?

- 100% of respondents felt that they had confidence and trust in the staff.
- 100% felt that they were given enough privacy and dignity when discussing their condition or being examined always or most of the time.

Dissatisfaction

If you are unhappy with any aspect of our Services would you know how to complain?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>9</td>
<td>18</td>
</tr>
</tbody>
</table>

Did you find that the staff member explained the reasons for treatment or action in a way that you could understand?

- 67%
CATERING (completed if applicable)

- 97% of respondents found the hospitality of the catering staff good or excellent.
- 95% felt the variety of food offered was good or excellent.
- 95% felt the quality of the food was good or excellent.
- All other respondents felt that hospitality and variety / quality of food was acceptable.

100% of people who had special dietary needs felt that these were met.

Examples of comments made:

- "Excellent volunteer drivers"
- "Well signposted"
- "I am picked up by LOROS transport"
- "When I am having my legs bandaged for lymphoedema the hospice provides me with transport to go and come for the 2 weeks treatment" "First split in road wasn’t well/not signed"

100% of respondents found the cleanliness of the premises and overall environment good/excellent.

Do/Did you have a Key Worker?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

OVERALL 100% OF PEOPLE RESPONDING RATED THE CARE AND SUPPORT RECEIVED AS GOOD/EXCELLENT

Additional comments received on improving the services accessed:

- No—excellent. Need longer beds! AT 6'3" with left side paralysed—even extended, too small, especially the air mattress. NB: Need to improve public knowledge of hospice as 'specialised' unit—not a place to die—go in and come out. "Stigma" around how uninformed people feel the hospice is for.
- A few more parking spaces would be good.

Would have just liked to have use of small fridge to pop cold fruit juice type drinks in. I know all available if requested but ALL staff are busy. It would be useful. All little containers labelled with patients names.

The majority of comments made about the level of services in this section were positive.

Participants were asked whether there was anything good about the services that they would wish to highlight:

I have been and am very happy in the LOROS family. It makes me feel safe and loved. Thank you all.

Staff are always very quick to respond when called. All the services provided are excellent.

I have been particularly impressed by the fact that appointment times are kept to—unlike many other clinics I have attended—and by the fact that one is never made to feel pressured or that the staff, however busy, have not enough time to do a thorough job. Also, the building itself and especially the gardens, feels very tranquil.
What Our Staff Say about the Organisation
Staff feedback is obtained through team meetings, our Heads of Department forum, and through staff surveys. In 2011 LOROS again participated in the anonymous Birdsong Survey through Help the Hospices. 80% of staff completed the survey compared to 75% in 2010. Several actions were identified from the 2010 results and the organisation was keen to see if there had been improvements in these areas:

### Birdsong Survey 2010

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Morale and work/life balance: Concerns will be reviewed within each department</td>
<td>Individual team action plans implemented</td>
</tr>
<tr>
<td>2 Levels of pay and process for review will be addressed for the whole organisation by the Senior Management Team</td>
<td>Due to capacity this action has been delayed. Due to be addressed in 2012</td>
</tr>
<tr>
<td>3 One immediate action is that LOROS will participate in the Help the Hospices salary survey</td>
<td>LOROS participated in the Help the Hospices salary survey in September 2010. The results of which were received in January 2011. The results from the survey will be used along with other salary survey information to try and ensure that we are paying staff appropriately</td>
</tr>
<tr>
<td>4 The data for each job family/department will be shared with the relevant department manager and departmental action plans will be developed. Staff will be requested to complete the survey again in 2011 in order to monitor whether the actions in areas of concern have led to improvement and the positive areas have been maintained</td>
<td>Local action plans developed and implemented. Survey successfully completed again in 2011</td>
</tr>
</tbody>
</table>

**Birdsong 2011 – Key findings and actions**

1. **The organisation and communication:** Very positive and all better than benchmark. Most being significantly so and most being better than last year.

2. **Morale and work/life balance:** Positive and better than benchmark, other than questions regarding stress at work and working more than contracted hours, which were slightly worse and similar to last year.
3. **People management:** Positive and most were significantly better than benchmark, with most scores also better than last year.

4. **Development and reward:** Positive with all better than benchmark with most better than last year.

Improvements have definitely been seen since last year. LOROS compares favourably benchmarking with other hospice results. There are still some areas of concern and outcomes have been shared with all departments and actions plans developed. Organisation wide actions are as follows:

**Statement:** *I rarely get stressed at work*

**Action:** Resource levels will be reassessed and a greater emphasis placed on agreeing realistic objectives as part of the PDR process. Support for staff to try to minimise feelings of stress will be enhanced as will a focus on wellbeing.

**Statement:** *I rarely work more than my contracted hours in a week*

**Action:** The Senior Management Team assessed the Departmental Action Plans during December and in addition to the aspects already identified above, agreed to:

Remind staff through Heads of Department meetings of the TOIL (Time Owing in Lieu) policy.

Ensure through Head of Departments that changes in resource needs are identified in the 2012/13 budgeting process.

**Statement:** *This charity is doing everything it can to reduce its impact on the environment*

**Action:** Commit to the development of a “sustainability” strategy and plan which would address staff concerns around LOROS being more environmentally responsible.

**Statement:** *Poor performance is dealt with effectively at this charity*

**Action:** With regards to dealing with poor performance, remind staff through Heads of Department meetings of the policies regarding Capability, Grievance, Harassment & Bullying and Disciplinary and continue to encourage staff to help by raising issues of unacceptable performance or behaviour.

The plan is to repeat the survey in two years’ time when it is hoped that further improvements will be noted.

**Staff comments include:**

*It has a good working environment and is filled with people who are committed to the work and the services that LOROS provide.*

*It’s amazing. Does fantastic work and I am proud to be a member of the team.*
A privilege to work in this environment, from patient and family feedback, we make a difference.

A friendly and supportive workplace making it more enjoyable to come to work. A proactive and innovative education department who are keen to promote staff’s ongoing development.

I think this is an excellent place to work and really enjoy it; the atmosphere between all the different teams is very good.

This Charity has encouraged me to continue to develop skills and enabled me to use them in practice to the benefit of patients, at the same time inspiring job satisfaction.

**The Board of Trustees Commitment to Quality**

The Board is fully committed to provide the best service for our patients in order to achieve our aims. The hospice has an established governance structure, with members of the Board having an active role in ensuring that LOROS provides a high quality service in accordance with its Statement of Purpose. This has recently been updated and is located on the intranet, and is also displayed in hard copy format at both the hospice and Manor Croft.

The Board of Trustees has recently reviewed the meetings structure across the organisation to ensure the appropriate committees and groups are in place with clear lines of accountability and input from members of the Board as required. In addition, the Board of Trustees has recently approved a comprehensive Risk Register for LOROS which will be monitored by the Senior Management Team with regular updates to the Board in relation to areas of high risk.

The Trustees are also involved in Thanksgiving and Remembrance events and meet with bereaved families. In this way, they hear first hand about the quality of the service provided.

The Board is confident that the treatment and care provided by LOROS is of a high quality and is cost effective.
Glossary of Terms

ACP – Advance Care Planning
CCG – Clinical Commissioning Groups
CNS – Clinical Nurse Specialist
CPEP – Centre for Promotion of Excellence in Palliative Care
CQC – Care Quality Commission
CQUIN – Commissioning for Quality and Innovation
DMU – De Montfort University
DNACPR – Do Not Attempt Cardio-Pulmonary Resuscitation
EMAS – East Midlands Ambulance Service
GP – General Practitioner
IPU – In-Patient Unit
KPI – Key Performance Indicator
LCP – Liverpool Care Pathway
LLR – Leicester, Leicestershire and Rutland
PCT – Primary Care Trust
PPD – Preferred Place of Death
MDS – Minimum Data Set
MND – Motor Neurone Disease
NHS – National Health Service
NPSA - National Patient Safety Agency
SKIPPS – St Christopher’s Index of Patient Priorities
Written statements by other bodies
Any queries or suggestions raised in the following statements will be explored and relevant feedback given to the individual organisation. Any resulting actions will also be incorporated into the Quality Account 2012/13

What Leicestershire and Rutland LINks say about the organisation:

Thank you for the opportunity of once again being asked to comment on the LOROS Quality Accounts this being for 2011-2012. Leicestershire LINk feels that the Quality Account seems accurate and representative of the quality of service provided by LOROS. Most of the points raised in our last report have been commented or acted upon. We continue to regard the overall standard of care as high and have not received any concerns regarding the standard of care at LOROS.

Some specific points are:

- The installation of SystmOne seemed to have gone ahead without the major hitches that the installation of new IT systems can cause and that the benefits of the change are already bearing fruit in the ready access to patient information and links with other parts of the Health community. The appointment of a Clinical Systems Lead is welcomed and LINKs will welcome the opportunity of seeing a summary of the annual documentation audit.

- The change to McKinley pumps seems to have gone ahead with only minimal hitches. The advantages of reducing the likelihood of errors by having common equipment used across LLR is noted.

- Hospital Acquired Infection Rates remain low and the appointment of an IPC lead nurse is welcomed. Are measures taken to reduce the possibility of DVT?

- As the QA points out the number of reported incidents remains high. With the detailed reporting and review procedures used there is no suggestion as to why the incident rate should be considered high.

- The robust approach to safeguarding is noted.

- There is a large difference between the proportion of BME patients admitted to the In Patient Unit and Daycare facilities. Is this due to the location of the facilities or to cultural factors?

- The continued effort put in to education, both within LOROS and DMU is noted with approval.

- It is hoped that the problems experienced with recording ethnicity data will be overcome.
The presentation of the Service User Questionnaire is appreciated and shows an excellent response with a few detailed suggestions made. The involvement of patients and carers in the setting up of a Patient/Carer Participation Group is welcomed.

The use of pie charts instead of tables for some data sets makes for easier understanding of data.

The improvement in people management is welcomed and the positive staff feedback reassuring.

What the Leicester, Leicestershire and Rutland Health Overview and Scrutiny Committee say about the organisation:

The Leicester Health & Community Involvement Scrutiny Commission welcomed the opportunity to comment on the Quality Accounts 2011/12 for LOROS.

The excellent quality of service that is provided by LOROS was commended by the commission.

The commission supports the progress made by LOROS in achieving performance priorities and general service improvements and the commission endorses the priorities as set out in the report for future improvement planning in 2012/13.

What Leicester, Leicestershire and Rutland PCT Cluster say about the organisation:

The LOROS Quality Account provides information covering all areas of quality and reflects the work undertaken to improve care through quality. We feel the priorities for next year are positive and are in the right direction.

Where outcomes have been discussed we feel this could be strengthened by being more specific about achievements.

Regarding the update on Priorities for 2011/12, again our comment would be for you to be more explicit and state more specifically about achievements.

What Leicester LINks say about the organisation:
No comments were received from Leicester LINks.