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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.
Our Aims

Patients and families are at the heart of everything we do

In caring for you and supporting your family, we will:

- Treat you with dignity, respect, compassion and sensitivity
- Deliver care that is focussed on your individual needs and wishes
- Respond to your physical, psychological, social and spiritual needs
- Communicate effectively with you
- Promote your wellbeing and as much independence as possible
- Provide you with high quality and safe care
- Respect your cultural needs
- Listen to your views and learn from them, to continually improve our services
- Recruit competent, trained staff and volunteers who you can trust
- Support the development of staff and volunteers both within LOROS and externally through education, training and research
- Work as one team within LOROS
- Be professional in our attitude and behaviours
- Work in partnership with other organisations involved in your care
- Be open to external influences and ideas to improve the care we deliver
- Do everything we can to enhance your quality of life

Our Values and Behaviours

**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

Chief Executive  Director of Care Services  Lead Clinician
“I was first diagnosed with breast cancer in 2010. I had a lumpectomy and I thought we’d got it, but it turned out that the whole sample was full of cancer, so I had my left breast removed. Five years later, I found that I had cancer in my right breast. However, I had been feeling pains in my hips and legs for a considerable amount of time. After a bone scan, my suspicions that the cancer had spread to my bones was confirmed. The cancer has since spread to my liver and last week, I was given the news that the cancer had spread into my brain.”

Mother-of-one Clare is just 48. She lives with her husband, Stuart and together they are determined to live however much time she has left to the full. “I have good days and I have bad days but I am determined not to let the cancer ruin my life,” she said.

“My biggest scare is thinking about how poorly I’m going to get. It frightens me, the thought of me losing my marbles, I don’t want Stu to see me like that.

So much has landed on our shoulders, life has really tried our patience but every time I get another diagnosis, I tell myself I’m not going to let it beat me; instead, I set myself goals, milestones that I want to reach.

I want to get to my 50th birthday and have a big holiday, create nice memories. We both love music, so we still try and go to gigs when we can. I would also like to see my daughter achieve her career goals. I try and focus on these milestones, rather than the bad things. I’m trying really hard to be positive.”

Soon after being given a terminal diagnosis, Clare was frequently visited by a LOROS Community Nurse. More recently, she has gained support from the Hospice’s counselling department. “When I was told the cancer had spread to my liver, it really knocked me sideways,” she said. “I was really low, so I thought I would try counselling and if I didn’t like it, I wouldn’t have to go again. I find it so helpful though.

Clare said she finds it helpful to speak to somebody who has ‘no emotional attachment to the situation’.

“Stu has been so supportive, but I know there are certain things that I can’t tell him because they would upset him; but I can tell those things to the counsellor.”

Clare and Stuart have also had complementary therapy, which she says ‘really relaxes’ her. “We have reflexology and back massages. You can really see the tension being lifted from Stuart; it’s amazing. We both really look forward to coming to complementary therapy.”

“LOROS has such a nice atmosphere. It’s bright, clean and modern; I was surprised to hear how many facilities the Hospice has. It’s reassuring to know that LOROS and the staff at the Hospice are there for me and my family.”
LOROS is an independent charity that provides palliative care and support to around 2,500 people each year across Leicester, Leicestershire and Rutland. The staff team and volunteer force within LOROS are passionate about the organisation its reputation and ongoing commitment to providing their community with the very highest quality of end of life care.

Patients are offered our services based upon clinical need and independent of gender, race, colour, religion or the ability to pay. All services provided by LOROS are free of charge due to the collaboration of funding from both the NHS and the generosity of the local community. Fundraising contributes over 65% of the monies necessary to sustain and develop the hospice.

The drive for both quality and continuous improvement remain at the heart of the charity with the ultimate focus being excellence in specialist end of life care. Capturing, learning from and then acting upon feedback from patients and their families is integral to the LOROS culture.

2016 / 2017 has been a particularly active year for LOROS as a number of long held plans for service development and expansion have started to be fulfilled.

The 7 day CNS telephone advice line has continued and grown in use as it becomes fully embedded in to local health care provision. Work started and continues on our bespoke Professional Development Centre which will not only be central to our own team development but also to many other regional and national partners who use LOROS for their teams’ training. ‘LOROS Local’, the hospice’s ambitious community mobile resource has been fully commissioned and is now regularly travelling to outlying Leicestershire and Rutland destinations to both promote the work and services of LOROS and to allow some elements of local delivery. Finally, and by contrast to LOROS Local, we opened the first community static resource in Uppingham which has been well received by patients within that area.

In the period 2017 / 2018 LOROS will continue to focus its energies on providing services of outstanding quality. In addition to the ongoing core activities the site development project will continue firstly by finishing the Professional Development Centre and then by starting the new Day Therapy and Outpatients wing. It is our strategic intent to add further static community resources to the existing one in Uppingham and to ensure that LOROS Local is widely used and of maximum benefit to those communities furthest from the hospice.

A large number of people have contributed to this Quality Account, most notably the Director of Care Services and Clinical Governance/Compliance Lead.

The LOROS Board of Trustees reviewed and approved this Quality Account in June 2017.

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

John Knight, Chief Executive Officer
In line with our 3 year strategic plan we have identified areas for improvement in the coming year under each of the domains of quality set out in the Department of Health report: - High Quality Care for All - Patient Safety, Clinical Effectiveness and Patient Experience.

**Patient Safety**

**Priority 1: Electronic prescribing**

This initiative, introduced as part of procuring pharmacy services from a new provider, will support doctors in their prescribing with medicines management advice being integral within the system and allow regular auditing and feedback.

The electronic system will prompt nurses which medicines are needed and when and support another new initiative, the introduction of Single Nurse Drug Administration.

Any issues with delayed or missing medications will be notified more promptly and there will be automated ordering of new medicines from pharmacy to ensure quicker access for patients. The system also allows more timely checking of what medication patients were previously taking, if there are any interactions or issues with medications they are currently taking and improve the accuracy of getting medication ready for patients being discharged home.

This initiative will enable us to more effectively understand what different medications cost and after the first year, without affecting patient care, is planned to save more than £20k a year for the hospice by more efficient procurement and prescribing practice.

Prescribing on the electronic system will be audited and individual prescribers given feedback on their practice. Audit results will be reported and monitored at the Therapeutic Committee.

**Clinical Effectiveness**

**Priority 1: Better Care Together – Community Services**

This initiative will support the implementation of a coordinated 24/7 offer for End of Life patients, carers and their families through an LLR Integrated Community Palliative Care Team (ICPCT)

Locally LOROS has been involved in the Better Care Together (BCT) End of Life (EOL) Programme Board and Mobilisation Operational Groups and has played an important role in influencing the care and services for patients, carers and their families across LLR. This is a significant piece of work which will see a change of approach in the way in which patients, carers and their families/carers are supported at End of Life.
Based on gaps identified in the 2016 LLR Health Needs Assessment, the aim is to develop a community based Integrated Palliative Care team that is patient centred and responds to need.

The coordinated offer for palliative/end of life patients will be achieved by integrating existing teams that are currently working in Leicester Partnership Trust, LOROS and Marie Curie. LOROS clinical support for this initiative will be provided by the CNS team and Specialist Palliative Care Consultants.

The aim will be to provide a 24/7 offer to patients based on need, that will include supporting rapid discharges from hospital and managing crises in the community, creating a single point of access for both referring clinician and patient/carers; proving full assessments into the community setting and avoiding the need for inappropriate fast track packages.

Clinical Effectiveness

Priority 2: SNAD – Single Nurse Administration of Drugs

This initiative will allow nurses to single check and administer controlled drugs and subcutaneous medications promptly without requiring a second nurse to be available to check. It will empower nurses to respond to patient needs and enhance nursing care by freeing up some time to provide other aspects of care at the standard they aspire to.

Following benchmarking and consultation with local hospices, Leicestershire Intelligence Network and relevant staff within LOROS, a risk assessment and policy have been written which allows registered nurses to adhere to professional and organisational standards by adopting Single Nurse Administration of Drugs. This differs from the standard two nurse administration of controlled drug and subcutaneous drug administration (excluding Insulin) as outlined in the LOROS Medicines Management Policy, but without compromising safety.

A training and assessment process has been developed and there are eligibility criteria that nurses must meet. SNAD will not be mandatory, there will be occasions when nurses feel unable to perform this task and they will revert back to the double nurse checking process.

The process will be audited in line with the new policy and we will continue to monitor patient satisfaction and complaints relating to their care at the Clinical Governance Steering Group and Board of Trustees.
**Patient Experience**

**Priority 1: Day Therapy & Outpatients Extension**

On completion of the Professional Development Centre in 2017-2018, we will embark on our Day Therapy and Outpatients extension. This will provide bespoke space to enhance the offering to our patients. It will include a large gathering room, dining room, art therapy room, lounge and hairdressing facilities. It will also include additional consulting rooms, areas for complimentary therapies and specially designed assisted living kitchen and bathroom facilities.

Not only will it provide state of the art facilities for our patients, it will also enable LOROS to increase its capacity to meet demand.

We have received comments in the past about our facilities being a little cramped and small for the many activities we provide. Our new spaces will enable easier access and movement within the departments, whilst providing pleasant and welcoming environments for our patients.

Patient comments and feedback will continue to be monitored throughout the various building and improvement projects taking place and reported to the Clinical Governance Steering Group and Board of Trustees.

**Patient Experience**

**Priority 2: Community Engagement**

As an organisation we are committed to build on the current work being undertaken around community engagement. Our focus in the next year will be to establish links and connect further with the hard to reach groups within our locality to progress partnership working and ensure our services are accessible to all.

Communities that we plan to connect with over the coming year include, The Gypsy and traveller community, prisoners, people with learning disabilities, the homeless and asylum seekers.

Various methods will be employed including the use of information sessions and display boards for staff, development of appropriate patient information leaflets, invitations to key members of the groups themselves and staff working with them to visit LOROS. A steering group to include representation from prisons within Leicester, Leicestershire and Rutland will be set up to look more specifically at End of Life Care in their sector.

Our Cultural Support Worker will organise information exchange sessions with two identified
community - faith groups that do not currently access our services. The 2-way sessions will focus on raising awareness of our services and learning about their culture and End of Life Care needs. To support this priority LOROS have developed a 12 month secondment post whose role includes helping the patient experience lead to progress this important initiative.

As a result of this initiative the outcome will be that LOROS is able to support people from hard to reach groups to access appropriate End of Life Care both at the hospice and in their own place of residence, wherever that might be. Progress will be monitored through our Equality and Diversity group.

**Patient Experience**

**Priority 3: Engaging Volunteers and other Organisations in Leading Versatile Enablement – EVOLVE**

The Engaging Volunteers and other Organisations in Leading Versatile Enablement (EVOLVE) project will run for 18 months from February 2017. EVOLVE aims to enhance the quality of life for patients with Motor Neurone Disease (MND) and Frontotemporal Dementia (FTD) in enabling them, supported by volunteers, to engage in social and meaningful activities.

Individuals with MND and FTD can find that they are increasingly isolated from society and engagement in everyday activities. The complexity of their individual needs demands a rehabilitative approach, applied consistently over a period of time. The service provides specially trained volunteers who visit the home weekly to support the patient towards engaging in meaningful activity.

Respite for carers is an integral aspect to this service. Carer burden for this group of patients can be high, therefore, consistent respite seeks to alleviate some of this burden and enhance quality of life for carers. This project champions multi-agency working as it works closely with the multi-disciplinary team, the Motor Neurone Disease Association as well as several other agencies.

As part of EVOLVE an evaluation will be carried out to measure its effectiveness in enhancing quality of life for patients and carers as well as evaluating the volunteering experience. Volunteers bring a wealth of knowledge and skills and are an integral part of the organisation. EVOLVE allows another opportunity for specially trained volunteers to use their skills and abilities to support patients and carers.

The results of the evaluation will be utilised to explore further service developments. The outcome of this project will be improved support services for patients with Motor Neurone Disease and Frontotemporal Dementia and their carers, providing on-going support and respite in their homes and communities.
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**

During 2016-2017 LOROS has provided hospice services across Leicester, Leicestershire and Rutland (LLR) for the following NHS Clinical Commissioning Groups (CCGs); Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG as follows.

- In-patient care
- Day Therapy Services
- Outpatients and domiciliary palliative care consultant visits
- Community palliative care nurse specialist service
- Home visiting
- Counselling service including bereavement counselling
- Lymphoedema Clinic service for cancer and non-cancer patients
- Complementary Therapy service
- Education Services to the wider healthcare community

LOROS has reviewed all of the data available to them on the quality of care in all of these services. Funding through CCG grants in 2016-2017 represents one third of the total expenditure incurred in the provision of services by LOROS for the reporting period. The remainder was provided through legacies, fund raising retail shops and legacies.

**National clinical audits.**

During 2016-2017 LOROS was not eligible to participate in any national clinical audits or national confidential enquiries as they did not relate to specialist palliative care

**Local clinical audits**

A programme of local clinical audit were undertaken throughout 2016-2017 as part of the ongoing monitoring and review process. Topics included Medicines Management, Infection Prevention and Control and patient risk assessments and management.
Examples of audits undertaken;

- Range of Infection and Prevention Control audits including hand hygiene, environmental audits including hospice vehicles and urinary catheter care.
- Range of medicine management audits including accuracy of prescription charts and adherence to best prescribing practice
- Assessment of patients competency to self-medicate
- Pressure Ulcer prevalence, patient assessment and management
- Assessment of patients pain and its management
- Assessment of patients nutritional status and interventions undertaken

Audit results are discussed at the Clinical Governance Steering Group and the Board of Trustees. Actions required and improvement plans are followed up by the Clinical Governance Steering Group until completed and signed off.

Results from the pressure ulcer audit highlighted a lack of knowledge regarding pressure relieving equipment available. The Tissue Viability Nurse addressed this with staff at team meetings and by displays of relevant information.

The clinical audit programme and audit tools are being reviewed for 2017-2018.

**Research**

LOROS is actively contributing to the development of a strong evidence base for palliative care and what the hospice provides for patients and their families. LOROS has been an active centre for National Institute for Health Research approved studies in 2016-2017, working closely with the East Midlands Clinical Research Network and our research includes:

- Continuing Bonds: Exploring the meaning and legacy of death through past and contemporary practice, a joint project with Bradford University
- Thinking Ahead about Medical Treatments in Advanced illness: exploring the experiences of health care professionals and the views of the public especially those of minority ethnic communities in Leicestershire
- Prognosis in Palliative Care, a national multi-centre study recruiting patients who are admitted to LOROS ward
- Goal Attainment Study, evaluating the impact of goal setting for patients receiving support from physiotherapists and occupational therapists
Research has been disseminated through presentations at both National and International Conferences, including: the Hospice UK Conference, Liverpool, November 2016 and the Supportive and Palliative Care Conference, Belfast, March 2017.

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

Future research continues to be focussed on the following areas:

1. Innovative services in palliative care
2. Diversity and disadvantage
3. Education including communication skills
4. Lymphoedema
5. End of life decision making and advance care planning

**CQUINs**

LOROS’ income in 2016-2017 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because LOROS does not use any of the NHS Standard Contracts, therefore is not eligible to negotiate a CQUIN Scheme.

**CQC**

LOROS is registered with the Care Quality Commission (CQC) to provide care for adults requiring diagnostic and screening procedures and treatment of disease, disorder or injury.

LOROS has a registered manager in place and its registration is unconditional.

CQC inspected LOROS in February 2016 and published their report in April 2016. The overall rating was GOOD.

LOROS has not participated in any special reviews or investigations by the CQC during the reporting period.
Data Quality
LOROS is not eligible as a specialist palliative care and end of life provider to submit information to the Secondary Users Service for inclusion in the Hospital Episode Statistics.

LOROS has submitted annual Minimum Data Set returns to the National Council for Palliative Care.

LOROS participates in the national benchmarking of patient safety indicators with Hospice UK.

Information Governance (IG) Toolkit
LOROS Information Governance Assessment Report score overall score for 1st April 2016—31st March 2017 was 66% and was graded Green.

Clinical Coding
LOROS was not subject to the Payment by Results clinical coding audit during 2016-2017
LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2016-2017.

Patient Safety

Review of Priority 1: Clinical Nurse Specialist Service 7 day patient visits.

The aim of this initiative was improved support for patients at end of life and a further reduction in hospital admissions, allowing patients to stay in their own homes if this is their preferred place of care.

The telephone advice line has been running for a year and there have been a steady number of calls each weekend (on average 5 calls a day). The calls are predominately from health care professionals and advice given has helped to prevent a hospital admission, although numbers are small.

Information is being gathered regarding the types of problems patients are encountering and it is clear that some patients would benefit from a face to face intervention from a nurse specialist over the weekend period.

In relation to the provision of weekend visits, LOROS are engaging with the ‘Better Care Together’ end of life care initiative which plans to improve the co-ordination of care for patients at end of life, particularly those being discharged from hospital and the hospice who wish to die at home. This service development is in its early stages but it is hoped that through organisations working together care pathways can be put in place that will support patients at home 7 days a week. This in turn should reduce the number of unnecessary hospital admissions at end of life.

Patient Safety

Review of Priority 2: Professional Development Centre - incorporating a Clinical Skills Lab.

The aim of this initiative was to continue to ensure that we have highly trained staff in all clinical areas of the hospice and that we are able to continue to develop the skills and knowledge of the wider workforce in palliative and end of life care to enhance patient care and safety.

The LOROS Professional Development Centre is currently under construction and due for completion in August/September 2017. Once opened, this facility will enhance the hospice's ability to provide high quality education and training not only to our own staff and volunteers but also to other health and social care professionals both locally and across the region. We envisage this to be a centre of excellence helping to improve the experience of all patients at end of life by providing individuals with the skills and competence to deliver safe and effective care.
The inclusion of a clinical skills lab within this new facility will enable staff to get 'hands on' experience of caring for patients with a wide variety of different palliative and end of life care needs. It will provide through simulation, opportunities for health and social care staff from a variety of different care settings to learn the skills they require to care for patients in hospital, nursing or care homes or in their own homes. The centre will have specialist resource to provide clinical skills training and updates which are particularly pertinent to provide high quality end of life care.

Clinical Effectiveness

Review of Priority 1: Clinical Data Management

This initiative was aimed at creating greater efficiency and effectiveness in relation to all clinically related data collection and reporting, positively impacting on care service delivery at LOROS and improving external data provision.

The integrated palliative outcome scale (IPOS) is being used on the ward, in day therapy and outpatients and by the community nurse specialist teams to help plan clinical care. We are working with an external company to develop more effective reporting tools, both for regular use with the clinical teams at multidisciplinary meetings, and to understand how different services are supporting their patients.

LOROS will be involved in a new Integrated Community Palliative Care Service; a priority set for 2017-2018, and will help design the dataset including patient outcomes measures as we are the local service with the longest experience of using them.

The implementation of the HR and rostering system started in late 2016-2017, however due to unforeseen delays, the electronic incident reporting system is now planned to be implemented and rolled out in 2017-2018.

Clinical Effectiveness

Review of Priority 1: Lymphoedema Service

The desired outcome of this initiative was an improved pathway for all patients with lymphoedema ensuring that they are treated in a timely manner and those with the most complex needs are seen quickly by the specialist team at the hospice.

Priorities

Since changing the referral criteria the LOROS lymphoedema service has been able to see patients with complex needs in a more timely fashion. Cancer patients are now being seen within 2 weeks of their initial referral and non-cancer patients are being seen within 12 weeks.

In addition the service is now running a lymphoedema clinic once a month in a GP practice in Rutland, allowing patients from this and the surrounding areas to be seen closer to home. They are also offering a telephone advice line which is helping primary care practitioners to care for patients with less complex lymphoedema in the community.

There is still not a clear pathway for all patients with lymphoedema but LOROS continues to assist commissioners, providing advice and support as required, to help enable the development of services that will meet the needs of all lymphoedema patients including those with chronic and less complex oedema.

Patient Experience

Review Priority 1: Mobile Resource

This initiative was planned to support more people nearer to where they live enabling them to access elements of support and service provision at a number of different venues across LLR.

To increase the provision of care beyond the walls of the hospice and have a greater Presence in all areas of Leicester, Leicestershire and Rutland (LLR) we commissioned the development of a mobile resource. This specially adapted vehicle named as ‘LOROS Local’ was officially launched on 30th March 2017. The service will aim to be out in the community a minimum of two days per week, on occasions up to 5 days per week to support national awareness raising weeks such as Dying Matters.

Circa 60 sites have been identified and confirmed across the City & County, this will be further developed on an on-going basis. Taking LOROS Local to all parts of Leicestershire and Rutland, LOROS Local will make it more accessible for people in the community to find out about the services the Hospice offers, while raising awareness of what is available.

To ensure the resource is fully utilised it will also be used to deliver bespoke palliative and end of life educational sessions and will be utilised by the fundraising and lottery teams at different events across LLR.
We are also planning the delivery of some aspects of care and support, such as bereavement counselling sessions on the resource. This will be very beneficial for those individuals who may find it difficult to come back to the hospice to access this service.

**Review of Priority 1: Static Resource – support centre**

This initiative was to complement the mobile resource with the development of a support centre in one of our local communities to increase the provision of care outside of the main hospice.

The aim was to provide additional support for patient and families affected by terminal illness, within their local community.

During 2016-2017 our initial plans have developed further as we have explored a number of approaches.
Following feedback from local clinicians as to their views on the merits of LOROS providing a range of support in Rutland, it was suggested that addition to the current demand there may be an unmet need as patients are unwilling to travel the distance to LOROS which is based in Leicester.

In November 2016, we held our first medical outpatient clinic at Uppingham surgery in Rutland. The surgery supports patients from the Uppingham, Oakham and Empingham areas. The clinic proved to be beneficial for those patients who attended and these are now held every month. In addition, from January 2017 we are now providing Lymphoedema and MND clinics monthly. A Bereavement Support group is also planned to commence in May 2017.

The aim for 2017-2018 is to expand the clinical services provided at a number of additional GP surgeries throughout the county. In addition, we plan to explore the development of a ‘wellbeing centre’. This approach will be an alternative to the clinical outreach services provided at GP surgeries in that the resource will predominately be supported by LOROS volunteers from whichever community it is sited, promoting local involvement to provide support for those who are affected by a terminal illness.
LLR Clinical Commissioning Groups and LOROS

CCG Annual Quality Visit
The lead CCG carried out a quality inspection at LOROS in September 2016 with very positive outcomes. Two areas, participation in clinical supervision and mandatory training, were identified as requiring some actions which were carried out to the CCG Quality Lead’s satisfaction. Both were closed in January 2017.

Clinical Quality Reporting
LOROS provides the 3 CCGs from which it receives grants with a clinical report monthly and an annual report detailing progress against activity and quality indicators for each. It is planned to include more metrics in 2017-2018 with increased levels of detail to provide even more assurance of the quality of the services provided by LOROS.

Patient outcomes
A key quality indicator is that patients who express their preferred place to die can do so. This may be in the hospice, a local hospital or supported in their own home or place of residence by specialist nurses.

During 2016-2017 the preferred place of death (PPD) was discussed and recorded for 88% of patients. Where recorded, the preferred place of death was achieved for 89.2% of patients overall.

Complaints and Compliments Received in 2016-2017
3 Formal Complaints were received; 2 written, 1 verbal. 12 Informal complaints and concerns were raised.

284 written compliments were received, not including those expressed in the Small Things Make a Big Difference cards. These will be included from April 2017.

LOROS aims to resolve concerns as soon as possible and prevent them from escalating into a complaint. Very few formal complaints are received and these are thoroughly investigated with a full response sent to the complainant and lessons learnt, where applicable, discussed with staff.

Duty of Candour
Duty of Candour training is provided during the induction course for new staff and information regarding the Duty of Candour is available in the Inpatient and Day Therapy Units for patients, their families and carers. Patient incident report forms and incident grading guidance also contain reminders to consider whether the Duty of Candour applies when reviewing incidents.
Following a serious incident where the Duty of Candour applies, relatives are sent a letter from the Director of Care Services explaining what has occurred and outlines how they can receive the investigation findings and discuss these further if desired.

In 2016-2017 there were 2 occasions where the Duty of Candour applied. One when a grade three pressure ulcer was deemed unavoidable and the other following a medication adverse event.

The prevention and management of pressure ulcers and raising awareness of pressure relieving equipment with nursing staff has been a key piece of work with an associated audit in 2016-2017. Audit scores have improved from the 71% to 97% in the year. For the year 2016-2017 the incidence of hospice acquired pressure ulcers by occupied bed days was lower at LOROS than similarly sized hospices in the UK.

A new audit of medicines administration has been developed commencing in May 2017 as a result of lessons learned from the medication adverse event.

**Patient and carer experience**

**Patient Satisfaction Questionnaire annual results 2016-2017**

The annual Patient Satisfaction Questionnaire was returned by 208 patients/carers out of 392 questionnaires distributed. (53% response rate)

The results were;

- Overall rating of the care and support received rated excellent 90%
- Involvement in decisions about care and treatment where applicable 88%
- Finding someone to talk to about worries and fears when needed 86%
- Given enough privacy when discussing your condition or when being examined 95%
- Cleanliness of the premises/environment rated excellent 88%
- Treated with courtesy and respect 99%

High levels of satisfaction were expressed with regard to responsiveness to patients’ needs:
Areas identified for improvement were;

- Lymphoedema clinic appointments for provision of compression hosiery
  
  Follow up appointments are no longer offered routinely as patients are now able to obtain the products on prescription. This has resulted in more clinic appointments being available for other patients and a reduction in the waiting list for the lymphoedema service.

- Inconsistent provision of refreshments on the Inpatient Unit in the evenings
  
  The service was provided by volunteers whose availability was not always in line with needs of the service. Following a review, housekeepers have increased their hours to cover this function.

**Friends and Family Test**

100% of respondents in the 2016-2017 survey said they would be either very likely (92%) or likely (8%) to recommend our services to friends or family if they needed similar treatment. The results for surveys undertaken 2014-2015 and 2015-2016 were also 100%.

A range of other feedback mechanisms are employed to gain the views of our patients and carers. They include;

- ‘Small things make a difference’
  
  Positive written comments are collected and posted onto the LOROS website under “kind words”

- **Patient and carer stories;**
  
  58 stories have been collected in 2016-2017 and help dispel myths and anxieties about the work the hospice does within the local community supporting local media campaigns, used by fundraising team to support their presentations website.

- **Tell Us What You Think**
  
  Cards are located at key points around the hospice including patient areas for patients, carers and visitors to provide feedback on question areas such including responding to their personal needs and the Friends and Family Test.

  Completion is entirely voluntary; the questionnaires are not routinely handed out by staff.

  Completion rates have been low. We have reviewed both the process and content and aim to align the questions with some of those in the annual patient satisfaction questionnaire. This will enable us to measure responsiveness to the personal needs of our patients on an on-going basis and thus be better placed to make changes where required.
Patient and Carer Participation Group (PCPG)

The PCPG meets 4 times a year and has a current membership of 8 patients/carers who all have experience of services provided by LOROS. The group provides an invaluable contribution to the development of hospice services.

During 2016-2017 their views have been sought on;

- Protocol for the use of bereaved carers sharing end of life care experience with medical students
- Research studies – research fellows asked the group regarding their views on studies/questions/information leaflets/focus groups etc.
- Patients and carers speaking about their experience at LOROS events
- Involving patients and carers interviewing for key staff positions at LOROS
- The Carers Information Pack.

Patients and carers have been given further opportunities within the last year to work more closely with the organisation.

- To participate in the interviews of key appointments
- To speak out at events about their experience to support the work of LOROS

“I greatly value being part of the PCPG as its work is so far reaching, varied and beneficial for everyone concerned. Between us the group represents a wide range of views and we have first-hand experience as carers or patients and it is so encouraging to be listened to by staff and used as a sounding board on pertinent topics. Being in the group has enabled me to find out more about the work at LOROS, make a valued and positive contribution to help further improve services and to an extent speak up for LOROS in the community. The PCPG has given me the opportunity to show my thanks and appreciation for all the help and support my husband and I received when we needed it most”

Sue Fellows. 2nd February 2017
17 bereaved carers have contributed to a total of 39 educational sessions during 2016-2017. They talked to medical students about their experiences of looking after someone before they died, enabling a greater understanding of living with a terminal illness and the impact on the lives of those involved.

Patient Information Group and Readers Panel

LOROS has a Patient Information Group which meets 4 times a year to review and ensure the quality of information we provide remains always of a high standard.

The Readers Panel has reviewed 44 pieces of patient information including leaflets and factsheets in 2016-2017.

I am a member of both the Patient Information Group and the Readers Panel. They are examples of good practice allowing a range of healthcare professionals, carers and volunteers to be involved ensuring that the information provided by LOROS is of the highest quality.”

Richard Moody, MacMillan Patient Information Officer

Staff Survey

LOROS has in previous years taken part in the Birdsong Survey, normally every other year. The proposal for 2017 is to explore a new approach which is likely to be around cultural themes. Exactly what this will be is yet to be determined.
Primary School Project

LOROS embarked on an exciting and meaningful pilot project with a local primary school in 2016. Our aim was to bring together two different communities that serve the local community and raise awareness of the work of the hospice. We wanted children not to be afraid about terminal illness, death and dying. The four week project took place at the hospice. Five Year 6 primary school children aged 10-11 years were buddied up with five Day Therapy patients.

‘Our Year 6 pupils thoroughly enjoyed getting to know the patients and creating some beautiful mosaics together. It was inspirational for the children to see first-hand the positive environment and high level of care provided by LOROS and dispelled many misconceptions they had about hospices. This was without doubt one of the most valuable experiences the children have had during their time at primary school: I know that this is something which they will remember forever. The project was incredibly beneficial and moving.’ HP. Teacher

Secondary School (16-18 year olds) Involvement

During Hospice Care Week a number of Secondary Schools were visited with the aim of raising awareness about the work of LOROS and also to inform students aged 16 – 18 years about the opportunities available – volunteering, work experience, placements and the summer school.

It became apparent very quickly that this was valued by schools. Over the past year contact has been made with a number of schools offering this session and to date we have visited 12 school sites. Many students have gained much in terms of developing their maturity and school conscience.

As a result of these two successful initiatives, the Hospice has secured funding for three years to appoint a Youth Engagement Co-ordinator who will further develop this work.

Equality & Diversity

An Equality and Diversity Group has been set up in 2016-2017 with the focus of driving forward the equality agenda across the organisation. A SWOT analysis has been completed, and an action plan developed which addresses workforce and service delivery priorities. Membership consists of representation from the Board of Trustees, Senior Management Committee, HR, the Education team and staff from both clinical and non-clinical parts of the organisation. The Equality Lead from Leicestershire Partnership Trust is a core member who provides advice and acts as a critical friend.

Events held at the hospice include inviting members of the travelling community to meet with staff and discuss their particular needs. A meeting with prison staff has also taken place. Information boards are put up in public areas when a particular topic is being presented for all visitors to the Hospice to see.
The Board is fully committed to ensuring the provision of the highest quality of care to patients and their families, to ensure the organisation achieve its mission. The hospice has an established governance structure, with members of the Board having an active role in a number of groups, committees and service development initiatives to ensure LOROS provides all of its services in accordance to its Statement of Purpose. This has recently been updated and is publicly displayed within the hospice.

The Board of Trustees receive regular written and verbal updates at each Board meeting in relation to care services including feedback from patients and carers and outcomes from clinical audits, incorporating those which have led to improvements in service provision. They also receive the outcomes of any unannounced visits by the Care Quality Commission (CQC) and the Quality Visits undertaken by the Clinical Commissioning Groups (CCG).

Trustees sit on a number of internal groups, such as the Clinical Governance Steering Group and regularly attend events at the hospice, which gives them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided.

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

The LOROS Quality Account was approved by the Board of Trustees in June 2017. On behalf of the Board of Trustees I hereby certify that I believe the contents of the LOROS Quality Account to be a true statement of fact.

John Feehally
Outgoing Chair of Board of Trustees
June 2017

Robin Graham-Brown
Incoming Chair of Board of Board of Trustees
June 2017
A grant agreement is in place with East Leicestershire and Rutland CCG (ELRCCG) leading on behalf of West Leicestershire and Rutland CCG (WLCCG) and Leicester City CCG (LCCCG) with LOROS. The CCG have a quality schedule in place and attend regular Clinical Governance Steering Group meetings to provide assurance against quality indicators. The CCG also conduct an Annual Quality visit which provides the opportunity to obtain feedback from service users, relatives and staff on duty.

ELR CCG welcome the opportunity to review and a provide a narrative on the 2016/17 Quality Account on behalf of the three LLR CCGs and would like to offer the following comments:

The CCG note that LOROS has worked constructively throughout the year to provide assurance against a wide range of indicators relating to quality, safety and performance and are encouraged that this document covers all key elements required within a quality account focusing on patient safety, patient experience and clinical effectiveness. CCG commissioners particularly note good practice and achievement in;

- The inclusion of patient and relatives stories detailed in the Quality Account and how the varieties of services offered by LOROS have supported the overall “patient journey”.
- The 7 day CNS telephone advice line which has become embedded into local healthcare provision.
- Continued work on the Professional Development Centre which will provide training to both LOROS and regional and national staff alike.
- LOROS being an active centre with the National Institute for Health Research approved studies in 2016/17 and working closely with the East Midlands Clinical Research Network evidencing LOROS’s commitment to ensuring evidence based practice in Palliative care.
- The introduction of LOROS local as specially adapted vehicle travelling around LLR aiming to raise awareness of the range of support offered by LOROS accessible for those living in the community.
- Introduction of medical outpatients clinic in Uppingham Surgery which now runs monthly following positive feedback from patients and relatives. This service has made it easier for those living in East Leicestershire and Rutland who may find it difficult to travel to LOROS in Glenfield.
The CCG would fully support the priorities put forward for improvement in 2017/18 particularly around the expansion of the mobile clinical services to a number of additional GP surgeries and the outcome of the Better Care Together initiative with the ambitious aim of developing a community based Palliative care team across LLR to support a coordinated offer for EOL care.

One area the CCG believe would further enhance this Quality Account is to provide feedback from clinicians in the community on the usefulness of the 24/7 CNS support service to evidence how this service is reducing acute admission and improving patient experience.

The CCG are satisfied that the 2016/17 Quality Account provides an accurate account of the quality of services provided by LOROS, reflects the achievement's LOROS have made and look forward to a continued positive working relationship with the service. The CCG will continue to work with LOROS in the monitoring of progress against the priorities outlined in this account as well as providing continued support in future developments.

This Quality Account was also sent for comment to:

HealthWatch Rutland
HealthWatch Leicestershire
HealthWatch Leicester

In addition members of the LOROS Patient and Carer Participation Group were given the opportunity to comment if desired.
We welcome feedback on this Quality Account. If you would like to do this, please email:

johnknight@loros.co.uk, or write to:

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