



QUALITY ACCOUNT

2023-2024

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Introduction

Quality Accounts are an important way for organisations that provide healthcare commissioned by NHS England or Integrated Care Boards (ICB); to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website by 30th June each year, as set out in the Health Act 2009. The document includes performance against quality indicators according to the Health and Social Care Act 2012.

The LOROS Quality Account was developed in collaboration with stakeholders including staff, patients and carers, Board of Trustees and our local commissioners.

Vision and mission

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 themselves 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 patient's 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 volunteers. The charity is also committed to research in order to improve the understanding and practice of palliative care.

Values and behaviours

Professional

Showing respect to patients and families, as well as members of our community, staff and volunteers.

Focused

On exceptional quality service and support for patients and families whilst listening, learning and adapting to their diverse needs.

Collaborative

Working together as colleagues and with local, regional and national partners to grow meaningful relationships and achieve sustainability.

Compassionate

Showing kindness, discretion and sensitivity as we care for our patients, families, our community, staff and volunteers.

Trustworthy

Be honest, reliable and consistent, showing respect and dignity in everything that we do.

Accountable

To our patients, their families, our community, staff, volunteers and external organisations/bodies.

Strategic priorities

This year, LOROS published its new five-year strategic priorities, after significant stakeholder consultation. They include:

- Continuing to provide exceptional inpatient, hospice-based and community services
- Helping to tackle health inequality for people at the end of their lives
- Maximising new and existing funding strategies to enable us to sustain and develop even better services for local people
- Harnessing data insights and digital innovation to drive improvements in patient and family experience and the charity's wider activities
- Establishing a trusted and supportive information and advice service
- Equipping healthcare professionals with the skills they need to support people effectively at the end of their lives
- Building our reputation as a centre for excellence in innovation, teaching and research

Part one

Statement on quality from the Chief Executive

LOROS is an independent charity providing care and support to over 2,500 people each year across Leicester, Leicestershire and Rutland. Our staff and volunteers are passionate about the organisation and its reputation. Their commitment to excellence in end of life care underpins the services we provide and our investment into education and research.

Our services are available to everyone, regardless of their background and ability to pay. Trustees govern the organisation robustly, ensuring that it continues to deliver free and effective specialist end of life care. This is achieved through collaboration with the NHS which meets 21% of charitable expenditure and income generation activity which is increasingly vital to the provision and development of LOROS services.

A large number of people have contributed to this Quality Account, most notably the Director of Patient Care and Clinical Quality and Clinical Quality & Patient Safety Lead. It provides a review of the priorities identified in our Quality Account 2022-23 and sets areas for further improvement in the year ahead. It notes the key findings of the Care Quality Commission's recent report which, published on 5 April 2024, rated LOROS as Good. The report identified the charity's entrepreneurial and pioneering approach to innovation, research and improving patient care as an area of outstanding practice; something which I know is incredibly important to all of us at LOROS.

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



Rob Parkinson, Chief Executive



Part two

Priorities for improvement 2024-2025

Patient Safety

Priority one - Tissue viability and pressure ulcer management

Why was this identified as a priority?

Patients at LOROS are often in a position where their health is compromised in multiple ways, this leads them to being at an increased risk of skin damage.

What we hope to achieve

We hope to minimise the risk of patients sustaining pressure damage as much as possible and ensure we manage them effectively and in a timely manner. We will implement the use of 'Purpose T' as a risk assessment tool in line with the local acute NHS Trust and review our current practice, equipment and training.

How will progress be monitored?

- Regular audits of nursing documentation
- Review of sentinels raised
- Continuous training

Priority two - Pain assessment tool

Why was this identified as a priority?

Pain can be a major symptom worry for patients at LOROS but it is quite subjective and can be difficult to measure. It is important to find a way to document an individual's pain and then use this information to help assess the effectiveness of any analgesia given.

What we hope to achieve

An effective pain assessment tool to support a reduction in patients pain and increase symptom management.

How will progress be monitored?

- Pain audit tool will be amended to accommodate the changes
- Doctor/Nurse review - training
- effectiveness
- Patient usability through interventions/discussion

Clinical Effectiveness

Priority - Implementation of Patient Safety Incident Response Framework (PSIRF)

Why was this identified as a priority?

Although LOROS does not have a full standard NHS contract, it was agreed with the Integrated Care Board (ICB) that the Hospice would go ahead with PSIRF implementation in line with the national requirement as good practice.

What we hope to achieve

Staff will complete Patient Safety modules level 1 & 2 training.

Themes will be identified from Patient Safety Incident Investigations (PSII).

Utilising new tools/templates for investigations.

Introducing Patient Safety Partners (PSP) to be involved in reviews.

A PSIRF plan has been produced and approved by the ICB. The plan is a working document which outlines how the Hospice will respond to patient safety incidents over a period of 12 to 18 months. We identified three key areas to focus on:

- Falls
- Pressure ulcers
- Medication

How will progress be monitored?

Sharing of themes and learning at PSIIN (Patient Safety Incident Investigation Network).

Sharing learning with clinical teams and the Clinical Governance & Development Committee.

Patient Experience

Priority - Bereavement service review

Why was this identified as a priority?

Across Leicestershire, Leicester and Rutland LOROS currently has 13 bereavement hubs with trained bereavement volunteers.

The purpose of the review:

- To assess what happens when the hub numbers increase to meet the maximum the facility and volunteers can manage with regard to support and access
- Assess the longer-term impact on people attending the hubs for more than three years and whether it continues to meet their needs

- To consider if the ethos of the hubs remains current and appropriate i.e. for bereaved people to have a safe space to talk through their grief and have meaningful conversations, consistency with the offer
- To review how effective a hub is at supporting both newly bereaved people and long-standing established attendee's through their grief and any considerations arising from this

What we hope to achieve

- The review will highlight if practice is consistent across all hubs and allow for reviewing the original model and make any recommendations from this
- The need for any additional resource/hubs (including funding) where they are reaching maximum numbers for support
- Understanding how the hubs have supported people over the longer term and if this meets their needs now
- Consideration of what might be next for a person attending a group over a longer period of time, sign posting on, different type of support eg: peer rather than volunteer led
- Consider the volunteer model and if any changes are required with regard to numbers per group, support, advice, concerns and supervision

How will progress be monitored?

Through collating feedback from attendees, volunteers and staff, considering a digital format and workshops.

Hold a workshop with all volunteers who wish to attend to discuss their thoughts and feelings regarding how the hubs have developed and a way forward.

Co-produce a Standard Operating Procedure and model for the bereavement hubs and 1:1 volunteer support.

Provide update to the Bereavement team and volunteers at 6 months and a year.

Provide a final report to the Clinical Governance & Development Committee at the end of the year.



Board of Trustees statement on quality

This statement aims to offer assurance that LOROS is performing to the standards expected by its registration with the Care Quality Commission (CQC), that its staff are going above and beyond this to provide high quality care, that it is measuring its clinical processes and performance, and is involved in research aimed at improving quality of healthcare and patient and carer experience locally, nationally and beyond.

The Board of Trustees at LOROS remains committed to achieving the organisation's mission:

- To provide the highest quality of care to patients and their families both here at the Hospice and in the community
- To help professionals in all health and social care settings to do the same
- To promote research into improving the experience of patients and families dealing with the end of life

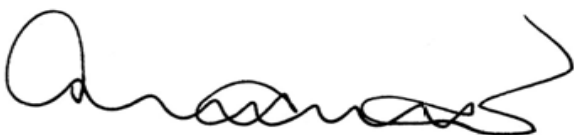
LOROS' well-established governance structure involves members of the Board engaging actively at Board meetings, playing an active role in internal groups, committees and in-service development initiatives. The increased scrutiny of charities has further enhanced the Trustees' commitment to monitor and safeguard the organisation and the patients and families for whom the organisation is established. To that end we have recently commissioned external reviews of our arrangements to further improve our performance.

Trustees regularly attend events at the Hospice and make visits to specific teams and departments giving them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided. The Board's robust process of governance includes attendance at their meetings by the Chief Executive, Deputy Chief Executive, Director of Patient Services & Clinical Quality, Medical Director and other Executive Directors. This regular process helps the Trustees to gain insight and examine any matters which may be of particular concern.

The Board has commissioned a number of capital schemes in the past. In recent years these have been aimed at improving our clinical services and the dining, kitchen and social areas of the Hospice.

We are confident that the care and treatment provided by LOROS is of a very high standard and is cost effective. We are delighted that LOROS was rated 'Good' overall in the most recent CQC report (05/04/2024).

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.



Professor Robin Graham-Brown
Chair, Board of Trustees



Statements of assurance

Overview of services

During 2023-24 LOROS has provided hospice services across Leicester, Leicestershire and Rutland (LLR) for the local Integrated Care Board (ICB) as follows:

- Inpatient Ward providing 24hr specialist palliative and end of life care
- Day Therapy services providing a varied programme of goal focussed activities and support to promote well-being
- A range of Outpatients and Domiciliary Consultant visits for symptom management, face to face and virtually via clinic-co.
- Community palliative care by our community nurse specialists, which is part of an integrated community specialist palliative care service with Leicestershire Partnership Trust
- Lymphoedema out-patient clinic service face to face and virtually by our specialist nurses, providing assessment and treatment for cancer patients.
- Compassionate Neighbours providing support and respite for patients and carers in their own homes by staff and trained volunteers
- Face to face and telephone counselling and bereavement services for adults and children provided by our specialist counsellors both in the hospice and a person's own home
- Support via 13 community bereavement hubs provided by trained volunteers
- Complementary therapy service for patients (and if appropriate carers) on the Inpatient Ward and in Day Therapy provided by our specialist staff and volunteers
- Education and training for our staff and the wider healthcare community face to face and virtually
- Undertake research with the aim to improve care for patients and their families

Income/ Financial

As a charity, LOROS does not generate any income from its services, as they are provided free of charge to patients and carers. The grant income provided by the NHS in 2023-24 totalled £2,458,611. In addition, LOROS received £226,323 to fund the cost of junior doctors on rotation and £1,003,825 to train medical undergraduates.

The remaining funds needed to run LOROS services is generated through a portfolio of donations, legacies, fundraising, retail shops, cafes and the LOROS Lottery.

Participation in clinical audit

LOROS is committed to continually monitor all aspects of patient care against published standards and guidance, and undertake an annual programme of local clinical audits.

The Hospice participates in external benchmarking audits:

Hospice UK audits- ongoing participation in these audits each year, enable LOROS to benchmark performance against quality indicators such as numbers of falls, pressure ulcers and medication incidents, compared to other similar sized Hospices. The results enables LOROS to review practice and take action to improve the quality of care.

Local clinical audits

A programme of local clinical audits is undertaken each year as part of the on-going quality and performance monitoring and review process, in order to improve the care and service provided. For assurance, audit results are reported to and discussed at the Clinical Governance & Development Committee and reported to the Board of Trustees.

Infection prevention audits

The infection prevention audit calendar focuses on the compliance with the Code of Practice and CQC requirements. The audit scores, results and actions are presented to the Infection Prevention Link meetings, Senior Nurse Meetings and Clinical Governance & Development meetings. Monthly ward environment audits are carried out to ensure the standard of hygiene on the ward is compliant with national requirements.

The domestic, facilities and infection prevention teams continually work together to audit the building, including clinical and non-clinical areas to enable a priority programme of remedial works to be completed. The remedial works are reported to the Operations department for completion.

The audit tools have been reviewed and aligned with the Infection Prevention audits undertaken at UHL (University Hospitals of Leicester NHS Trust) with some alteration for the Hospice environment. The Hospice has a Service Level Agreement with UHL for support from their Infection Prevention team.

Doctors' audits

Delirium audit

The aim of the audit was to understand whether delirium is recognised and managed in line with NICE guidelines during the patient's initial clerking at LOROS Hospice Inpatient Ward.

Summary

A review of SystmOne records for all admissions to the Hospice for the period of one month (May 2023) was undertaken. Our practice was compared to the NICE audit criteria for the prevention, diagnosis and management of delirium.

- Risk factor assessment - Predicting
- Indicators of delirium at presentation - Precipitating
- Interventions to prevent delirium - Prevention
- Diagnosis

The 4AT assessment was used as a screening tool for diagnosing if a patient had possible delirium:

Alertness (4)

AMT4: age, date of birth, place, current year (2)

Attention: months of the year backwards (2)

Acute change or fluctuating course (4)

Findings from the audit:

- The Hospice does not screen for delirium
- The Hospice does not routinely explore potential reversible factors/ preventative strategies for delirium
- Patient population at high risk of delirium:
55/56 patients admitted had at least 1 or more risk factors for developing delirium

Recommendations

- Hypoactive delirium is as distressing as hyperactive delirium, and therefore is essential to identify
- There is so much we can do to help prevent delirium in our patients:
 - Different reflection on what to do/not to do for patients
 - More open to identifying reversible causes like taking bloods/taking obs
 - Less inclined to stop oxygen
 - More reflective about treating infections
 - Take a more proactive approach in reviewing all of patient's medications
 - Essential need to discuss symptoms
 - Empowering family/friends to be an active participant in prevention through explanation and discussion

- Audit a second/third month - to take place
- Audit the referrals to the hospital/community palliative care team to see if/how the patient groups differ in terms of delirium/risks and compare with Northampton Hospices
- Introduce 4AT or alternative screening tool to assist in identifying patients at risk/with delirium during the initial clerking/consultation. Added onto SystemOne
- Teaching session on Delirium for the clerking doctors

Antimicrobial Stewardship re-audit

The re-audit was undertaken in January 2024 and the aim was to:

- Review types of infections treated at LOROS with antibiotics
- Review antibiotic prescriptions in LOROS
- Review if the antibiotic prescriptions are in line with local guidelines
- Review if appropriate culture samples are taken before antibiotic administration
- Assess if antibiotics prescriptions are appropriately reviewed after 48-72 hours
- Review use of antibiotic prescribing proforma on SystemOne

Findings from the audit

- The number of patients receiving antibiotics in LOROS was comparable to previous audit cycles
- Overall reduction of repeated antibiotic episodes compared to January 2023, with only one patient receiving two antibiotic courses
- Regarding microbial samples – All patients had an ascitic and stool sample taken when required, and 2/3 of urine and 2/3 blood cultures taken appropriately. 1/4 of patients had wound swabs when required. 0/2 patients had sputum cultures taken
- 50% of antimicrobial prescriptions followed local guidance. 16% deviated from guidance due to incorrect dose/duration of prescription. 21% of patients had treatment for infected fungating tumour for which there is no current local guidance. 5% of patients had clear rationale documented for deviating from guidance.
- 53% of patients had documented review of their prescription, which is reduced from previous audit cycles.
- No patients had their antibiotic rationale documented in the proforma on SystemOne

Actions

- UHL team will develop and share guidance for fungating tumour infections
- Stewardship practice education programme with nursing and medical teams
- Antibiotic reviews to be prompted at handover via ward clerk list
- Access to antimicrobial guidance link on LOROS computers

- Pharmacy induction to include antibiotics review
- Re-audit in 6 months

Research (*Mandatory Statement*)

LOROS continues to contribute to the development of a strong evidence base for palliative care and the care that the Hospice provides for patients and their families. LOROS has been an active centre for National Institute for Health Research (NIHR) approved studies in 2023-24, continuing to work closely with the East Midlands Clinical Research Network. New methods for virtual research activity, developed during the pandemic, have continued to facilitate participant involvement.

LOROS is currently in the third-year of a five-year grant from a local charity which has increased our research activity and collaboration with the University of Leicester, with LOROS research studies sponsored by the University, PhD studentships further binding the partnership.

All LOROS research is conducted in accordance with regulatory frameworks and standards governing research in the NHS in the UK. These include the UK Policy Framework for Health and Social Care Research 2017, International Conference for Harmonisation Good Clinical Practice (ICH GCP) and the Medicines for Human Use (Clinical Trials) Regulations 2004 (SI 2004/1031) (and all subsequent versions) as applicable.

Research activity is led by Professor Christina Faull and is overseen by the Research Committee which, in turn, reports to the Centre for Excellence Board of Trustee sub-Committee at LOROS.

Patient and Participant Involvement is integral to the research department and a small group of volunteers meet regularly to ensure that the projects that we develop at LOROS have consultation and collaboration with patients and families. We will continue to pro-actively recruit to this group during the coming year. There are also many other community groups and partners who input and collaborate in LOROS research activity.

The research that we develop is focussed on the following themes:

1. Communication and decision-making
2. Symptom management in advanced illness
3. Older people and their family carers

Our work in 2023-24 included:

- SPARS: Symptom Palliation when Non-Invasive Advanced Respiratory Support is used at end of life for treatment of respiratory failure. This study is taking place at University Hospitals of Leicester led by Professor Faull and an academic trainee

doctor, Dr David Wenzel. The work is funded by the NIHR as part of a fellowship award to Dr Wenzel.

- MND Register: The Motor Neurone Disease register for England, Wales and Northern Ireland. A project designed to set up a population register and collect information about every person who has a MND diagnosis. A multi-centre study led by Kings College London.
- Optical: A randomised controlled trial of the HighCALs intervention versus standard care in ALS patients. The study will develop and test a complex intervention (HighCALs) to enhance the nutritional management of people living with ALS, leading to improvements in survival and quality of life. This study is led by the University of Sheffield.
- VENTMND: A study to explore patients' and family members' experiences of end of life decisions about continuing or withdrawing mechanical ventilation in Motor Neurone Disease (MND). This study is led by the University of Nottingham.
- CHELsea II: The study is a cluster randomised trial of clinically assisted hydration for patients in the last days of their life. This study is being led by Royal Surrey County Hospital NHS Foundation Trust.
- Virtual peer-to-peer support: A randomised control trial of an online peer-to-peer support programme for family and friend carers of individuals with motor neurone disease requiring significant assistance in the home. Led by Kings College London.
- Preparing for Change: A qualitative study that looks to explore what, if any, role there is for peer mentoring to be used to support family carers of people in care homes who lack capacity, particularly around preparing for discussions and decisions as their relative's health deteriorates. Led by the University of Leicester.
- Communication and Decision Making (CADM): A qualitative study of patients' and clinicians' experiences and co-design of professional development and patient information materials. Study aims to improve patient and carer involvement in decision-making in uncertain situations and to reduce the negative consequences of these situations. This study is led by the University of Leicester.
- TV Life: A qualitative study aiming for an understanding of living with tracheostomy ventilation for Motor Neurone Disease (MND) and the implications for quality of life for people with MND and their close family members and the perspectives of health and care professionals on the use of TV for people with MND and the implications for treatment and care. This study is led by the University of Nottingham.

- **CRISIS:** A qualitative study aiming to provide a deep understanding of the experiences of Black Asian and Minority Ethnic (BAME) people in regards to discussing deterioration and dying in the context of COVID-19, and how services can be improved to provide better support and care. It will examine how end-of-life care (EOLC) discussions have been carried out during this crisis, and make comparisons with patient expectations of care. This study is led by LOROS.
- **Anxiety Management in Breathlessness (AMB):** A qualitative multi-site study aiming to explore the acceptability and tolerability of using Cranial Electrotherapy Stimulation (CES) as a potential treatment for anxiety in patients who experience breathlessness due to advanced chronic respiratory disease. The study also aims to assess the feasibility and inform the design of a future study to evaluate clinical effectiveness. This study is led by LOROS.
- **Equitable Bereavement Care for All (EBCA):** An inclusive, qualitative study to improve bereavement services for those from ethnic minority groups. Evidence demonstrates that few people from ethnic minority communities use bereavement help services. The study aims to understand why this is the case, and what services can do to better, or differently, meet their needs. This study is led by King's College London.
- **Pre-transfer Clinical Decision Assessment (PTCDA):** The qualitative research aims to explore what are the views, experiences and recommendations of patients and family carers (including bereaved family carers) of their experience of the PTCDA model. This study is led by the University of Leicester.

Research has been disseminated through presentations at both National and International Conferences, including:

Dr Lucy Bleazard discussed the findings from the anxiety and breathlessness study discussion with patients and public consultees at the Royal Society of Medicine palliative care section in November 2023.

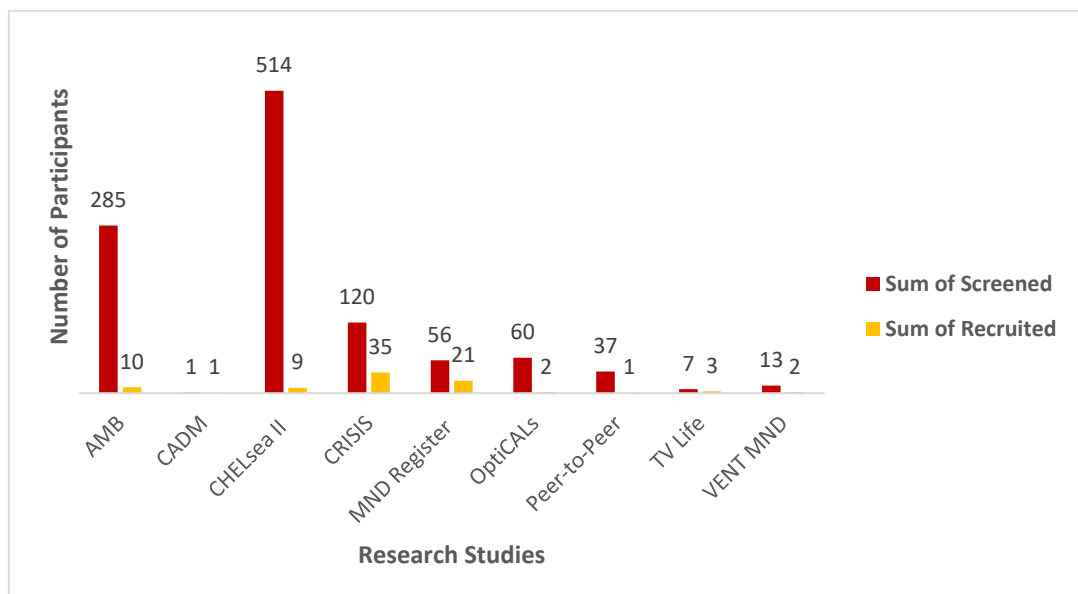
Dr Lucy Bleazard and Dr Thom Jeffrey presented findings about the end of life care in patients with MND who ask for their ventilation to be stopped at the Royal Society of Medicine and the Palliative care Congress in November 2023. This work is informing the updating of the National Guidance of the Association for Palliative Medicine of Great Britain and Ireland.

Our annual open lecture was presented by Ben Bowers, Wellcome Postdoctoral Fellow at the University of Cambridge and a practicing Honorary Nurse Consultant in Palliative Care, to a sell-out audience of more than 60 professional and public attendees. Ben was recently announced as one of the 75 nurses and midwives whose work has had an especially significant impact on the NHS since its inception. He was awarded the

Queen Elizabeth Award for Outstanding Service in 2022 and the European Association for Palliative Care Early Researcher Award 2023, in recognition of his outstanding contributions to community nursing and palliative care research.

Ben discussed the current evidence and peoples' experiences of having injectable medications available in their home to help manage distressing symptoms in the last days of life. He shared his experiences of first asking questions about this common practice as a community nurse, through to becoming a leading clinical academic nurse, and some of the pitfalls and memorable parts of the journey.

The following table shows the screening and recruitment activity for 2023-2024. Where LOROS is identifying, but not recruiting a participant, the recruited number refers to the consent to contact process completed with the participant.



Care Quality Commission (CQC)

LOROS is required to be registered with the Care Quality Commission (CQC), to provide care for adults for treatment of disease, disorder or injury. The Director of Patient Services and Clinical Quality is the Registered Manager.

CQC undertook an unannounced inspection in January 2024 using their comprehensive inspection methodology. Their report was published in April 2024 and the Hospice received an overall rating of 'GOOD'.

LOROS The Leicestershire & Rutland Hospice



Are services

Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well-led?	Good

What the CQC said:

- *Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients whose condition was deteriorating or were in their last days or hours of their life. The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.*
- *Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. They followed national guidance to gain patients' consent and apply the mental capacity act correctly.*
- *People were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally.*
- *The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.*
- *Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced and were proactive, embracing change to promote better services. Leaders operated excellent governance processes, and*

demonstrated commitment to best practice, performance and risk management systems and processes. They identified and escalated relevant risks and issues and identified actions to reduce their impact effectively and in a timely manner. All staff were committed to continually learning and improving services. Staff were actively participating in research and improvement projects.

LOROS has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

LOROS continue to pilot the roll out of the LLR Care Record (LLRCR) which is part of the national Care Records (ShCR) programme. THE LLRCR brings together separate health and care records in a structured and easy to read format which enables care professionals to access the most up-to-date information, 24/7.

Dashboards have been produced using Tableau, a visual analytics platform, and we continue to build on improving the quality of the information on the dashboards.

Information Governance

LOROS' Information Governance (IG) framework enables it to handle information in a secure and confidential manner to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services. As such information flows and the technology used to vehicle them are becoming increasingly dynamic, LOROS remains vigilant and adaptable in order to harness the potential benefits whilst minimising the risks.

The Senior Leadership Team continues to ensure responsible use and protection of data is prioritised and embedded throughout the various areas of the Hospice. In addition to protecting our data, ongoing efforts are made to gain insights from it and use it responsibly and lawfully to deliver high-quality care and better inform the services we provide.

For the 2024/25 cycle, the IG programme will be focused on strengthening its overall governance and accountability structures, which will, in turn, support one of LOROS' 'Strategic Priorities' of using data insights and digital innovations to drive improvements in clinical and non-clinical aspects of its work.

Mortality and Morbidity

As part of its "Learning from Deaths" guidance and framework in response to the publication of the Care Quality Commission's report "Learning. Candour and accountability", NHS England introduced a Structured Judgement Review (SJR)

template, to support a standardised approach to case record review and promote learning.

LOROS acknowledges the opportunity for learning that the structured review of patient deaths can provide, as highlighted in the reports mentioned above. Bi-monthly Mortality & Morbidity (M&M) meetings are held, and attendance is encouraged from the multidisciplinary staff teams (MDT) including, doctors, nurses, physiotherapists, occupational therapists, as well as relevant clinical heads of services and specialist leads such as safeguarding and quality & patient safety.

Because part of the services provided is end of life care, not all deaths are reviewed. Deaths are selected for their potential for learning as identified by members of the MDT.

During 2023-24, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.



Part three

Review of the priorities identified for 2023-24

Patient Safety:

Priority 1: Implementation of an acuity tool on the Inpatient Ward

This priority was carried forward to 2023-24 due to other initiatives on the ward being introduced in 2022-23.

Our aim was:

- To assess acuity twice daily (night and day) to assist with understanding the level of patient acuity on the ward and how the skill mix of the staff matched to that
- To utilise the tool to provide a basis to look at patient dependency and complexity in relation to patient flow, bed capacity and staffing levels

What we have achieved and progress

An acuity tool was implemented based on Patient Dependency Guidelines from another Hospice. It has not been a straight forward implementation as it was felt that the tool was quite subjective and the matrix used to assess the dependency did not always fit the ward situation. However, it was found that the tool could be used to form a basis for assessment of dependency of patients and could be used along with clinical judgement to highlight specific issues. Implementation commenced daily but was found to be over burdensome with little benefit and weekly or at time of high acuity made it more helpful for the team.

It was hoped that the tool would assist with the daily planning of staffing levels and the skill mix relative to the acuity of the patients and the activity on the ward such as admissions or discharges. It does give a clearer understanding of current patient needs verses staffing when looking at waiting lists, planning routine admissions and if an urgent admission is required. Use of the tool highlighted that it is possible for individual patients to vary considerably in their acuity over time (specifically between night and daytime needs) and with complexity of symptom management. Making 'on the day' alterations to staffing is not always possible but it has helped to look at cover required if a member of staff is unable to cover their shift due to ill-health over the longer term and when looking ahead.

The information can be used to provide an indication of long-term staffing requirements and skill mix for the Inpatient Ward and it is hoped that the work done with the acuity tool will help in the ongoing work looking at the staffing establishment on the ward moving forward. Staff had a varied experience of the tool and overall found it more helpful used specifically rather than daily. The tool was adapted significantly to support the Inpatient Unit and a concern around validity following the amount of changes was identified.

Priority 2: Overnight response service

Our aim was:

- To pilot an Overnight Response Service in Leicester city
- To work closely with other overnight services to ensure community palliative care patients get timely input
- To demonstrate the need to improve care overnight to support patients to die in their preferred place of death if it is at home

What we have achieved and progress

- 1) Investment, engagement and collaborative working with multiple organisations across the local and health and social care systems namely Derbyshire Health care United (DHU), East Midlands Ambulance Service (EMAS), Integrated Crisis Response Service (ICRS), Marie Curie, University Hospitals of Leicester (UHL), Leicestershire Partnership Trust (LPT), Integrated Care Board (ICB) and Rutland County Council. This was demonstrated through:
 - Strong willingness and commitment from partner organisations to find ways to work together across organisational boundaries
 - Working partnerships at all levels to develop and drive the service
 - DHU and LOROS embracing joined up care through commitment to align both services and the development of a clinical triage pathway
- 2) Designing a service embedded within existing services and using the known current Single Point of Access for patients.
- 3) A comprehensive induction and competency training programme for staff.
- 4) Representation from users to influence and shape the service.

The challenges

- 1) Lack of End of Life/Palliative Care Out of Hours data to evidence the potential service gap.
- 2) Development of the model gave unforeseen changes resulting in higher expenditure for the project. This was due to the need of embedding the service within the health care system, rather than as a single provider and the requirement to work across the systems.
- 3) Recruitment/staffing - Recruitment of health care assistants was particularly difficult. 60% of staff recruited to the team were from the LOROS Inpatient Ward.
- 4) Data from a local service demonstrated that piloting the service in the city (as planned) would need to be reviewed as activity was seen to be low. Data did not reflect the anecdotal evidence for the service.
- 5) Using two different electronic patient records systems to record data added a layer of complexity to the overall reporting processes. We found organisations collect, code, and record activity differently depending on their organisational

reporting needs. Additionally, some data is not coded and therefore, not retrievable.

March 2024: Despite the dedicated cross-organisational work and the induction of new staff being underway, the difficult decision was made to discontinue with the project. This was as a consequence of rising costs, inflationary pressures and fluctuations in Hospice income. All staff recruited were redeployed.

An evaluation report is available to assist with any future decisions around LOROS' role in community overnight care for end of life patients and those needing specialist advice.

Clinical Effectiveness

Priority 1: Review of clinical data reporting

Our aim was:

- To review the clinical audits on the Inpatient Ward
- To streamline the yearly audit plan
- To produce a Board Assurance Framework

What we have achieved and progress

We reviewed and streamlined the infection control & prevention and pain audit tools. We will continue to review the remaining audit tools in 2024/2025. A comprehensive yearly audit plan has been produced which continues to be reviewed and updated.

A clinical Board Assurance Framework has been developed which continues to be updated and shared at the quarterly Clinical Governance & Development Committee meetings.

Priority 2 - Help with Breathlessness Services - Hospice review

Our aim was:

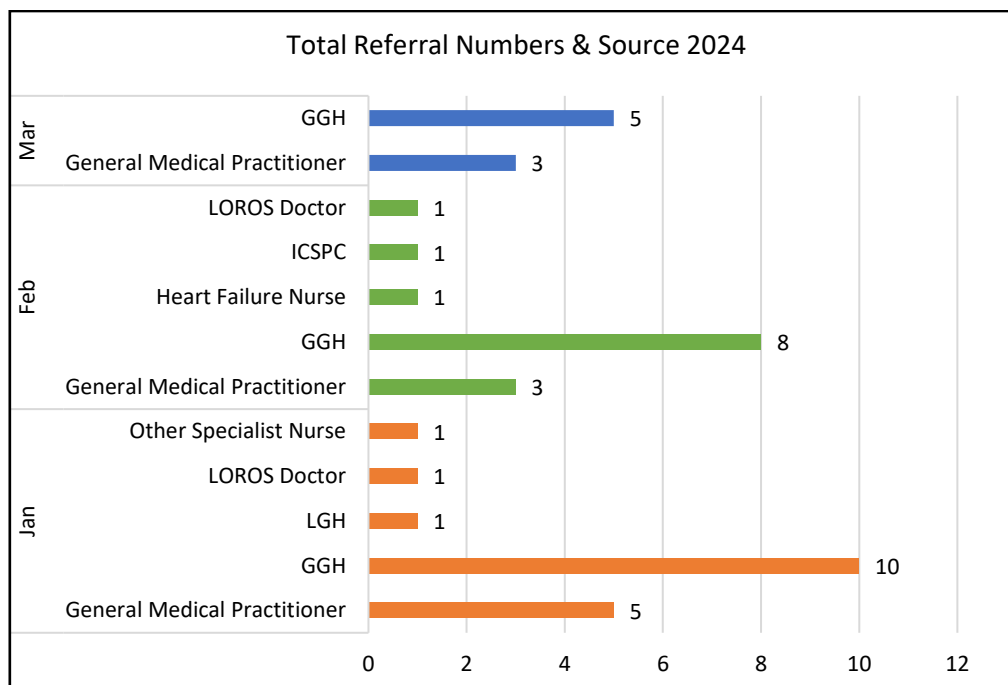
- To review referral sources and outcomes for patients who have attended the clinic and who have received the service at home
- To consider how to increase appropriate referrals and, where appropriate how to ensure knowledge across the referrers increases to understand the LOROS model of support
- To review treatment plans; individual goal setting; service offer around non-pharmacological management of breathlessness, fatigue and pacing

What we have achieved and progress

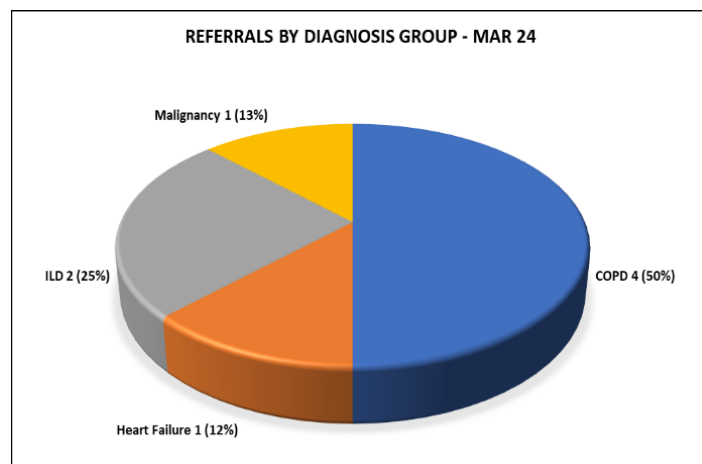
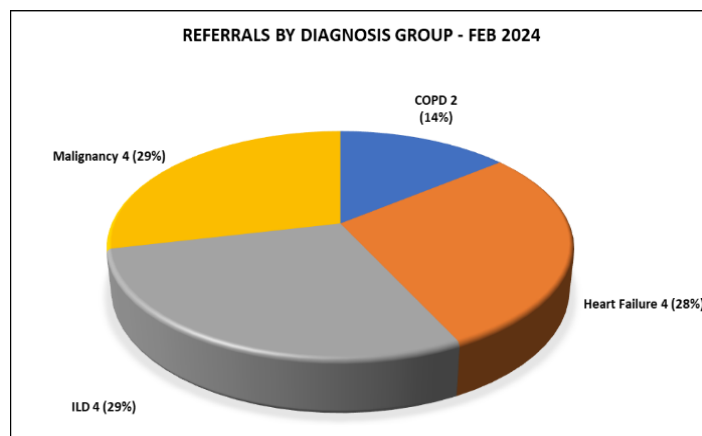
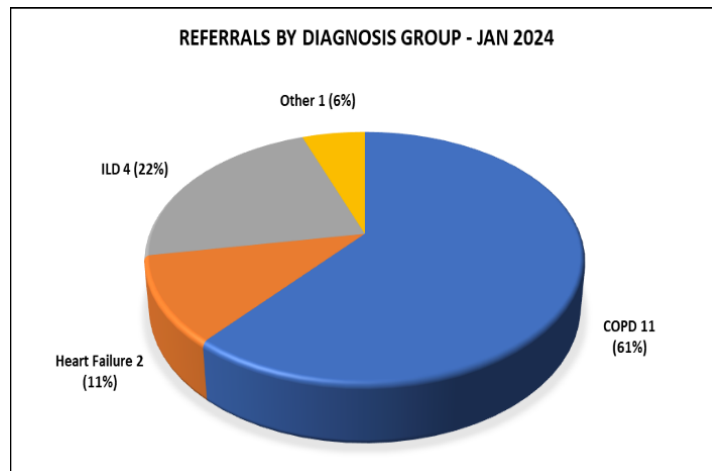
Acronyms: CNS - Community Nurse Specialist
COPD - Chronic obstructive pulmonary disease
GGH - Glenfield General Hospital

HF - Heart Failure
 ICSPC - Integrated Community Specialist Palliative Care
 LTC - Long Term Condition
 LWB - Living with Breathlessness
 LGH - Leicester General Hospital

- The help with Breathlessness clinic is now known as the 'Living with Breathlessness' (LWB) clinic
- Referrals are now triaged by the Clinical Lead Physiotherapist and discussed with the Consultant in Palliative Medicine
- Significant reduction in referral volume (more evident from 2023 referral numbers. January 2024 is reflective of the start of collaboration with stakeholders and recognition of impending clinic updates. Official communication of clinic changes from Feb 2024)



- Referrals becoming more appropriate – more being accepted based on clinic criteria than declined now
 - Declined referrals due to other services already involved and covering breathlessness management, e.g. LTC teams, pulmonary rehabilitation or medically unwell / not medically optimised
- Referral to appointment time now 4-5 weeks



In progress

- Updating referral pathways with clarification of referral criteria
- Patient information for referrers and patients
- Streamlining administrative processes from receipt to end of referral
- LWB clinics throughout April and May for long-term conditions HF and COPD teams to observe for individual professional development, understanding of the clinic offer / recognition of limitations
- Further collaboration with the (Interstitial Lung Disease) ILD team to revisit referral pathway - number of ILD referrals unlikely to reflect numbers appropriate/ need for palliative care input

- Clinic MDT with ILD CNS input / patient outcomes

Patient Experience

Priority 1: Patient Carer Participation Group (PCPG)

Our aim was:

- To review the group membership
- To change the name of the group and make it a more informal open forum
- To produce a work plan and members of the group will help / partake in any Hospice initiatives
- To have some members of the group as Patient Safety Partners

What we have achieved and progress

The group's name changed to HUG (Hospice User Group) and over the past year we have concentrated on increasing the profile of the group and membership, we are pleased to have a total of 13 active members on the group.

As a collective we have looked at how to involve and engage the HUG in co design and co-production opportunities.

Examples of co-produced pieces of work and involvement include:

- Reviewing the Terms of Reference for HUG
- Developing guidelines for HUG involvement in recruitment. Participation in key clinical interviews.
- Review of the ward booklet
- Member representation at the Overnight service steering and operational group meetings
- Contributing to the Big Picture vision workshops

Some members have assisted with the 15 Step on Willow ward. This assessment was to gain an understanding of the patient's perspective within 15 steps of a patient entering a clinical area. HUG members were included in the real time feedback process and were empowered to share their insights.

Plans going forward include:

- Continue to build on the work of the previous year and being open to new opportunities and initiatives for members to help shape service development
- Look at introducing a reader's panel
- Schedule regular 5 senses and 15 step challenge surveys
- Make available opportunities to be part of the recruitment for new senior clinical positions

Priority 2: Digital Survey Feedback

Our aim was:

- To compare patient satisfaction before and after the implementation of the digital survey
- To assess the changes made following the introduction of the digital survey and how much these changes contributed to enhanced patient satisfaction
- To compare reduction in paper-based surveys and analysis following the introduction of the survey

What we have achieved and progress

Progress has been made despite unforeseen circumstances pausing the project for a period. This includes:

- The University of Leicester (UOL) completing periodic PEN testing on the survey
- Demonstration of compliance with the current NHS Data Security & Protection Toolkit
- Several research papers submitted by the UOL team for publishing
- Completion of the final survey questions and responses
- Validation of the tool with several patients
- Launch of survey in April 2024

We are confident that the survey will:

- Enable clinical staff to respond to real time feedback in a more responsive approach
- Facilitate retrieval of reports to enable better analysis
- Reduce administrative time in servicing feedback
- Preclude the need to undertake annual patient surveys



Who we involved and engaged with

Patient and carer experience

Compliments received in 2023-24

A total of 869 written compliments were received in 2023-24.

Tell us what you think

Through this voluntary feedback scheme 486 cards were received in 2023-24, an improvement from 2022-23 (328 cards received). Awareness of the scheme has been improved through new posters on patient information boards and clearer labelling of post boxes in the Hospice and raising awareness with staff.

What did we do well?

Wonderful, wonderful, wonderful. I feel the best both mentally and physically for years. Whilst being honest about my terminal twilight years I will face life with dignity thanks to LOROS. Day Therapy

The MND team, always make my partner feel safe, protected and cared for. The entire team are like a massive comfort blanket. Throughout these obviously difficult times LOROS has been wonderfully supportive and an informative guide to help us whenever we need them. The warm positive support with a smile provides sunshine in these dark times. Motor Neurone Disease

This is my first experience of counselling and before this I didn't know where to turn to or how to deal with the level of grief I was feeling. My sessions helped me to focus and realise there was no time limit to how I should feel. I have learnt coping techniques and now feel like my old self again and that the dark blanket has lifted. Counselling.

You said (examples)	We did
Some drivers might not be aware of my invisible discomfort, for example I have limited strength on opening the door or getting in the car due to post-surgery pain. I would appreciate if drivers are aware of each patient's clinical needs.	A communication is going out to all drivers in response to this feedback. Drivers are to advise patients to remain seated until the driver can come around and open up the door as this is the best practice.
The bathrooms could be a bit warmer.	Some parts of the hospice have ageing heating systems and LOROS are already planning to improve this situation. We will be engaging consultants this year to design a new heating solution for us but, as this a major piece of work, it will not be installed until 2024/25.

Spending more time with patients, I have frequently felt very isolated during my time here

We are sorry to hear this. Some patients prefer to be in the side-rooms and others want to be in the bays where there are other patients. Going forward we will ask on admission individual preferences and accommodate accordingly where possible

Patient and carer stories

32 patient stories were taken this year and used to raise awareness of LOROS services or to promote campaigns.

Michael's story

Heather Cox lives in Melton. Her husband Michael was diagnosed with prostate cancer.

"Increasingly it was hard to control Michael's pain. He was being prescribed more morphine, and I was trying to get help from our surgery. He was finally referred to LOROS and seen by a community nurse specialist Diane. I could see how much pain he was in. It was hard to see.

"Pain continued to be a problem so LOROS admitted him for symptom management. A few days later we got a phone call inviting us to bring him in the next day.

"Right from the word go, everybody was lovely and helpful.

"Michael had a room on the Willow ward. All very nice. We couldn't believe the size of his bathroom. People kept popping in asking if they could help at all. We felt really welcomed. Michael's brother was with me and we kept being offered tea or coffee. It certainly wasn't like going into a hospital. People looked happy, there was a nice atmosphere.

"I was offered counselling and complementary therapy, so I signed up. I came in every day. I took Michael's daughter to visit and she thought it was lovely too. The nurses were all so kind.

"Michael had a walker and he walked and walked. I was worried about him falling but he walked to alleviate the pain in his hip and buttock, right up until bedtime. The discomfort he was in agitated him and walking was the way he distracted himself. It must have been annoying as they had to get some extra staff in so he could walk, but nobody ever complained.

"Volunteers came to chat to Michael on the ward, keeping him company. Pete [a ward volunteer] got a screwdriver to distract him. He used to be an electrician so he was interested in tools.

“Michael had periods of delirium and he wasn’t always himself which was difficult. But we felt surrounded by care. Stephen, the chaplain visited and always had a laugh and joke with him. I talked with him too and found him a real support. Michael would also chat to the domestics.

“Every day I visited I was greeted with a smile, and the beautiful fresh flowers which lined the corridors. We definitely felt that Michael was in the best place. It felt like coming home. We were both looked after so well.

“We had a big chat with the doctors and decided we should maybe look at a care home, as we’d been in LOROS for more than 5 weeks. We talked it over but at that time Michael started to deteriorate. Everyone was wonderful and so kind. When he died the nurses placed a knitted heart in his hand, and we had its twin, which was a comfort.

“I came back for some counselling after Michael died – I found the hospice felt really welcoming. It was like coming home. I also had 4 or 5 sessions of aromatherapy with Alison too. It’s such a peaceful place, full of care and love.

“Until Michael was admitted to LOROS, none of us had any idea about what amazing care happens here. We just didn’t know how special it was.

“It’s so different from a hospital – you don’t have to find money for a car park for a start!

“Michael’s daughter came over from Australia for his funeral and visited LOROS to see where her dad had passed away. She came in and I was able to introduce her to everyone at the hospice who had cared for Michael, like Stephen, the chaplain, Laura, his doctor, and the nurses on the ward.

“It felt like they were part of the family.”



Graham's story

Graham Taylor is 58 and lives in Hinckley. Graham has had spina bifida since birth and last year was diagnosed with motor neurone disease.

"I was referred to the LOROS MND team and Omina, the MND nurse specialist, came out to visit me. The team supported me really well and introduced me to bits of technology which helped make my life easier. She also suggested I might like to attend Day Therapy, which I'd never heard of as I didn't know anything about LOROS or the services it offers.

At Day Therapy I met Amy, one of the nurses, and got on really well with her. One time I was talking to her about running – in 2012 I ran the Leicester half marathon and I was telling her about it. I just asked her: "Can we do the half marathon?" She said she'd think about it, and agreed to do the 10k race with me!

On race day, the atmosphere was unbelievable! I must have said thank you a thousand times! I couldn't high five people as my arms are too weak to lift so I said thank you instead. So many runners congratulated me including the elite runners.

I couldn't sleep that night I felt as high as a kite! But I slept for England the day after!

We raised so much money. I thought we'd get just a couple of hundred as the cost of living is hitting everyone. But people were much more generous than we thought. It was a lovely day and I hope I motivated other people with MND to stay positive as well as giving something back to LOROS.

I'm hoping Amy has the running bug now as I'd love to do the Leicester half marathon in 2024!"



Complaints

LOROS monitors the number of complaints and concerns received by the services as part of the indicators of quality.

During 2023-24, there were 20 complaints/concerns relating to care services at LOROS; 4 complaints and 16 concerns.

All complaints/concerns are closed and have been dealt with in line with the Hospice complaints policy. Any actions identified and included in response letters are being addressed via feedback at relevant meetings mainly by the Matron and lead clinician and by appropriate changes in practice to prevent similar occurrences happening again.

Equality, Diversity & Inclusion (EDI)

A new Equality, Diversity and Inclusion (EDI) Lead role was created and appointed to in February 2024. EDI is integral to LOROS' overall aim of providing the best care to patients and their loved ones, and delivering this in the most inclusive way possible.

LOROS strives to ensure it pays 'due regard' to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

LOROS is working diligently and creatively to ensure its culture internally and its approach externally are as inclusive as possible. This includes reviewing the training offer and ensuring prioritisation according to our workforce's and our communities' needs.

LOROS is also reviewing its policies, practices with an inclusion lens, looking inwards and outwards to ensure the culture and service provision is fully inclusive and accessible to all.

Workforce

LOROS currently employs 416 paid colleagues, fulfilling just over 321 full time equivalents, across the main Hospice site, community-based services, retail functions and the research and education departments.

Clinical 134.90 FTE

Enterprises 58.96 FTE

Lotteries 5.14 FTE

Non-Clinical 122.23 FTE

In addition, LOROS is supported by around 1,300 volunteers who give their time to various departments and services across LOROS to generate income, support patient services and contribute skills and experience to support services.

Workforce engagement

A Colleague Opinion Survey closed in March 2024, and the resulting data and analysis will be made available soon. Appropriate time has passed since the actions resulting from the previous staff satisfaction survey, undertaken in the summer of 2021, have been implemented to allow for colleagues to identify the positive impact on their work environment. Therefore, an in-house anonymous Colleague Opinion Survey was run in the final two weeks of March 2024. The questions in the Colleague Opinion Survey were based on the WorkL Sunday Times Great Place To Work questionnaire, the consideration being that in time LOROS may wish to participate in that initiative and having the same questions at this time will provide a benchmark.

In addition to including the questions from the WorkL survey, colleagues were asked the Net Promoter Score (NPS) question '*Would you recommend LOROS as a place to work to your friends and family?*', and it is envisaged that this NPS question could, in time, be asked across all LOROS services and offerings. Participation in the survey was around 50%, therefore, the resulting data will be statistically reliable. The resulting analysis will be shared with all colleagues, and an action plan based on the findings will be created to both address areas for development and growth and to ensure LOROS remains actively delivering on areas of current satisfaction.

LOROS continues to work on delivering the projects and initiatives which resulted from the 2022 anonymous volunteer satisfaction survey, to both ensure it continues to provide an excellent volunteer experience and to enhance areas on which where volunteers provided constructive feedback.

These innovations will continue to be rolled out in volunteering and following a period of embedding and change, the survey will be repeated to measure movement in volunteer satisfaction.

Staff health and wellbeing

LOROS recognises that promoting and supporting positive wellbeing is vital in enabling colleagues and volunteers to bring their whole self to the organisation and do their best work. This, in turn, benefits patients, their careers and the community which we serve. Therefore, LOROS continues to enact the wellbeing strategy.

The Wellbeing agenda incorporates the whole workforce, and includes distinct strategies for staff and volunteers. The LOROS wellbeing strategy features six zones, and events, information and awareness days are facilitated through a yearly calendar of events. The wellbeing coordinator arranges events and talks with external speakers

which brings a social aspect as well as promoting and educating. Additionally, to ensure the widest access to resources, LOROS engages with the LLR Academy to ensure access for staff to events are made available to all health and social partners across the network.

In 2023/2024, this access has included:

- Welcoming the Talking Therapies team to the Hospice site
- Hosting a Winter Wellbeing Festival
- Engaging with the Break 150 Challenge from Active Together, which resulted in six teams of four LOROS employees taking part in the physical wellness promotion in February 2024

The strategy is reviewed annually to ensure actions remain relevant and on track. Feedback is sought and acted upon to ensure voices are heard and responded to appropriately.

Community engagement

Our work reaching out into communities with which we have established relationships, and those who presently do not have much engagement with LOROS continues.

Valued relationships with trusted representatives from the Gipsy and Traveller community, UHL patient experience, veterans and Healthwatch LL have increased our knowledge and helped shape our engagement approach. Within the last year we have participated in 95 community events/talks and spoken at 25 Patient Participation Groups/GP surgeries.

We have mapped our contacts and events over the last year to reveal that we have interacted in 100 postcodes within Leicester, Leicestershire and Rutland. The Clinical Systems & Data lead is now cross referencing the postcodes with those of patient referrals. This will enable us to visualise and focus on where there are gaps in engagement and/or referrals. We also have input via steering group meetings with Primary Care networks, social prescribers, Leicester and Leicestershire, and Rutland Voluntary, Community and Social Enterprise (VCSE) groups. Nationally, we have collaborated with Cornwall Hospice care, Hospice UK and NHS England South West to combine the existing community engagement network groups into a national group. This has facilitated the sharing of ideas and experiences which may be beneficial to LOROS.

Throughout the academic year, support for schools has been given in response to direct contact from schools and via Leicestershire Education Business Company (LEBC). Our engagement has increased to include 32 secondary schools and colleges, which have been visited on 53 occasions, delivering workshops on end-of-life issues, careers events, speed networking and interview practice. Schools continue to be signposted to our Counselling service, education and fundraising departments in response to queries raised.

Following the launch of the collaborative arts-based project, 'Piecing it Together' in May 2023; the Community Engagement Lead (CEL) had the honour of presenting the project at the annual Hospice UK Conference in Liverpool. As a result, Overgate and Isle of Mann Hospices have made contact for support and advice with regards to setting up similar projects. The art piece is currently on display within the Haymarket Shopping Centre in Leicester city centre. Year 2 of the project has been funded by Hospice UK and the University of Leicester. The CEL and EAVA FM station manager are facilitating and emotionally supporting workshops of young people from ethnically diverse backgrounds, to enable them to express their thoughts about death and dying; verbally and visually. The resulting piece of art will be unveiled at Wesley Hall in May 2024.

Infection Prevention and Control

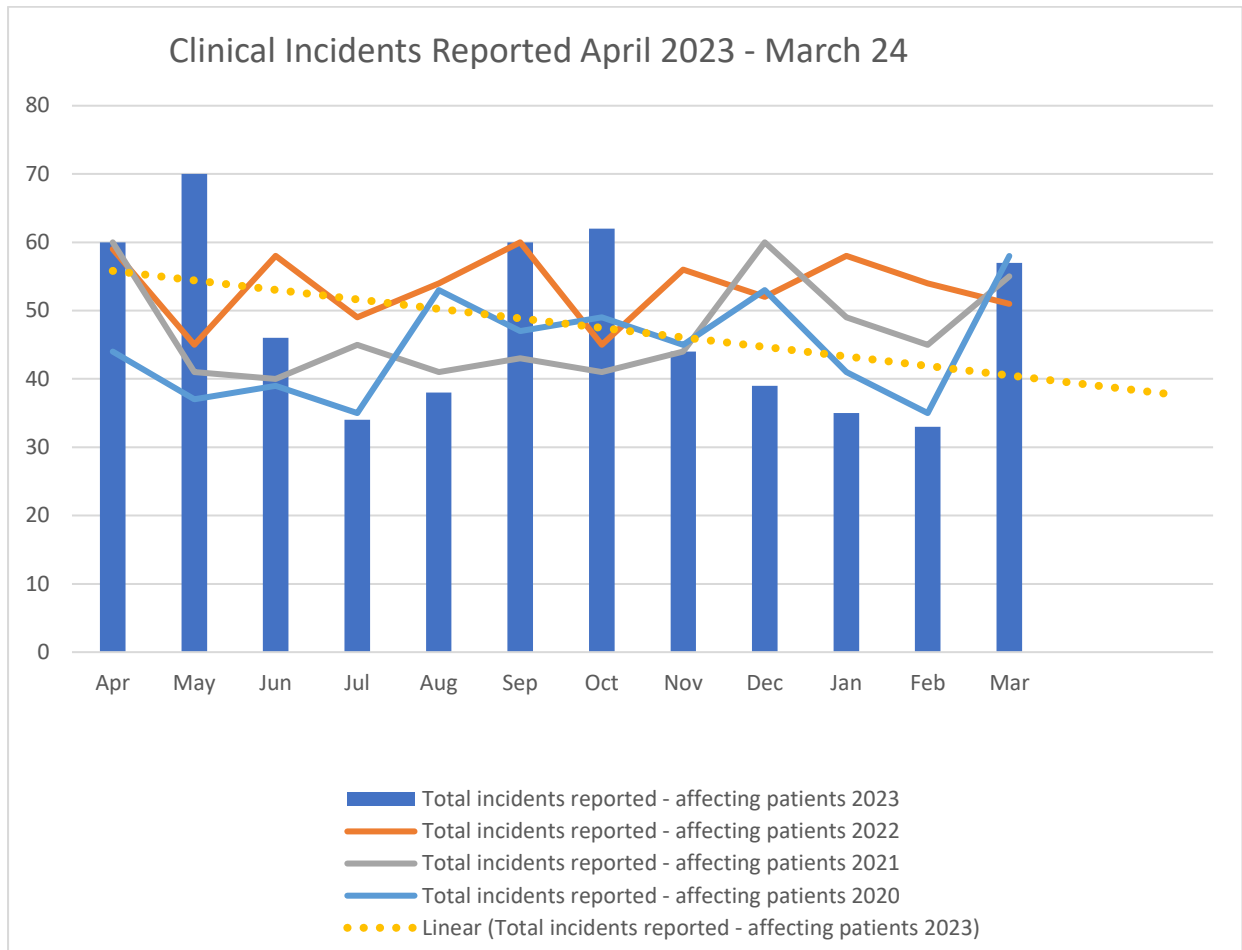
There was a Hospice acquired COVID outbreak on the ward in December 2023. Three patients tested positive, though they were not linked in time and space. Some ward staff, catering staff and housekeepers also tested positive at this time. The infection prevention team at UHL were contacted and a COVID outbreak meeting was held. Following the updated Government guidelines and prompt action from previous learning meant that the outbreak was well contained.

A training day was held in January 2024 to train all infection prevention link practitioners. They received training on infection transmission as well as what was expected from them in this role. The afternoon was spent discussing the new reviewed infection prevention audits that will be commence in 2024-2025.

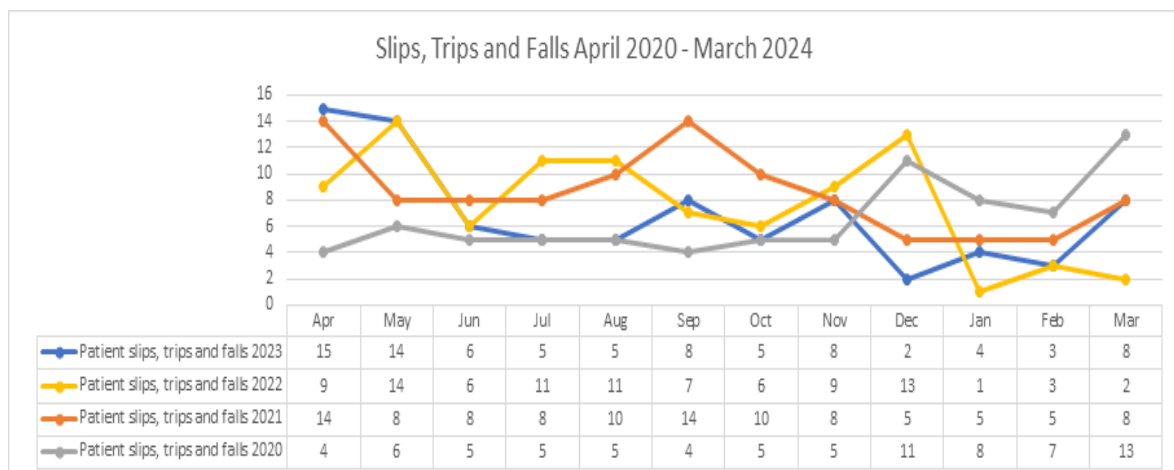
Medical devices management including MHRA alerts

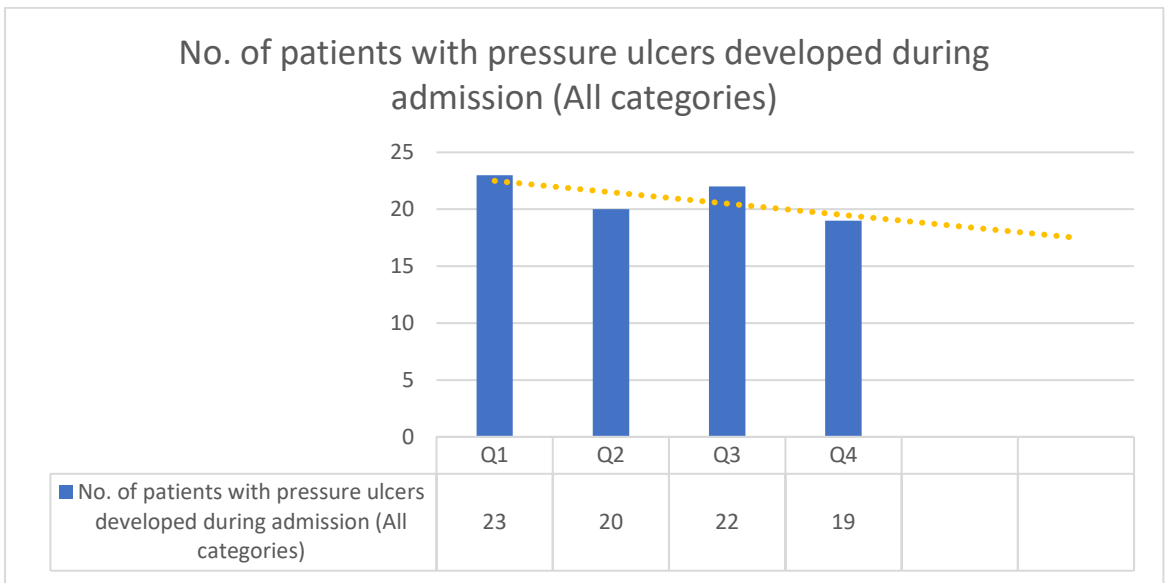
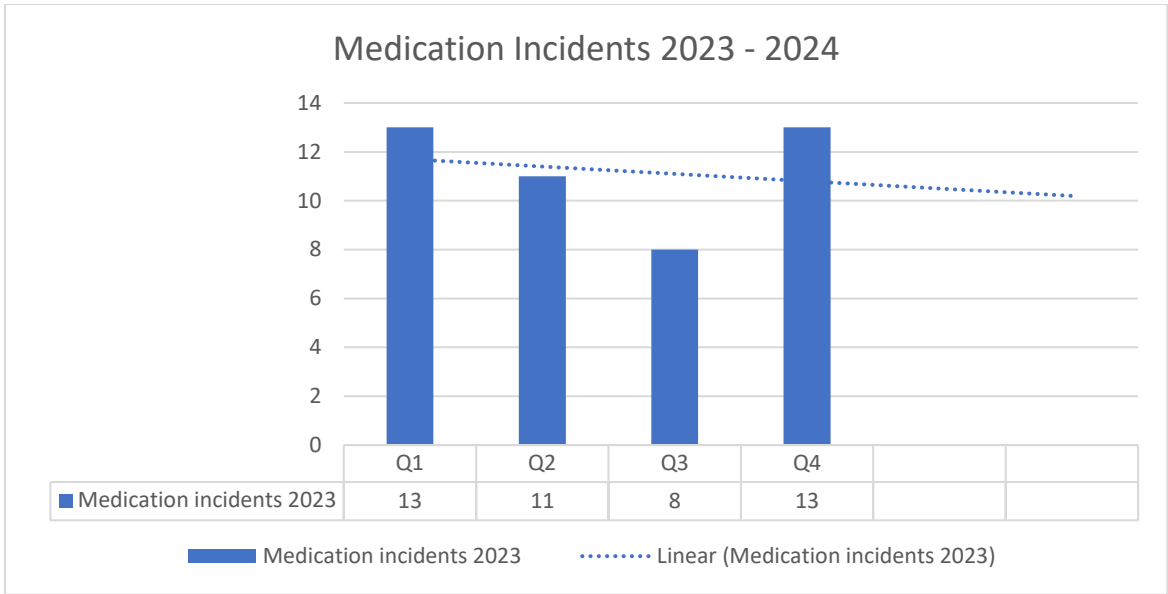
All relevant alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) have been logged and cascaded for appropriate action. Action plans are created for those requiring action and progress is monitored at the weekly significant events meetings to ensure all relevant actions are taken and within required timescales. Quarterly reports are taken to the Clinical Governance & Development Committee for assurance.

Patient safety indicators



578 clinical incidents were reported in the year.





Serious/ Significant incidents

There were six serious incidents reported to the CQC and ICB in 2023-24.

<p>Quarter 2 July - September 2023</p>	<p>July - Category 4 pressure ulcer developed in our care.</p> <p>Patient was admitted to LOROS with a Category 2 pressure ulcer to the sacrum. The pressure ulcer deteriorated to a Category 4 during admission.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee.</p>
<p>Quarter 3 October - December 2023</p>	<p>September - Category 3 developed in our care.</p> <p>Patient with Motor Neurone Disease was admitted to LOROS with a Category 2 pressure ulcer to the right ear. The pressure ulcer deteriorated to a Category 3 during admission.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee.</p>
	<p>September - Fracture in Day Services</p> <p>Patient with known thyroid cancer and bony metastases attended the Day Therapy unit. Patient was immobile and attended in a wheelchair with a sling in situ. Requiring repositioning was hoisted onto the bed and when starting to roll onto their side felt pain in right arm heard a crack. Patient suffered a pathological fracture to the right humerus.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee. The incident was downgraded by the ICB.</p>
	<p>October - Unexpected Death</p> <p>Patient had a choking episode whilst an inpatient at LOROS. The patient died and a referral was made to the Coroner.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee.</p> <p>November - Fracture on Inpatient ward</p> <p>Patient sustained an unwitnessed fall which resulted in a fracture to the right humerus.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee.</p>
<p>Quarter 4 January - March 2024</p>	<p>March - Category 4 pressure ulcer developed in our care</p> <p>Patient admitted from home with an unstageable pressure ulcer to sacrum which deteriorated to a category 4 pressure ulcer.</p> <p>The incident was reported to the ICB and CQC. An investigation was completed and an action plan and learning lessons bulletin produced which has been presented to the ICB and the Clinical Governance & Development Committee.</p>

Clinical supervision

Clinical Supervision is mandatory for all clinical staff and has been for the past three years, it is expected that staff attend at least four sessions in a 12-month period and that two of these will be individual and two group sessions. Each staff member has an allocated supervisor, managed by the Senior Practice Development Practitioner and the group sessions form part of the mandatory and clinical training days.

Housekeepers have a group supervision session at the end of their team meetings which they find beneficial and have requested that this is ongoing.

The uptake of supervision continues to have its challenges.

A member of the Practice Development team has completed training on resilience based clinical supervision. Further staff members will be attending the training funded through Hospice UK and we will be reviewing how this can be implemented throughout the organisation.

Prior to implementation there will be a review of the policy.

Service Improvements

Inpatient Ward - The Head of Service for Inpatients retired from the post in July and the Matron role was introduced to concentrate on being a visible leadership presence supporting the existing team to maintain patient safety, flow and care provision on the ward.

The Hospice has continued to support Health Care Assistants to attend the trainee Nurse Associate programme and currently two staff members are on the course with one having recently completed the programme. Two Nursing Associates are currently being supported through the Registered Nurse top up programme. In addition to this the ward has supported 18 nursing students on placements from Leicester University and De Montfort University, as well as student Nursing associates on placements.

Enablement - The Senior Therapy Assistant was supported through the OT apprenticeship and has been working as a newly qualified Occupational Therapist since qualifying in November.

Day Services - Following the retirement of the previous Service Manager in July, the new Manager commenced in September.

Day Therapy referrals and attendance continue to increase. The service operates Tuesdays – Fridays. Within Day therapy medical procedures are performed, these include, but not restricted to, blood transfusion, iron infusion, paracentesis etc. on instruction from the doctor. All procedures are carried out by a nurse or doctor with relevant medical training and are supported by LOROS policies and guidelines.

'The Wellbeing Hub' which was launched in July 2022 is open on the first and third Monday of each month. The focus remains a well-being / social theme with a café and

is led by a creative facilitator supported by volunteers. Patients who attend must be self-caring or attend with their carer, and carers are also welcome on their own. Attendance at these sessions is high.

The younger persons transitional pilot was completed and evaluated in July 2023 and has not continued. Younger people are referred to and attend day therapy and/or attend the Wellbeing hub with their carers. The Young Person & Transition key worker also supports patients between the ages of 18-40 (not restricted to this especially if the patient has additional needs). This vital role was initially funded for three years with lottery funding which was due to finish in August this year. Further funding has been secured to extend the provision of this role for another year and we are looking to secure funding for the future.

Lymphoedema Service - The service provides care and support for patients who develop lymphoedema secondary to a cancer diagnosis or those known to other LOROS services. The clinic offers face to face appointments and treatments, although telephone and virtual appointments continue to be offered where appropriate. The team also offers advice to community and practice nurses as required.

Complementary Therapies - The team operates a full service on the Ward, Outpatients and in Day Services. The team continue to offer a hybrid service of online sessions on Mindfulness, Seated Tai Chi and Coaching; empowering our community patients and their families; working holistically to support their Wellbeing. Face to face Group Mindfulness Programme has recommenced and we are using the Warwick & Edinburgh Wellbeing Scale to evaluate the effectiveness for patients and carers. The team have worked collaboratively with The Carers Centre in Leicester, Loughborough and Oakham delivering Self-Care workshops, which was featured in their annual report. The Complementary Therapy Service continues to provide support to staff at the Hospice for their own health and wellbeing, and is integral to the LOROS staff wellbeing programme -269 staff sessions were delivered last year. The 'Rollerball Aromatherapy' range of products developed by the Team continues to generate a small income for the service and LOROS.

Community Nurse Specialists (CNS) - The CNS team work jointly with NHS colleagues within the Integrated Community Specialist Palliative Care Service (ICSPCS). In practice this means LOROS CNS's contribute to the Coordination Centre hosted at New Parks Health Centre and the CNSs are co-located with other members of the Community Health Services. This enables specialist support to be closer to the patients in the community, reduces the time taken to access specialist input and enhances the knowledge of the professionals who work alongside these CNSs. CNSs see patients with complex palliative care needs in their own homes, they advise on symptom management, refer to other services as required and offer emotional support.

Telephone advice for patients/carers and professionals can be sought through the Co-ordination centre from 8am-10pm daily.

The CNSs and wider ICSPCS are supported by two Community Consultants who facilitate:

- a daily advice line for community professionals
- domiciliary visits
- after death review

Motor Neurone Disease (MND) Specialist Team - The small LOROS MND team coordinate the care for patients from their diagnosis to death. Working with the support of the LOROS medical team and other LOROS services. Fortnightly, they bring together a wider multi-disciplinary team, which includes NHS colleagues and the local representatives of the Motor Neurone Disease Association in which the most complex patients are discussed and plans made for ongoing care/support.

There has been an increased demand for this service as patient numbers increase. LOROS is looking at how this service can develop its model to be sustainable whilst remaining responsive to patients' needs.

Counselling - The Counselling and Bereavement service offers support to those affected by a terminal diagnosis, and those closest to them. We offer outpatient face to face/telephone or virtual counselling, we also offer counselling to patients whilst on the ward.

There is a children and young people's counsellor who supports children and families coping with terminal illness.

Bereavement Support - LOROS provides:

- 13 drop-in Bereavement Hubs across LLR, which are run by trained volunteers who offer alternative support in a group setting
- Two Bereavement Help-points in Rutland which, similar to the Bereavement hubs are where people can drop in. These are run in collaboration with two other local Hospices
- 1:1 Bereavement support with volunteers
- Bereavement Support group which people can be referred into

The counselling lead delivers a psychological support course for other health professionals in palliative care - this is based upon level 2 counselling skills training and aims to equip other professionals with tools to provide the psychological support for patients in a timely manner.

Compassionate Neighbours - The service has approx. 90 trained volunteers who visit patients in their own homes. These volunteers offer respite for carers and befriending for housebound patients who otherwise have little social interaction.

On referral in, each patient is visited by a facilitator and then allocated a volunteer and the service offer is reviewed every eight weeks. A telephone befriending service is also offered.



Integrated Care Board (ICB) response to our Quality Account

Leicester Leicestershire and Rutland Integrated Care Board (LLRICB) recognises that LOROS provides a vital service to the LLR population. LOROS provides a service for people towards the end of life as well as supporting people and their families living with life-limiting conditions through the inpatient and community services with its employed workforce and army of volunteers, without which some of the services could not operate, such as the Compassionate Neighbours scheme.

The ICB congratulates LOROS on its achievements to date and notes the opportunities for improvements, both those directly affecting patients as well as those operating in the background yet still impact on the care patients receive. The ICB welcomes the review of the priorities for 2024/25 which demonstrates that the organisation is determined to build on established services and provision to ensure continuous improvements in care delivery. The wealth of research undertaken by LOROS in collaboration with local and national partners ensures LOROS remains centre stage and at the cutting edge of palliative care.

The ICB thanks LOROS for the exceptional service it provides to the LLR population; the continual strive for quality excellence and looks forward to its continued association with the organisation during 2024-25.

Handwritten signature of Kay Darby in blue ink.

Kay Darby
Chief Nursing Officer LLR ICB