



# Quality Account

2021-22

**LOROS**

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you  
and your family



Welcome to the  
  
Inpatient Ward

Oak



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# Introduction: LOROS vision, mission and values

Quality Accounts are an important way for organisations that provide healthcare commissioned by NHS England or Clinical Commissioning Groups (CCGs), 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 June 30th 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.

## Our 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 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 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

## Organisational

Ensure the financial sustainability of the charity to deliver the range of clinical services by continuing to be prudent, review income levels and explore additional statutory funding.

## Clinical Services - Hospice Clinical Services - Community

Continually review clinical services to ensure that we safely support our patients by offering a range of options to attend the Hospice, face to face visits, virtual sessions and/or telephone calls. We will review the Inpatient Ward model to ensure it is aligned with expected patient demand.

## Awareness, Income Generation and Business Development

Continually review, respond and innovate each income generation and commercial income stream to reduce the predicted loss of income, whilst maintaining the highest standards of supporter care.

## Education and Research

Deliver a programme of education and training which responds to the needs of target groups within LOROS and Leicester Leicestershire and Rutland. Continue our research activity to ensure the successful delivery of the National Institute of Health Research grant.

## Workforce

Ensure LOROS has a suitably trained staff and volunteer workforce to meet the demands of the changing world. Create a positive working culture which has a proactive approach to Equality, Diversity and Inclusion.







# Part one

## Statement on quality from the Chief Executive



**LOROS is an independent charity which provides high quality, compassionate care and support for terminally ill adult patients, their families and carers in Leicester, Leicestershire and Rutland. Our staff and volunteers have a shared commitment to providing excellence in end of life care and to the advancement of clinical practice through education and research.**

Patients are offered our services based on clinical need and not an individual's ability to pay. Trustees ensure that LOROS delivers its mission, objectives and services at no cost to patients or their families. LOROS has an excellent reputation in the community and benefits from high levels of support from the public, local businesses and professional colleagues. Around a quarter of the charity's funding is provided by the NHS and the remainder is generated from a wide variety of fundraising and income generation activities.

The vision of trustees and strategic and operational energy of colleagues across the organisation has enabled LOROS to continue its drive to provide more services both within the Hospice and externally across local communities. We are, for example, in the process of piloting the introduction of nurse-led beds in our Inpatient unit and are looking at ways of extending the highly successful paracentesis service offered by our Day Therapy unit. We are now also working as part of the integrated community specialist palliative care service with Leicestershire Partnership Trust and continue to encourage the growth of compassionate communities.

Our excellent Research team continues to contribute to the development of a strong evidence base for palliative and end of life care, particularly in the areas of symptom management in advance illness, communication and decision-making and older people and their family carers. Our work over the past year has included the publication of 'Thinking Ahead about Medical Treatments in Advanced Illness', which is a significant study of barriers and enablers in end of life care planning with patients and families from black, asian and minority ethnic backgrounds.

A large number of people have contributed to this Quality Account, most notably the Director of Care Services and Clinical Quality and Patient Safety Lead. I am very grateful for all their work. The information contained in this document is accurate, to the best of my knowledge.

A handwritten signature in blue ink that reads "R. Parkinson". The signature is written in a cursive style with a horizontal line underlining the name.

Rob Parkinson,  
Chief Executive





# Part two

# Priorities for improvement 2022-2023

## Patient Safety

### PRIORITY ONE

#### Implementation of an acuity tool on the Inpatient Ward

##### Why was this identified as a priority?

LOROS is committed to ensuring appropriate staff capacity and capability to care for the patients and families it supports. Currently staffing requirements are based on clinical and professional judgement, incident analysis, patient and staff feedback, benchmarking and government recommendations.

The introduction of an acuity tool will support this process by providing a more formalised evidenced based approach. This will ensure that the Inpatient Ward is appropriately staffed to meet patients' needs in relation to the number and the complexity of their care requirements.

A validated acuity tool identifies the central importance of nurses and healthcare support workers in relation to the delivery of safe and compassionate care. Identifying episodes of expected high workload and proactively managing this can also prevent staff stress.

In addition, the acuity tool recognises and accounts for the duties of the nursing team which impact upon their time but are not directly related to patient care, for example providing telephone advice and supporting bereaved families.

##### How will progress of this priority be monitored and achievement be measured?

The daily dependency scores and staffing levels will be documented on a tracker file. Utilising the outcomes from using the tool will:

- Provide an indication of long-term staffing requirements for the Inpatient Ward and identifying specific periods of high patient dependency
- Assist the daily planning of staffing levels and skill mix relative to the demand for care carried out through quantifying the volume of nursing work to be provided
- Enable monitoring of the number and skill mix of staff on the Inpatient Ward as an indicator when analysing incidents

It is envisaged that the benefits of using the tool will be reflected in positive patient feedback, staff satisfaction and a reduction in any care related concerns.

### PRIORITY TWO

#### Enhancement of safeguarding practices

##### Why was this identified as a priority?

Following a review of current safeguarding processes, several areas have been identified as a focus for the coming year.

The figures for safeguarding training levels 1&2 (Adults, Children, Prevent and Mental Capacity Assessment & Deprivation of Liberty) remains at over 90%. However, there are challenges relating to Trustee training and awareness. A new Safeguarding Lead Trustee has been identified to help address this issue and progress will

be reviewed monthly until full compliance is achieved. A clear plan has been developed to ensure all relevant clinical staff attend level 3 training during 2022 with a quarterly review of progress.

The process for accessing support and advice, particularly out of hours, is being developed to ensure staff are clear on where to seek safeguarding support in the absence of the LOROS safeguarding lead.

A vulnerable adult policy is being developed to compliment the other safeguarding policies and to provide clear guidance to all areas of the organisation in relation to this challenging area. LOROS is awaiting further updates in relation to Liberty Protection Safeguarding and will review practices and implement new requirements once known.

Safeguarding adult competencies will continue to be embedded in the organisations as part of the annual PDR process. Children's safeguarding competencies are now being developed and implementation will begin this year.

##### How will progress of this priority be monitored and achievement be measured?

Safeguarding training figures will be monitored monthly with a goal of 95-100% compliance in all areas.

Awareness raising, relevant updates and management of safeguarding concerns will be shared throughout the organisation in the safeguarding forum, during clinical and safeguarding supervision, at significant events and other relevant meetings and will be captured and reported upon from the electronic incident reporting system, with relevant actions taken to address issues and/or improve practice.

# Priorities for improvement 2022-2023

## Clinical Effectiveness

### PRIORITY ONE

#### Review of clinical administration processes

##### Why was this identified as a priority?

Since the introduction of SystmOne, the electronic patient record system in 2012, the clinical administration processes have not been formally reviewed. This initiative is planned to streamline current processes and ensure they are as efficient and effective as possible. This will be progressed by undertaking an online survey with staff followed by a number of face to face meetings and a process mapping exercise to identify what currently works well and what could be improved. It is hoped that this will improve the patient experience, have environmental benefits and potentially result in cost savings.

##### How will progress of this priority be monitored and achievement be measured?

An action plan will be developed capturing the outputs from the review. These will be monitored until all actions are completed and the necessary changes made to processes. Patient feedback will be obtained via the annual patient experience survey and any cost savings noted and reported. Staff feedback will be captured at the end of the process to ensure any changes have had a positive and sustainable impact on service provision.

### PRIORITY TWO

#### Introduction of nurse led beds (NLB)

##### Why was this identified as a priority?

For many patients there is a change in care needs during their Hospice stay. In the acute phase, patients usually require medical intervention. However, as their Hospice stay progresses, patients may become stable or enter the dying phase and don't always require medical support, as registered nurses are able to lead and plan their care.

LOROS has highly experienced and skilled nurses and this initiative will empower and recognise their contribution to care delivery. It will also provide an opportunity to further develop the nursing staffs' skills and knowledge.

In addition, this model of care delivery will help manage the medical team's workload, particularly if there are reduced numbers of trainees at the Hospice. It will also enable them to gain a broader insight into palliative care by attending outpatient clinics, undertaking domiciliary visits and supporting patients in Day Therapy in addition to providing support on the ward.

##### How will progress of this priority be monitored and achievement be measured?

A quarterly audit will monitor the number of patients transferred into a NLB and if any had to be transferred back into a medical bed and the reasons this was needed. An analysis of any incidents will identify whether this was in anyway related to the care being led by the nursing staff and/or any changes that may be required to improve processes. Patient experience will be monitored through NLB identifiable Tell Us

What You Think feedback forms. Staff feedback will be gained via written communication, verbal feedback and team meetings. Changes and improvements will be made as a result of this feedback.

It is hoped that further initiatives will develop building on this initial model, potentially the implementation of advanced nurse practitioner posts and non-medical prescribers.



# Priorities for improvement 2022-2023

## Patient Experience

### PRIORITY ONE

#### Nurse led paracentesis service

##### Why was this identified as a priority?

The LOROS Day Therapy Unit has carried out medical procedures as day cases for the last six years with the paracentesis procedure (draining fluid from the abdomen) being undertaken predominately by one consultant in palliative medicine. This has meant numbers have been low.

Due to an increased demand for the procedure another member of the team needs to be trained to ensure patients can be offered the service and avoid delays in receiving this intervention.

The manager of Day Therapy has shown an interest in performing this procedure and will receive training from the consultant to enable her to undertake this intervention independently in the future and allow a greater number of patients to benefit from this service at the Hospice.

A competency framework, standard operation procedure and patient fact sheet will be developed to support service delivery.

##### How will progress of this priority be monitored and achievement be measured?

Patient feedback will be captured to monitor satisfaction levels with the service and identify any required changes. The number of procedures will be recorded to monitor ongoing service delivery with a view to offering it in a more formalised way and seeking external funding to continue to deliver and grow service provision moving forward.

### PRIORITY TWO

#### Patient information and support hub

##### Why was this identified as a priority?

During the pandemic the majority of written information was withdrawn from the Hospice; footfall was low and support was limited throughout this time. LOROS is now exploring the best way to provide patient information in the future and is planning to develop a patient information and support hub within the Hospice reception area.

Key LOROS information leaflets will continue to be displayed as will other useful end of life booklets and leaflets. In addition, there will be a printing facility which will allow additional leaflets and factsheets to be printed off as required by patients and/or their carers. To help support this process and provide guidance to those seeking advice a group of volunteers will be trained to work within the hub. They will guide individuals through the process, identifying the most beneficial leaflets and fact sheets to meet their needs and will help compile this for them and offer additional support as required.

It is hoped this initiative will improve the experience for patients and carers by providing a more personalised approach to receiving information with individualised support to ensure appropriate information is given and understood.

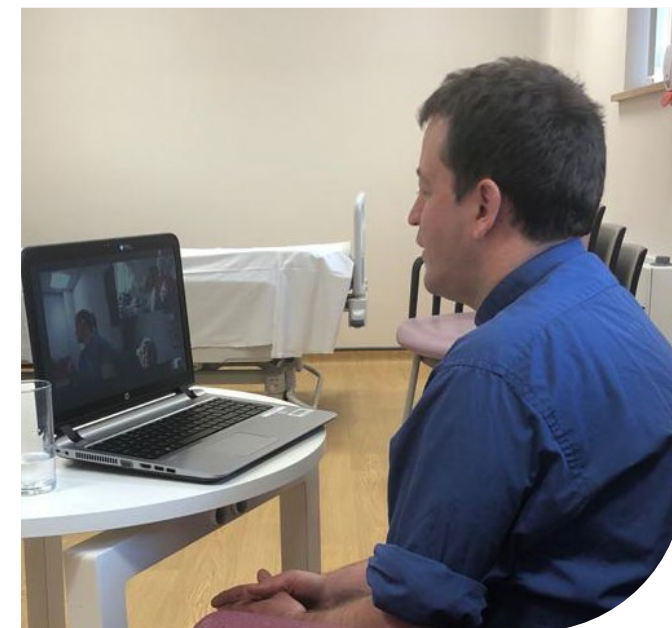
All information will also continue to be available on the LOROS website.

##### How will progress of this priority be monitored and achievement be measured?

Uptake of leaflets and other information will be monitored to identify those most commonly requested and to ensure the appropriate number of hard copy leaflets are available on the information point.

Feedback will be sought through a variety of mechanisms to monitor patient/carer satisfaction in relation to this new approach and changes made as required.

The LOROS patient information group will continue to meet to review current and new information and to ensure information is up to date in all its formats and follows recommended national guidelines.



## The 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, that its staff go above and beyond this to provide high quality care, that the organisation measures its clinical processes and performance, and is involved in research aimed at improving quality of healthcare and patient and carer experience.**



### Statement for 2021-22

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; and to promote research into improving the experience of patients and families dealing with the end of life.

LOROS' well-established and robust governance structure requires members of the Board to engage actively at Board meetings, and in internal groups, committees and service development initiatives. Board meetings are also attended by the Chief Executive, Director of Care Services and Medical Director. Through this regular process the Trustees are able to gain a deeper insight and discuss ongoing performance or areas of particular concern.

The Trustees are fully committed to monitoring and safeguarding the organisation and, particularly, the patients and families for whom the organisation is established in line with the standards expected by the CQC and Charity Commission. Although Covid-19 limited access to a significant extent, trustees are once again attending events at the Hospice and visiting 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 continues to invest its resources wisely for the benefit of patients, families and the wider community. In recent years we have particularly focused on improving our estate to enhance clinical services and related facilities, 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.

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.

A handwritten signature in black ink, appearing to read 'Robin Graham-Brown'.

Professor Robin Graham-Brown  
Chair  
Board of Trustees

# Statements of assurance

## Overview of services

During 2021-22 LOROS has provided Hospice services across Leicester, Leicestershire and Rutland (LLR) for the local NHS Clinical Commissioning Groups (CCGs) Leicester City CCG, West Leicester CCG and East Leicestershire and Rutland CCG as follows:

- Inpatient Ward providing 24hr palliative and end of life care and support by our specialist staff.
- Day Therapy Services providing a varied programme of activities and support to promote well-being.
- Outpatients, face to face and virtually via clinic-co and domiciliary palliative care consultant visits providing support for symptom management.
- 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, for limb swelling caused by accumulation of fluid
- Home visiting service (compassionate neighbours) providing support and respite for patients and carers by staff and trained volunteers.
- Face to face and telephone counselling service including bereavement counselling for adults and children by our specialist counsellors and support via a number of bereavement hubs and in people's homes supported by trained volunteers.

- Complementary therapy service for patients on the inpatient ward and in day therapy provided by our specialist staff and volunteers.
- Education services to our staff and the wider healthcare community face to face and virtually.

LOROS has reviewed all available data and information will be provided within the Quality Account, to provide assurance of the quality of care within its services.

## 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 2021-22 totalled £2,361,586. In addition, LOROS received £503,507 to fund the cost of Junior Doctors on rotation and £204,693 to train medical undergraduates.

The remainder (74%) of the funds needed to run LOROS services is generated through donations, legacies, fundraising, retail shops, cafes and the LOROS Lottery.

During 2020/21, at the height of the pandemic, LOROS was unable to undertake many of its normal fundraising activities and had to shut its shops during the lockdowns. However, in 2021-22, as society opened up, many of the activities returned and LOROS was able to return to a more normal level of voluntary income. Some events have yet to return to pre-pandemic levels of income but our biggest fundraising event, Rocket Round Leicester was a resounding success.

## 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.

LOROS was not eligible to participate in any National Clinical Audits or National Confidential Enquiries during 2021-22.

### The Hospice participates in external benchmarking audits:

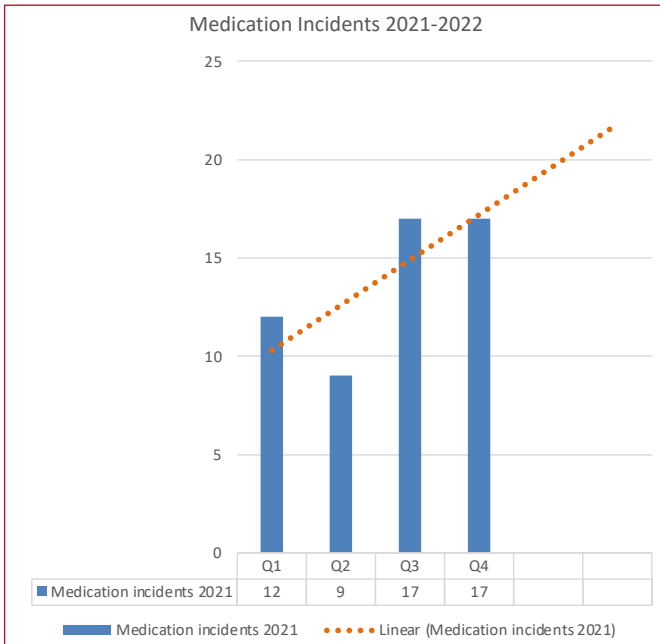
Hospice UK audits- ongoing participation in these audits each year, enables LOROS to benchmark performance against quality indicators such as numbers of falls, pressure ulcers and medication incidents, compared to other similar sized hospices. The results enables LOROS to review practice and take action 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 Committee and reported to the Board of Trustees. Recommendations and improvement plans are monitored by the Clinical Quality & Patient Safety Lead until completion and sign off. These include: medication management, pressure ulcers developing in our care and others. The clinical audit reports including improvement action plans during 2021-22 are being reviewed, and actions taken to improve the quality of care provided.

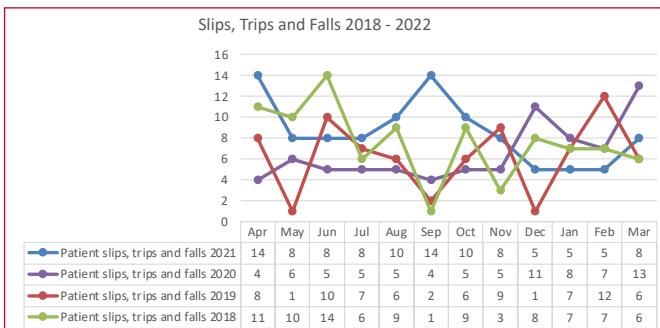
# Statements of assurance

## Patient safety audits

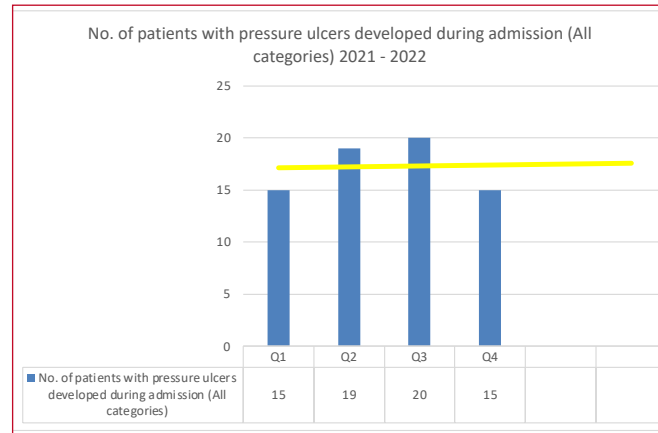


55 medication incidents were logged this year. The number of medications administered on the ward in 2021-22 was over 200,000.

## Falls



## Pressure ulcer prevention



The number of patients developing Hospice acquired pressure damage remains low over the year.

There was one Hospice acquired Category 3 pressure ulcer in Q3 deemed due to skin changes at end of life. A Root Cause Analysis (RCA) was completed and identified that there were no omissions in care.

## Infection prevention

The infection prevention audit calendar focuses on the compliance with the Code of Practice and CQC requirements. The audit scores and results are presented to the Infection Prevention Link meetings, Senior Nurse Meetings and Clinical Governance meetings. All remedial actions are followed up through the link staff meeting, senior nurse meeting and directly with the department. 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.

## Clinical effectiveness audits

### Sentinel

There were 565 clinical incidents in the year April 2021 – March 2022, which is 29 higher than the 536 reported last year.



# Statements of assurance

## Doctor's audits

Community Medication Authorisation Form Audit was completed in January 2022. The audit aim was to ensure that the documentation of anticipatory medications is accurate to ensure patients receive the most suitable medication for them, and drug errors are avoided.

### The results were as follows:

#### Summary

- Details around medications were generally well completed
- To ensure junior doctors sign the authorisation form, an email will be sent to the Medical Director checking that these forms are part of induction to the ward
- Documentation of syringe driver authorisations needs more discussion to ensure the best approach is taken when patients are discharged from the LOROS Inpatient Ward
- There was variable completion of the upper part of the authorisation form. Changes need to be made to ensure the date of birth pulls through onto the form from SystmOne. Currently the items 'date of authorisation', 'current oral/patch opioid and dose', 'last eGFR if known and date' and 'allergies' are in bold type, but have not been well completed. These items are important and so will be laid out in a different way on the authorisation form to try to improve completion

- The results were from authorisation forms completed by LOROS team members. The community authorisation form is also completed by other staff, including members of the integrated community specialist palliative care team. Changes made to the form will need to be applicable to these groups as well as the LOROS team
- As an additional point, the opioid conversion chart on the authorisation form needs to be updated to reflect a change in conversion values. This will need to be supported more widely by education

#### Recommendations

- Liaise with Medical Director regarding junior doctor induction, to ensure the community authorisation form is introduced as part of this
- Discuss as a team regarding authorisations for syringe drivers and a plan going forwards
- Liaise with IT team at the Hospice initially regarding getting patients' date of birth to pull through onto the form from SystmOne
- Update community authorisation form
- Share findings with the Hospice community audit group
- When changes have been agreed, roll out new version of community authorisation form

New audits continue to be discussed with teams and the annual audit calendar will be reviewed for 2022-2023.

## 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 2021-22, working closely with the East Midlands Clinical Research Network. Our research activity has mostly continued with the necessary and approved changes in procedures but only small delays during the COVID-19 pandemic.

We have also been awarded a five-year grant from a local charity to increase our research in collaboration with the University of Leicester.

LOROS continues to conduct research in accordance with regulatory frameworks and standards governing research in the UK. These include the UK Policy Framework for Health and Social Care Research Oct 2017, International Conference for Harmonisation Good Clinical Practice (ICH GCP) and the EU Clinical Trial Directive 2001/20/EC (and all subsequent versions) as applicable.

Research activity is led by Professor Christina Faull and is overseen by the Research Committee who, in turn, report research activity to the Education and Research Committee at LOROS.

The research department continues to value Patient and Participant Involvement but has experienced challenges with engagement during the COVID-19 pandemic. They currently have a small group of volunteers who meet regularly to ensure that the projects that we develop at LOROS have consultation



## Statements of assurance

and collaboration with patients and families. They will continue to pro-actively recruit to the group during the coming year.

### The research that we develop is focussed on the following areas:

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

### Our work in this time period included:

- Thinking Ahead about Medical Treatments in Advanced Illness: A study of barriers and enablers in end of life care planning with patients and families from Black, Asian and Minority Ethnic (BAME) backgrounds. Patients, families and health professionals across Leicestershire and Nottinghamshire contributed to this work which is led by LOROS and is funded by the NIHR. We are now disseminating the findings and acting on them. This includes development of a number of resources to help health professionals support patients and families from diverse ethnic backgrounds. These can be found here: <https://loros.co.uk/research-at-loros/thinking-ahead/thinking-ahead-stories>
- 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.
- TONIC: Trajectories of outcome in neurological conditions which is exploring quality of life with our MND patient and carer participants. The work

is led by the academic department of neurology in Liverpool and LOROS is the first Hospice to be a research site. The study ended in early 2022.

- PROSPECT: Progressive Supranuclear Palsy Cortico-Basal Syndrome Multiple System Atrophy Longitudinal study UK led by University College London.
- PostGas: A multi-centre evaluation of the post gastrostomy management in patients with Amyotrophic Lateral Sclerosis. The work is led by Sheffield Teaching Hospitals NHS Foundation Trust. The study ended in summer 2021.
- PEACE: Posthumous Tissue Donation in Cancer Study. The work is being led by University College London and LOROS are working closely with UHL, who are a recruiting site, to track the patients recruiting up until death when some of their body tissues are taken, in accordance with their consent, for the purposes of the research study.
- 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.
- Caregiver experience of 'Just-in-Case' Medicines to Support End of Life Care at Home. This study in Leicester explored the experiences of bereaved family caregivers with regards to the provision and administration of 'just-in-case' injectable medications to manage symptoms at the end of life within the home setting. It is funded by the Mason Medical Research Trust. The findings have been shared with participants and a new information leaflet has been

developed as part of the recommendations. We are integrating the learning into our care and teaching of professionals.

- COMMEND: A feasibility study & randomised controlled trial of Acceptance and Commitment Therapy (ACT) for people with motor neurone disease: Led by University College London this study involves two LOROS therapists who are trained to deliver ACT for patients and their family.
- Eye donation from Palliative and Hospice care contexts: investigating potential, practice, preference and perceptions. This study, which has been delayed by COVID-19, is investigating the potential for eye donation in palliative and Hospice settings as a means of increasing the supply of ophthalmic tissue for use in sight saving operations and transplantation. It is led by the University of Southampton. The study ended in December 2021.
- 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 and is due to open to recruitment in June 2022.
- 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.

# Statements of assurance

Research has been disseminated through presentations at both national and international conferences, including:

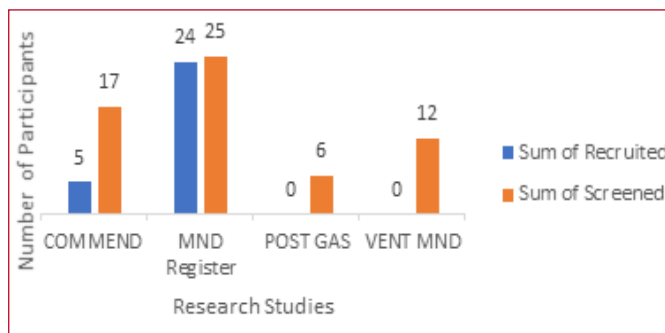
Dr Zoebia Islam and Professor Faull presented findings from the Thinking Ahead Study at the European Association of Palliative Care conference, the UK Palliative Care Congress and the Hospice UK Conference.

Professor Christina Faull discussed the findings from the Just-In-Case medication study at the European Association of Palliative Care conference.

Dr David Wenzel presented findings about moral injury to staff caring for patients with respiratory failure related to COVID-19 at the UK Palliative Care Congress.

Our annual open lecture entitled 'Muslim perspectives on end of life care' was held virtually in February 2022 with more than 115 public and professional attendees. Delivering this event virtually allowed people to attend from further afield areas of the country.

Recruitment of new participants at LOROS for 1st April 2021-31st March 2022.



## CQUINs

LOROS income in the last year was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework, because other quality monitoring and improvement methods are used. These include agreed quality indicators within an annual Quality Schedule, submission of a monthly Clinical Dashboard to commissioners and commissioners' representation and attendance at our quarterly Clinical Governance Committee meetings.

## Care Quality Commission (CQC)

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

LOROS has not taken part in any investigations or reviews about its services by the CQC, nor had any enforcement action taken against it during the last year.

The CQC has not carried out an inspection of LOROS and its services during 2021-22 however, regular engagement meetings have been held with the CQC inspectors, which has enabled the sharing of information and provision of assurance.

## Data quality

The Clinical Systems and Data Team have worked with Leicester Health Informatics Service (LHIS) to agree a contract to provide LOROS with Data Warehousing and Reporting services and from April 2022, the LOROS Clinical Dashboard will be produced by LHIS. They will also provide quarterly departmental 'Making a Difference Dashboards' which will provide clinical teams with a customised breakdown of their key data.

The SystemOne Referral to Treatment (RTT) functionality has been officially rolled out across the following LOROS services: Counselling, Complementary Therapy, Compassionate Neighbours, Enablement, Lymphoedema and Social Work.

An online training video has been created for ward staff, that demonstrates how to accurately personalise, complete and manage Risk Assessments and Care Plans on SystemOne. The module is now available on Unicorn (training platform) for all relevant staff to complete.

The Clinical Systems and Data Lead, is now Vice Chair of the SystemOne National Palliative Care User Group. The group work closely with TPP and support each other to use SystemOne to its full potential.

## Hospital Episode Statistics

LOROS was not required to submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

# Statements of assurance

## Information Governance

LOROS has a robust Information Governance programme that enables the organisation to continue to effectively safeguard and use in a responsible, compliant manner the data and information its patients, staff, volunteers and members of the community entrust it with. A key focus during the COVID-19 pandemic has been ensuring we continue to use data safely when working from home. With the relaxation of governmental COVID-19 restrictions since January 2022 and a gradual return to on-site working patterns, LOROS continues to regularly assess the effectiveness of its information governance measures on a risk-based basis and make any necessary adjustments as and when required. Where relevant, policies, procedures and guidance have been updated to provide timely information on safe data protection working practices for all staff and volunteers.

As part of demonstrating our ongoing compliance with key data protection requirements and industry standards, the NHS Data Security and Protection Toolkit for 2020/21 was completed in June 2021. The 2021-22 version will be completed by the end of June 2022.

For the 2022-23 cycle, the Information Governance programme will focus on providing effective training and awareness for all staff, particularly those with specialist roles, whilst continuing to ensure we have up-to-date technical and organisational measures in place to maintain the confidentiality, integrity and accessibility of the data we hold.

## Clinical coding

LOROS was not subject to the Payment by Results clinical coding audit during 2021-22, by the Audit Commission.

LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2021-22.

## 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 and 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 and patient safety. The SJR template was piloted and is now used during the M&M meetings.

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 2021-22, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.

## Example discussions and learning

- Patient admitted for a RIG insertion. On warfarin due to a metallic heart valve with a plan from cardiology about how to manage this before and after the procedure. Unfortunately, the patient had a significant bleed following this and required transfer to hospital. It was agreed that this was a recognised complication of this procedure and it was appropriate that the patient was transferred to hospital. The plan for anticoagulation was followed in LOROS. It was reflected that hospital may be more appropriate for an admission for a RIG rather than LOROS if there was a similarly high risk patient in future.

No deaths were judged to have been due to problems in the care provided.







# Part three

# What we achieved in 2021-2022



## Patient safety:

### PRIORITY ONE

#### Electronic controlled drugs management

##### Why was this identified as a priority?

Controlled drugs administration and audit are still predominantly a paper-based process at the Hospice. Due to the volume of drugs given this takes up a large proportion of staff time. Problems of accuracy which are inherent in a paper-based system when recording large numbers of transactions represent a risk. To reduce this risk, there is a plan to implement electronic registers at LOROS. They will be able to identify if the balance is accurate, ensure corrections are made and avoid an incident having to be logged. This will utilise technology to improve processes and practices and to save valuable time for both the nursing and management staff.

##### What we have achieved and progress to date?

Over the preceding 12 months two very different systems have been evaluated. Based on this evaluation a standalone system has been chosen for implementation. This system has been extensively tested on Leicestershire's Community Health Services wards and has received positive feedback from the healthcare teams involved.

Unfortunately, due to staffing constraints caused by the COVID-19 pandemic and staff turnover the date for implementation and go-live has been delayed into 2022-23. Once the system is in place an audit of incident reports and feedback evaluation will be undertaken to determine the effectiveness of the new system with an attempt to quantify the improvement in working systems and patient care.

### PRIORITY TWO

#### Tissue viability

##### Why was this identified as priority?

To enhance care delivery LOROS has recruited a Tissue Viability Nurse two days a week through a Service Level Agreement with Leicestershire Partnership Trust (LPT). As with previous 'in house' post holders the LPT Tissue Viability nurse will provide specialist advice and train and support staff so that they feel confident and competent to categorise wounds accurately and provide optimum management of patients' wounds.

##### What we have achieved and progress to date?

In line with the LPT formulary and in liaison with the pharmacist, the current dressing stock at LOROS has been reviewed. Patient specific dressing has also been introduced. However, it has been noted that the LPT formulary continues to change due to alternative dressing owing to supply issues so the confirmed formulary is not yet available.



# What we achieved in 2021-2022

## Clinical effectiveness

### PRIORITY ONE

#### Education

##### Why was this identified as a priority?

The Education team delivers a programme of education and training which responds to the needs of staff within LOROS and partners across Leicester, Leicestershire and Rutland. The programme is designed in consultation with LOROS staff as well as key stakeholders from across the region. In 2021-22 the Education team will strengthen relationships and engage with key stakeholder groups to develop plans for activity and identify funding opportunities.

##### What we have achieved and progress to date

We have increased our links with the University of Leicester to support the undergraduate curriculum and have developed our resources and delivery of simulated learning. LOROS is working with the Personalised Care Team at the CCG to develop a programme and to get the elements accredited by the Personalised Care Institute. With more and more focus across the system on personalisation, we hope and expect that this new relationship will lead to future partnership working. Individual team members are working with key stakeholders across LLR to help identify training needs of staff and respond to this need. The Director of Education Learning and Development now works with the LLR System for two days a week to support their work on ICS development and the LLR Model of Care pathway.

LOROS have given feedback to stakeholders re delegate information on training attendance which demonstrated increased engagement in spite of a

challenging year during the pandemic. We continue to deliver training through a mixed model of face to face and virtual teaching and we will continue to operate in this way for the foreseeable future. This blended approach to learning mirrors that of other hospices and educational institutions and is adaptable for workforce needs.

### PRIORITY TWO

#### Inpatient service delivery model

##### Why was this identified as a priority?

A range of issues have been identified which could potentially impact on the long-term sustainability of the current service delivery model. To address these, the Hospice is planning to explore different concepts, including the potential to introduce a number of Nurse Led beds to link into the forthcoming changes in medical staffing recruitment and to ensure that the ward can continue to meet the needs of patients requiring specialist symptom control and those at end of life.

##### What we have achieved and progress to date?

A working group has explored the current service model and agreed that the introduction of Nurse Led Beds (NLB) on the inpatient ward would have a positive impact. This has therefore been identified as a specific priority for 2022-23 and is outlined in Part Two.



# What we achieved in 2021-2022

## Patient experience

### PRIORITY ONE

#### Young person and transition key worker post

##### Why was this identified as a priority?

LOROS has secured three years funding from the National Lottery for this post to help the Hospice to support patients from the age of 18 – 30 years. This patient group is often overlooked and can feel that their needs are not fully met as they can fall between children and adult services.

This post will support LOROS's ambition to be an inclusive organisation, catering to the requirements of all who need to access adult Hospice care from across the local community. It is envisaged that it will greatly improve the experience for patients within this age group, will build on already established relationships with Rainbows Hospice and will support the development of this area of service provision not only locally but nationally by linking with other adult Hospices across the UK.

##### What we have achieved and progress to date

The Young Person & Transition Key Worker (YP&T) was recruited in August 2021 and a steering group established to monitor progress of the role. Relationships were already in place with Rainbows Children's Hospice but the post holder has strengthened these links and is working closely with their transition leads.

A number of patients have already transitioned and/or have been referred for specialist advice at LOROS and the YP&T key worker has played a key role in enabling this to happen seamlessly. A standard operating procedure has been developed for the service, incorporating referral pathways, and patient information resources are being reviewed and updated to include the role.

Engagement events are planned for 2022 and the post holder has linked in with other local support groups. A virtual tour is to be produced to help raise awareness of the services offered at LOROS and additional information is being made available on the Hospice website.

Relationships and links are being built with other organisations that can provide support for people in this age group and the YP&T key worker is developing a database to help signpost patients and family members as required.

The post holder is raising awareness of their role both internally at LOROS and externally with the acute and community trusts and is now beginning to receive referrals to support relatives within the 18-30 age group in addition to patients.

Mechanisms to evaluate the impact of the YP&T key worker role are being developed, which will include both patient/carer and staff feedback. An annual report will be produced in the summer of 2022 to outline progress so far. The post is funded for 3 years by the National Lottery, after which time it is hopeful that the Hospice will be able to continue the service going forward.

### PRIORITY TWO

#### Everything in Place

##### Why was this identified as a priority?

LOROS introduced this new Hospice-wide initiative to encourage conversations with patients and their families about death and dying. The aim is to encourage conversations and build the confidence and skills of our care services staff and volunteers to talk about planning and preparing for death whenever it's appropriate.

##### What we have achieved and progress to date?

Consultation has taken place with the Patients and Carers' Participation Group (PCPG) and the Clinical Heads of Department meeting. The project has been trialled with colleagues and is due to be implemented in the LOROS Day Therapy Unit in June 2022.

### PRIORITY THREE

#### Enhanced bereavement offer

##### Why was this identified as a priority?

At the Hospice it is recognised that bereavement experiences will be affected by many factors. Research has shown that the majority of people who have been bereaved get their support from family and friends and do not need formal bereavement support service. Although grief is normal, for some it may be more challenging and be associated with significant anxiety and depression, and early identification of individuals who may develop this is important.

To this end the Counselling and Bereavement Services is working hard to increase its assessment and support for those referred into the service.



## What we achieved in 2020-2021

### **What we have achieved and progress to date**

The Hospice has increased its specially trained bereavement volunteers from 12 to 26. The volunteers support bereavement groups and one to one visiting for those recently bereaved, who do not require therapeutic counselling.

LOROS is working with partners on a joint venture in Ketton and Uppingham, with Sue Ryder, Dove Cottage and the Oakham Team Ministry Dying Matters in Rutland, to provide local bereavement support through a bereavement hub approach.

This bereavement hub approach is being replicated by LOROS across Leicester and Leicestershire and there are now 5 hubs open, the areas covered so far are: Coalville, Hinckley, Thurmaston, Syston and South Leicester. We are working in partnership where possible and hope to open a further hub in Loughborough in June 2022.

The development of these hubs has been reported to Hospice UK and the bereavement lead is working with other areas of the Hospice and the community teams to raise the profile of the hubs. The impact on the waiting list for counselling is being monitored, along with feedback from volunteers and attendees.

Training is provided for the volunteers with ongoing support and monthly debriefs.



# Who we involved and engaged with

## Patient and carer experience

The reduced level of patient experience feedback for services delivered at the Hospice during 2020-21 has continued into 2021-22 to reflect reduced patient throughput of on-site Hospice services. However, all feedback channels were maintained and have been benchmarked against the NHS Patient Experience Improvement Framework. In addition, the patient satisfaction survey was reactivated.

### Compliments received in 2021-22

A total of 482 written compliments were received in 2021-22, of which one was made through a Tell Us What You Think comment card. This includes not only patient-facing services, which generate the majority of compliments, but also individual service and staff groups.



## NHS Patient Experience Improvement Framework

This framework was developed in 2018 to enable healthcare providers at all levels to improve their ability to meet the Safe and Well Led requirements of the Key Lines of Enquiry used by the Care Quality Commission in assessing healthcare services. Although not mandatory, it is regarded as best practice that enables organisations to critically assess their capacity to collect, analyse and use patient feedback to drive improvements.

17 of the 23 individual characteristics in the framework are relevant to LOROS. Amongst those we already meet are having an explicit strategic commitment to patient experience, the ability for patients to contribute to staff assessment through upcycling feedback, as well as specific actions including regular Hospice walkabouts by senior managers, sharing of learning points from feedback with service teams, and ensuring feedback results are visible to patients and staff.

Areas for improvement include reintroducing processes to audit care at point of delivery (which have been suspended due to COVID-19 restrictions), considering more technology-based options for obtaining feedback, and improving accessibility to our patient information. The framework will be used to drive these improvements in 2022-23.

## Tell us what you think

This voluntary feedback scheme was maintained with 106 cards received which reflects an improvement from 2020-21 (86 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.

### What did we do well?

The change to telephone befriending during lockdown has been vital for my wellbeing. Gifted me with an amazing friend. Looking forward to returning	Telephone Befriending
Everyone is so patient with me, everything is explained clearly. You listen to me regarding my worries about myself and my partner. When I came in I really wanted to die. That has changed now as I am more positive about not dying yet. Thank you so very much.	Inpatient Ward
The setting compliments a healing feeling. Care comes quickly and unobtrusively. Everyone ASKS - no telling what to do, it's an offering. I did not know what to expect but wanted new experiences in my life and this is another. Thank you.	Day Therapy

# Who we involved and engaged with

## What might improve our service?

Inpatient Ward	
Change visiting times, mainly the 2-4pm slot as most relatives/carers are at work and often have to juggle work/home life and this can be challenging.	We are sorry that we have had to put restrictions in place in line with government guidance and the distress this causes for patients and their loved ones. However, the safety of the patients and staff is important to us and we do now offer an afternoon and evening visiting slot.
Day Therapy	
Make the sessions longer, I feel eight weeks is not enough	Day Therapy previously offered 10 sessions but was restricted to the number of patients that could be brought in. All patients referred to LOROS will be offered eight fortnightly sessions in a timely manner.
Catering (Inpatient)	
Breakfast could be a lot earlier.	The catering team start work at 7am and the breakfast round commences at 8am once they have set up. If the catering staff are made aware they could offer specific patients a cold breakfast from 7.15am and hot from 8am to allow time for cooking. In addition, there is cereal and toast available in the kitchenette on the ward should a patient want breakfast before 7am.

## Small things make a big difference

We received 25 cards over the year across a range of Hospice and Community services including Day Therapy, Complementary Therapy, Compassionate Neighbours, Enablement, Telephone Befriending, Inpatient Ward, as well as the supporting services provided by the Catering and Housekeeping teams.

The scheme aims to pick up on more informal feedback, such as at the time of receiving the service, as well as an opportunity to thank individual staff members which is not always possible through the TuWYT scheme. Highlights were staff organising a birthday party and refreshments for two patients on the ward, and a nurse who was thanked for reading the Bible to a dying patient whose family was on their way to the Hospice. Another card addressed to all Hospice staff said:

**“Simply everything! The food, nursing care, physiotherapy, medical care re; pain relief and management, the domestics and all other support staff. I can’t praise you all enough.”**

### Patient and carer stories

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

### Patient Information

The Patient Information Group met three times in 2021-22. Whilst the display of printed material continued to be available only on request in line with COVID-19 safety advice, monitoring showed that demand was low. This has created an opportunity to reduce hard copy patient information to a core range of leaflets and to provide a self-service facility

for patients, carers and visitors to print any of the full information and factsheet range from the LOROS website. The board and leaflet holders have been relocated to be opposite the shop in Reception as part of this project.

Other matters discussed by the group has included the refresh of the LOROS website and the use of communication aids and whether more information could be provided in Easy Read format to support patients with specific needs.

### Complaints

LOROS monitors the number of complaints and concerns received by the service as an indicator of quality. As of April 2021, all complaints and concerns are now recorded on Sentinel, the electronic incident management system.

During 2021-22, there were 15 complaints/concerns relating to care services at LOROS; four complaints and 11 concerns.

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

## Who we involved and engaged with



### Patient and Carer Participation Group (PCPG)

The PCPG is part of the volunteer offer at LOROS and enables patients, carers and relatives to become actively involved, through quality improvement processes as well as providing insight from their direct experience, to help develop our services so that they can meet the needs of our diverse communities.

The group meets four times a year and receives reports from heads of department on the delivery and management of Community and Outreach services, Inpatient and Day Therapy services, as well as discussing other developments to LOROS services. In 2021-22, this has included the new patient information self-service point, the hospice's uniform policy, refresh of the LOROS website and specific projects on breathlessness support, and funeral planning. The meetings also provide a space for patient and carer members to raise any topics of interest to them directly with the Equality, Diversity and Inclusion & Patient Experience Lead.

Improving the membership and visibility of the group and its work continues to be a priority. As part of this, a communications plan has been developed so that the group is given coverage through social media and other channels on a regular basis. The plan will be regularly monitored and reviewed. The restoration of services and return of volunteers into the Hospice from Spring 2022 will also provide opportunities to promote the group directly to new members.

Another focus is to consolidate the PCPG as a means of engaging and consulting with LOROS patients and carers and how this might be strengthened by working with relevant external members and organisations. Areas for development include how to better support the carers and families of patients who choose to die at home.

#### Quote from PCPG Chair

**"I am pleased that the group has continued to meet and to support members during what has been a difficult time whilst restrictions have been in place. The PCPG is an open and friendly group that, through the relationship its members have developed with LOROS, feels passionately about wanting to enhance services even more so that care is truly person-centred and consistent with the organisation's ethos and values."**

*Monica Glover*

### Equality, Diversity & Inclusion (EDI)

LOROS continues to embed diversity and inclusion across the organisation through the EDI Committee which is chaired by a Trustee and facilitated by the EDI & Patient Experience Lead who works with and across all services to deliver the outcomes in the EDI Action Plan 2020-23. Actions in the plan to increase awareness by staff of how services and processes can be made more responsive of the needs of protected characteristic groups continue to be taken forward. At the same time, as the level of service progressively increases post-pandemic, the plan itself will be reviewed to identify any changes to areas of work and priorities.



# Who we involved and engaged with

## Progress against the five key areas of the EDI Action Plan includes:

- **To design, develop and deliver initiatives that demonstrate active listening to patient voices and actions that improve the quality of care** – adjusting the format of the PCPG meetings to increase members' ability and confidence to raise issues or concerns they have about services; completing a successful visit programme for LOROS Local; creating a Young person and transition key worker post.
- **To design, develop and deliver initiatives that improve patient and staff experiences** – adoption of the NHS Patient Experience Improvement Framework as a basis for identifying and driving alternative ways of obtaining feedback; extending the LOROS Staff Network to include wellbeing support for staff.
- **To work in partnership sharing best practice and adopting inclusive approaches that create a positive culture** – engagement with healthcare partners across Leicester, Leicestershire & Rutland through the LLR Academy to provide staff with educational, mentoring and other development opportunities; initiating a new national network of EDI colleagues from other hospices to support, share and highlight EDI initiatives in palliative care settings.
- **To embed systems and processes that improve patient and staff outcomes** – revising equality monitoring forms to give greater consistency of data from patients and staff and so inform further actions to improve representation across the organisation; developing transgender guidelines to support the service offer to this community

- **To ensure compliance against legislation and standards** – developing EDI training for new staff groups to supplement mandatory and other training; providing support to services on completing Equality Impact Assessments

## Workforce

LOROS currently employs 375 staff across the main Hospice site, the community based services, retail outlets and the education department.

Clinical	162
Enterprises	74
Lotteries	9
Non-Clinical	130

In addition, there are 1,500 volunteers who give their time to the various departments and services across LOROS.

## Staff engagement

Following previous staff engagement to understand experiences of COVID-19 by staff, the decision was made to undertake a staff satisfaction survey in the Summer of 2021. LOROS engaged the Birdsong survey, which is used by many UK Hospices, and covers all areas of employment. The survey provided survey responses and free text responses, along with a benchmark of scores with other Hospices to allow for comparison. The survey also asked a specific set of questions regarding the COVID-19 pandemic.

Responses were received from 234 staff, a response rate of 63%, with representation from all areas of the Charity. The survey results were shared with all staff to promote engagement and transparency.

Workshops were held in departmental meetings to discuss and explore the survey results, both to ensure LOROS keeps doing what staff feel we do well, such as sharing the aims and values of the Hospice, and to create solutions to specific topics highlighted in the survey, including impact on the environment and communicating well between departments.

The themes and workable solutions from the workshops have been adopted into activities and workstreams. The resulting actions, such as creating Green Champions, are being shared with staff in a series of communications to ensure staff remain fully informed of the results of their engagement.

COVID-19 remains a topic on which staff are frequently involved and communicated with. Largely, the measures to manage infection risk within the Hospice remain unchanged, however changing restrictions for Shops and events and changes to Hospice visiting, have been regularly reviewed and communicated to staff.

## Staff Network

2021-22 has seen the Staff Network take a positive change of direction towards prioritising staff wellbeing and support.

As a fully inclusive organisation, we found through internal research, specifically the 2021 Birdsong Survey, that rather than set dedicated groups for the nine protected characteristics, what the staff requested was the focus to be put on support. We have since created a 3-year Wellbeing Strategy that encompasses all the factors staff requested for, as well as additional actions that will provide a culture of positivity and support.

## Who we involved and engaged with

The Staff Network Coordinator has taken on the role of coordinating the support and related actions and this will maintain the focus through 2022 by linking actions with suitable Awareness Days. The topic of wellbeing will be on the agenda at management meetings and will also have a designated section on the staff intranet.

### Staff health and wellbeing

Healthy workplaces help people to flourish and reach their potential. At LOROS we want to continue to offer an environment that actively promotes a place of contentment and create even greater opportunities for staff to enhance their sense of wellbeing, benefiting both employees and the organisation and ultimately our patients.

At LOROS we prioritise wellbeing so that it can be embedded into our culture, leadership and management. Wellbeing will be promoted throughout 2022, with the aim of supporting staff to address causes of stress and creating positive working environments where they and LOROS can thrive.

Our new strategy highlights how we will do this and what it will mean for the staff.

### Community engagement

The impact of the pandemic with associated restrictions has had a continuing effect on community engagement throughout 2021-22. Contact with some organisations/groups remains virtual, but it is apparent that some community groups have ceased to exist. However, some groups/events have reopened with all of the postponed community talks

from 2020-21 now been delivered in person, and further requests are scheduled.

Market Harborough Charity & Volunteer Day and Pride, were held for the first time in two years; with the Community Engagement Lead (CEL) in attendance manning an information market stall. LOROS staff members, accompanied by their family, were involved in the Pride parade throughout the Leicester city centre, proudly flying the LOROS banner. The CEL also supported the fundraising team with an information stand during the final weekend of Rocket Around Leicester at The National Space Centre.

Throughout the summer the CEL supported the Compassionate Communities project in Market Harborough. This included delivering Compassionate Friends sessions virtually to groups and organisations; the planting and delivering of sunflowers to community groups, schools, Beaver and Brownie groups, occasionally accompanied by our mascot Lionel. By delivering community talks the opportunity arose to promote the Compassionate Communities project.

As part of the wellbeing stream of work within the Leicester Homeless Charter, the CEL has ensured that details of LOROS services have been entered into the Homeless Charter directory of services.

Secondary schools' activity throughout the year has been steady, with the CEL participating in mock interviews, speed networking and careers events within the city and county.

LOROS Local has continued to support the Leicester, Leicestershire and Rutland (LLR) Provider Company with the COVID-19 vaccination roll out in areas

with low uptake. LOROS Local also completed a programme of 16 community engagement bookings in seven town centres over the summer and autumn of 2021; averaging 14 conversations at each visit. An invitation was extended to other voluntary organisations to join LOROS Local visits, but due to capacity and restrictions within those organisations, this was not possible. The feedback LOROS Local staff received was positive, with the public especially expressing their thanks for the care their family members received during the pandemic.

### Infection prevention and control

There was one Hospice acquired Clostridium difficile infection in Q2. Following an investigation, no underlying causes were found. The patient was admitted from home and had not been prescribed antibiotics or a proton pump inhibitor. No other patients at the Hospice developed Clostridium difficile.

### 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. The COVID-19 related alerts were addressed at the LOROS COVID group meetings which were set up at the start of the pandemic.

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 Committee for assurance.



# Review of Quality Performance

## Quality Schedule

LOROS agrees an annual Quality Schedule with the CCG, with indicators for quality and patient safety. The indicators are monitored throughout the year and LOROS provides assurance on its performance through the LOROS Clinical Dashboard which is sent to the CCG each month, as well as through the Clinical Governance Committee meeting reports. The CCG also attend the meetings, where the reports are discussed at length with challenges and scrutiny from the committee Chair (who is a member of the Board of Trustees), members and attendees. This contributes to provision of assurance to the CCG of safe quality services at LOROS.



Some of the indicators are listed below, however, due to the COVID-19 pandemic the Quality Schedule was not formally reviewed or agreed for 2021-22.

7-ISO QSI-7	Infection Prevention and Control	<p>Quarterly report submitted detailing:</p> <ul style="list-style-type: none"> <li>- Infection activity including a breakdown by 'Patients admitted with infections' and 'diagnosed with infections during admission in the hospice with data on MRSA, MRSA Bacterium, CDT</li> <li>- When incidents identified, report to include analysis of trends and themes in the context of IPC and evidence of lessons learnt and action plans for improvement by exception. Report to include information on reporting of and management of infection outbreaks, such as Norovirus or Influenza.</li> </ul>
8-ISO QSI-8	Complaints management	To demonstrate an effective complaints process that includes monthly: quality assurance, management and monitoring.

QSI-9	Patient Related Incidents, Significant Events/ Mortality & Morbidity and Never Events	Report to be provided showing a breakdown of patient related incidents including serious incident and never events reported during the previous quarter. Serious incidents to be reported to the patients commissioning CCG in real time.
QSI-10	Safeguarding, MCA and DoLS Report	Safeguarding, MCA and DoLS Report to be provided on a quarterly basis which provides details of the concerns raised, actions taken and outcomes of all safeguarding incidents which occurred during the previous quarter. Report to provide assurance that applicable incidents have been correctly reported to appropriate safeguarding teams. Completion and submission of the CCG Safeguarding Assurance Template on a quarterly basis.



# Review of Quality Performance

## Patient safety indicators

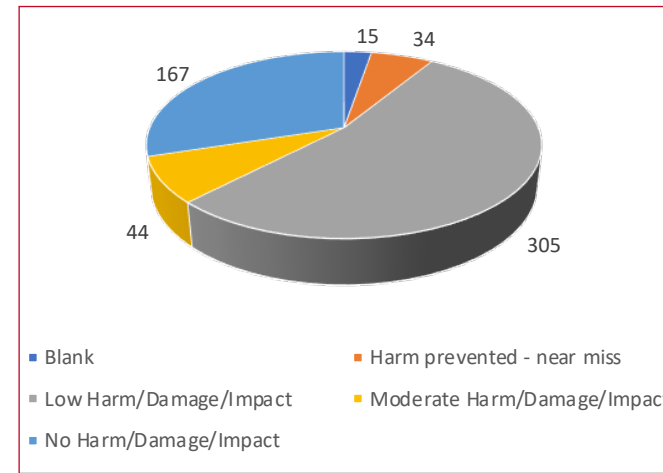
### Total incidents reported



The numbers of clinical incidents reported this year saw an increase to 565 from 536 reported last year.

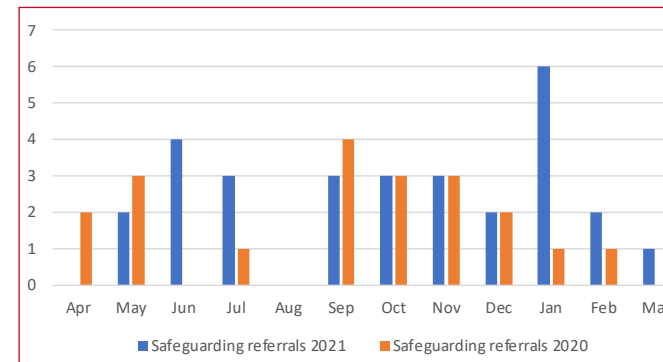
Ward clinical incidents are now reported by teams (Red, Blue, Green). This allows the team leaders to review all the incidents reported within their teams.

### Final harm level after investigation



Patient harm levels from incidents reported remain low.

### Safeguarding referrals 2020v 2021



# Review of quality performance

## Serious/ Significant incidents

There was one Hospice acquired Category 3 pressure ulcer in Q3 deemed due to skin changes at end of life. A Root Cause Analysis (RCA) was completed and there were no omissions in care. The CQC were notified.

During Q4 a patient suffered a fracture to their left humerus. An internal investigation concluded that this was a non-impact incidental pathological fracture. The incident was reported to the CQC and CCG but was not classified as a Serious Incident. A copy of the investigation report was forwarded to the CCG.

In line with the Hospice's ethos of transparency and statutory requirements, any significant patient incidents were reported to the local commissioners and the Care Quality Commission (CQC), and investigation reports shared with them. The reports were also shared with the Clinical Governance Committee for assurance.

## External assurance visits

The CCG undertook a planned quality visit in September 2021 as part of their process to gain assurance on the quality of the services provided. During their visit the commissioners spent time with staff on the ward and in Day Therapy. They also received positive feedback from two patients on the ward about their experience at the Hospice.

The Hospice received a green rating with no quality concerns identified and a revisit will take place in 12 months or sooner if the CCG have any concerns.

There were two recommendations from the visit: -

- Refresher training for correct use of PPE (mainly relating to face masks)
- Review of the Mental Capacity Assessment process as the current template lacks examples of 'decision specific' assessments

Staff are regularly reminded of the correct procedure for use of PPE and posters have been put up and around the clinical areas. Following the visit, an audit of the correct use of PPE, including donning and doffing was undertaken by the Senior Practice Development Practitioner.

It was identified that there was not always the required documentary evidence around capacity being time and decision specific. Although, the current care plans and assessments allowed for this, the documentation did not reflect practice, therefore, it was agreed that LOROS would develop an action plan to ensure improvements are made.

Initially the plan is for the Safeguarding lead to undertake a notes audit in 2022 and if following the audit there continues to be no significant improvements the care plans will be reviewed.

## Clinical supervision

A more structured approach to clinical supervision was implemented within LOROS in April 2020. Due to the COVID-19 pandemic it was agreed that it would not initially be mandatory.

As of April 2021, clinical supervision is now mandatory and is monitored through the E-learning platform,

Unicorn, which is reviewed by the implementation group on a quarterly basis. 91% of staff accessed at least one individual session and 98% accessed group supervision. The supervision types currently offered include both individual and groups with some peer supervision. There is a plan to roll peer supervision out more widely in 2022.

## Service improvement Inpatient Ward, Day Therapy and Enablement

**Inpatient Ward** - The ward has continued to gradually ease COVID-19 restrictions in line with government guidance and other health care organisations. The demand for admissions has increased and the average number of patients over the last year has been approx. 25 (31 bed capacity). Volunteers have returned to the clinical area supporting the team.

LOROS has continued to support Health Care Assistants to attend the trainee Nurse Associate programme and currently two staff members are on the course. One of the Nurse Associates has also been supported to complete the Registered Nurse top up programme commencing in September 2022.

Over the last year the Ward Manager has retired and returned to a staff nurse role on the ward. A new Ward Manager and Deputy Ward Manager have been recruited. Recruitment has continued to be very successful and there are currently no nursing vacancies.

The one-page profile is continuing to be rolled out supporting patients to identify what is important to them and to identify their goals of care.

## Review of quality performance

A task and finish group has been set up to review the effectiveness of the weekly Multi-disciplinary team (MDT) meeting. The MDT meeting is a recognised component of palliative care and is a meeting of the group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients. Initially, staff were asked to complete a questionnaire. Following analysis of the questionnaire themes were identified which aimed to improve the effectiveness of the meeting. These being:-

- To review the format and terms of reference for the meeting
- To support and empower staff to enable contributions to the meeting

**Day Therapy** - Due to the COVID-19 pandemic Day Therapy opened and closed several times over the last year, however, it has remained open since February 2022 and the COVID-19 restrictions in place have been gradually eased in line with government guidance. Day therapy is open Tuesdays – Fridays. The reintroduction of the 'drop in service' on Mondays is being reviewed and is expected to re-open in the Summer of 2022. The focus will remain a well-being / social theme, however, the day is being remodelled with a new name and the opening of a café in the gathering room.

**Enablement service** - The enablement team are all now based back at the Hospice.

Acupuncture Clinics recommenced in April 2021 and six patients were treated at an outpatient clinic for between 6 – 12 treatment sessions each. Day therapy and ward patients are also referred for treatment.

The overall effectiveness has varied patient to patient but there has been a decrease in pain score, none of the patients have remained static in their pain scores and none have increased their pain scores.

Along with decrease in pain, patients have reported sleeping better as a result of the acupuncture treatment.

The symptoms treated were many and varied, including -

- Pain
- Chemo induced peripheral neuropathy
- Anxiety
- Breathlessness
- Night sweats

Update on The Help with breathlessness project: - St James Charitable Foundation / Hospice UK Breathe Easy grant was secured in 2019 for £14,000 to offer an Occupational Therapy Help with Breathlessness at Home service.

The project was created to offer our patients equity in how they receive their Occupational Therapy Help with Breathlessness intervention with an alternative option of being assessed by an Occupational Therapist in their own home.

The project runs one day a week by one of the LOROS Occupational Therapists and the funding pays to back fill clinical hours for this day from bank staff.

Feedback obtained from patients to date include that of: -

- gratitude for being seen in their home
- face to face and not only by a telephone call

- how telephone consultations are challenging when breathless
- seeing a clinician at home was helpful

Equipment adaptations have been recommended and made to homes to enable an individual to manage around their home with less symptom burden. i.e. placing of chairs to rest, walking aids, bed levers.

The clinician has been able to witness in real time how the person applies their breathing strategies / advice in their home and tasks, make adjustments and recommendations bespoke to that individual. Family members have been part of the assessment and can see how to support their loved one with managing their breathlessness, or ask questions.



# Review of quality performance

## Community and Outreach Services

### Community Nurse Specialists (CNS)

The CNS team now work jointly within the Integrated Community Specialist Palliative Care Service (ICSPCS) with LPT. In practice this means LOROS CNS's now contribute to the Co-ordination Centre hosted at New Parks Health Centre and from April 2021 have been based in community nursing hubs. This enables specialist support to be nearer to the patients in the community and will reduce the time taken to access specialist input as the CNS Team are co-located with other members of the Primary Health Care Team. Telephone advice for patients/carers and professionals can be sought through the Co-ordination centre 8am-10pm daily.

The CNS team are supported by two Community Consultants who facilitate MDT's, daily advice line for the nurses, domiciliary visits and after death review. An audit group is being developed within ICSPCS.

### MND Specialist Nurses

The number of referrals to the service continues to increase and the LOROS medical team are supporting to ensure patient and carer experience remains positive. An HCA joined the team in January 2022 and is developing skills and competencies to support the MND nurses. LOROS continues to work with the MNDA, respiratory teams, Community Integrated Neurological and Stroke Service (CINSS) teams to provide a service from diagnosis to death. Due to the growing number of patients we are looking at how to develop this service and make it more sustainable and ensure it can remain responsive to patients' needs.

### Complimentary Therapies

The Complementary Therapy Service continues to provide support to staff at the Hospice for their own health and wellbeing, which is well received. A team member recently was shortlisted for a National Award for their efforts with 'staff wellbeing' during the COVID-19 pandemic. Currently the department operates a full service on the ward and in day therapy. It has developed a full induction programme and is welcoming volunteers back.

The service continues to put patients and their families at the centre of their care and although the pandemic presented challenges it also created an opportunity for the team to work differently. For example: Online: Mindfulness, Seated Tai Chi and Coaching sessions were a huge success in empowering our community patients and their families; working holistically to support their Psychological Wellbeing.

The service is mindful of the current economic climate and aims to produce their own 'Organic Aromatherapy' range of products to generate an income for LOROS. The service is passionate about making a positive difference to patients and their family's outcomes; in helping to achieve this, the department is working closely with the NICE Guidelines as a framework to improve patient choice, considering issues that really matter to patients and their carers. As a result, the service will continue with a blend of online, 1:1 and group sessions in the future, with the vision to develop and expand within the community and are currently considering working from a variety of different locations.

### Lymphoedema Specialist Nurses

The lymphoedema service offers care and support for patients who develop lymphoedema secondary to a cancer diagnosis and treatment. The clinic is now able to offer face to face appointments and treatments, although telephone and virtual appointments continue to be offered where appropriate.

The team continue to offer support to primary care with the care and management to those patients with non-cancer related lymphoedema. Commissioners will be looking to launch a pilot for a non-cancer related lymphoedema service, within the Community podiatry service, to commence in the Summer of 2022.

### Admiral Nurse Service

LOROS has unfortunately not been able to secure funding to support the re-implementation of this service. It was hoped that NHS funding would become available but unfortunately this has not yet come to fruition. The Hospice is committed to developing a service for patients with end stage dementia and is hopeful that funding can be sought in 2022/23 to enable this to happen. It is envisaged that the post holder will have a clinical and educational remit and be involved in relevant audit and research.



## Patient story



**“I knew the LOROS shop in Oadby but I didn’t know about Day Therapy or the Hospice. When I got ill I came here and I’ve never looked back since. That’s how brilliant this place is.”**

Pradipkumar Bhogaita, known as PK, 60 from Oadby, comes to LOROS Day Therapy and has acupuncture from the physio team. He was referred following a spinal cord tumour.

“It was so sudden. I went to work, completed my shift, and I came home, as I reached for my keys for the front door, I fell. My neighbours had to carry me in as I couldn’t move. They ran tests and scans and said I had a tumour and I needed urgent surgery. Within five days I was having an operation.

Up until then, I’d been my wife’s primary carer. I’d go to work and then do the shopping, cleaning, dusting, cooking. Then suddenly everything changed. My wife cried so much she emptied the tissue box! She was so upset. I felt that we had to make the most of what I had.

Initially I could use some crutches but they warned me the surgery had side effects, with mobility issues. But I didn’t expect paralysis from the waist down. The surgeon was brilliant but it was hard to accept. That was in 2015 and I have been in a wheelchair ever since.

Then in 2018 I found out about LOROS. After chemo and radiotherapy, an absolute fabulous nurse mentioned LOROS to me and helped me get a referral to see how I liked it. LOROS changed everything.

Here I feel people understand me and they care. I really can’t thank them enough. A few days before I’m due to visit I get so excited at the thought, I wonder who will be here, what activities we’ll do, who I’ll meet again.

LOROS is also the safest place I can come out to now, because I can go anywhere here in my wheelchair. The staff are so kind they come out and fetch me and take me home again. They entertain me with activities. I get lunch. It’s brilliant. I come here every two weeks and in between I am housebound.

At LOROS all things seem possible. I’ve seen a counsellor to help understand and accept what’s happened. I see a doctor and I can have complementary therapy, massage and acupuncture. It has helped me to get a haircut – it might sound trivial but it’s really important to me, as my local barbers didn’t have space for my wheelchair.

## Patient story

At home I have to live downstairs. I have a view of the opposite neighbour's house, and some of my garden. But I can't enter the garden. When I come here I get a chance to talk to someone who isn't my wife! I've been ruining her ears here for years! There's just the two of us and she has to put up with me all the time!

I am constantly in pain and acupuncture really helps relieve it. I can only move my upper body so there is a lot of pressure on my neck and back. When I have acupuncture it helps so much that I have about three nights of proper sleep. It takes about 24 hours for it to kick in and then I get a really restful sleep. Helen, in the physio team is a very skilled therapist. It helps with my circulation too, makes me a bit warmer.

We also talk, which alleviates pressure from my head. If I feel like a rant, I can, so that helps a lot too. She's so cheerful, always asks about my wife too which is so kind.

Because of Covid, I couldn't come to Day Therapy for almost a year. My muscles were so tight and stiff. After a few sessions here, they are beginning to move now.

Massage is another fantastic help and I've had some fantastic massages from the Complementary Therapy team. I can't get this anywhere else. I know because I've tried. Because of my tumour I'm always told the insurance won't cover it. It's only available to me at LOROS. I feel really lucky to be able to come here and enjoy all this. The team here at LOROS – they are all amazing. Without this charity I wouldn't get this chance, and I appreciate it immensely."



# What others say about us

## Care Quality Commission (CQC)

Due to the COVID-19 pandemic, the CQC paused their routine inspection programme in March 2020 and are using the Transitional Monitoring Approach to monitor services.

In accordance with this approach the CQC carried out a review of the data available to them about LOROS and in December 2021, the CQC reported that they will not be carrying out an inspection on LOROS or reassess the rating.

The statement below will be added to their website to inform the public of this outcome:-

**'We carried out a review of the data available to us about LOROS The Leicestershire & Rutland Hospice on 09-12-2021. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.'**

**This could change at any time if we receive new information. We will continue to monitor data about this service.'**

Quarterly engagement meetings with the CQC inspector continue to be held via Microsoft Teams.

## Feedback from UHL

Feedback was received from UHL that following their meetings with the CQC, the report they received mentions LOROS in relation to the good practice and partnership/system working.

## Annual Patient Satisfaction Questionnaire report

The Patient Satisfaction survey uses a similar format and questions to the ongoing Tell Us What You Think feedback but provides additional information and comparison against regular feedback processes of positive and any negative experiences that occur. For 2021, separate questionnaires were issued for Hospice-based services and those delivered in other settings – this included asking if the service was provided through home visits, telephone / video calls or both – although most questions are identical for consistency of analysis and reporting.

The questionnaire could be completed on paper or online through a webpage link and, although online responses remained proportionately lower compared to paper responses, they accounted for 18.3% of all completed forms compared to 5% in 2019. Responses for questions asking patients and / or carers if they always felt safe, looked after, treated respectfully with kindness and were involved in decisions about their care while using LOROS services ranged from 83% to 97%.

All 170 respondents answered the Friends and family test question and said they would recommend LOROS. This matches the 100% response to the 2019 survey.

## Feedback from the Patient Satisfaction Questionnaire

**'The care and friendliness of the staff is priceless. They are special people who make us feel special in our dark times.'** [Clinical Nurse Specialist service]

**'I feel as if I am the only person being treated. I cannot praise both the staff and services enough and there is a feeling of peace and calmness in the building.'** [Medical Outpatients]

**'In all the times I've been to Day Therapy and Complementary Therapy, the service I have received has always been a pleasant and friendly occasion.'** [Complementary Therapy]

**'Always treated with kindness, dignity and respect as a person, not as a disability or condition. Staff remember you and call you by your name.'** [Motor Neurone Disease service]







# Responses to LOROS Hospice Quality Account 2021-22

## Patient & Carer Participation Group (PCPG)

Members of the Patient & Carer Participation Group wholeheartedly approve the priorities for the coming year, particularly the commitment to keeping the patient focus up to date and central to the excellent practice LOROS demonstrates.

We appreciate the difficulties LOROS has experienced during these changing times and anticipate continued developments in service standards and delivery. We believe that these new approaches will further enhance the patient experience. We warmly welcome these and are pleased to offer our continued support.

## Healthwatch

Healthwatch Leicester and Healthwatch Leicestershire welcomes the opportunity to comment on the Quality Account. LOROS is a well-respected organisation in the community, and this is echoed by the comments within the LOROS Quality Account.

In the Quality Account, LOROS have demonstrated that they have listened to the patient and carer experience of their services and have attended community events to seek the views of patients and the public as well as providing information and advice. LOROS has shown that they are reaching out to our local community to provide care in Leicester and Leicestershire.

## Clinical Commissioning Group (CCG)

LOROS is a vital resource providing a variety of services across Leicester, Leicestershire and Rutland to support people through difficult times in their lives. The level of caring and compassion is very apparent within the extensive range of inpatient, outpatient and community services LOROS provides. Despite the challenges of the last two years due to the Coronavirus pandemic, staff have shown commitment in continuing to meet the needs of patients and their families within the confines of national restrictions and reduced income.

Of note is the drive to continue to learn and make improvements to enhance the experience of patients, families and staff. The introduction of Nurse Led Beds to provide additional capacity in the Paracentesis Service to cope with growing demand will achieve this. The recruitment of a transition lead to support the transition from children's to adult services has seen benefits in strengthening links with other local services and providing reassurance to patients and families as they move through a major change in their lives. The support LOROS provides doesn't cease at providing dignified end of life care; the further development of bereavement hubs across LLR continues that support for families when they need it the most.

There are plans in place to improve systems and processes internally and progress the staff education programmes. The research programmes that LOROS is involved with will have far-reaching effects on future palliative and end of life care to support patients and families in the future.

The Leicester, Leicestershire and Rutland CCG is proud to be associated with LOROS and looks forward to continued involvement as well as viewing its sustained progress through the coming year.





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**loros.co.uk**

**LOROS**  
Care by Lancaster, Leicestershire & Rutland  
Hospice  
Being there for you  
and your family

LOROS Hospice



LOROS Local Supporting your community

loros.co.uk

- LOROS Hospice is a local charity, caring for local people
- We care for people at the Hospice and in their own homes
- All of our services are free
- We care for people living with cancer and other terminal illnesses
- We care for parents and their families
- The care we provide is tailored to the needs of each patient
- We provide education and training to health and social care professionals
- We are a research active hospice



# Directions to LOROS and the Professional Development Centre

You can find us just off the Groby Road (A50) in Leicester.

## From the East - A46 from Newark

At the Leicester Western bypass roundabout (Hobby Horse pub will be on your left, and is visible from the roundabout), turn right onto A46 North & West (also signed for M1/M69).

Take 2nd exit off A46 signed Beaumont Leys.

At roundabout take 2nd exit (Gynsills Lane).

At A50 roundabout take 2nd exit (first one goes into County Hall) onto A50 towards Leicester City.

At next roundabout take 3rd exit still on the A50 towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

## Using Motorways - M1/M69 Junction 21

Take A563 Outer Ring Road.

At the first roundabout, take 3rd exit, following Leicester North & West and continue to follow A563 (north).

At the Groby Road roundabout with A50, take 4th exit onto A50 towards City Centre.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

## Using Motorways - M1 Junction 22

Take A50 towards Leicester and stay on this road.

At 4th roundabout, Glenfield Hospital on left, take 3rd exit (still on A50) towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.



Some photos were taken pre-COVID-19

# LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you  
and your family

**LOROS** Groby Road, Leicester LE3 9QE

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