

Quality Account

2019-20

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you
and your family



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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 30th June each year, as set out in the Health Act 2009. The document includes performance against quality indicators according to the Health and Social Care Act 2012. As a consequence of the COVID-19 pandemic, publication of this year's Quality Accounts were deferred by the Department of Health and Social Care, to December 2020.

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.





Welcome to LOROS

LOROS LOROS



Part one

Statement on quality from the Chief Executive



LOROS is an independent charity that provides care and support to around 2,500 people each year across Leicester, Leicestershire and Rutland. The staff team and volunteer team within LOROS are passionate about the organisation and its reputation. Their total commitment is to excellence in end of life care not just through delivering care but also through the education of front line staff and research in to and the development of clinical practice.

Patients are offered our services based upon clinical need and independent of gender, race, colour, religion or ability to pay. The Trustees govern the organisation robustly to ensure that the charity delivers its objectives in specialist end of life care and that this is provided at no cost to patients and their families. This is achieved through collaboration with the NHS which provides 25% of the organisation's income; the remaining 75% is fundraised through various activities.

LOROS has an excellent reputation in the community and benefits from high levels of support from the public, local businesses and professional colleagues.

The vision of the Trustees coupled with the strategic and operational energy of the senior team enables LOROS to continue its drive to provide more services both within the hospice and externally across the community. In recent months this has been severely hampered by the COVID-19 pandemic however plans remain to expand service provision when the time is right.

The charity's first published Strategic Plan came to an end in 2019. This has been updated and re-written, presenting a new plan for the period 2020-2023 which logically builds upon previous successes and learning. It continues to influence daily operation and the overall direction of travel for service development. The Professional Development Centre and Day Therapy and Outpatients extension are both in full use and it is rewarding to see the many benefits and advantages they have brought to patient care.

LOROS continued its community presence during 2019 with the consultant clinics in several outlying communities of Leicestershire and Rutland. This ongoing investment aims to enable patients to access the very best support and advice close to where they live and negate the need to drive to LOROS which can often be uncomfortable for them and time consuming.

Despite recent unrepresented circumstances our intention remains to invest in the fabric of the hospice by upgrading the dining, kitchen and social areas. We also aim to develop our first 'Compassionate Communities' model initially in Market Harborough and then in other locations as we draw upon this experience and associated learning.

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.

The LOROS Board of Trustees reviewed and approved this Quality Account in October 2020.

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

A handwritten signature in black ink, appearing to read 'John Knight'.

John Knight, Chief Executive



You must always remember

You are **B**raiver than



Stronger than you seem



and **S**mart

Part two

Priorities for improvement 2020-2021



Patient Safety

PRIORITY ONE

Learning from the COVID-19 pandemic to support best practice

Why was this identified as a priority?

The COVID-19 pandemic has presented challenges for all healthcare settings. Hospices have had to adapt to new ways of working, supporting patients to not only deal with their terminal illness but to also cope with the additional anxieties and restrictions created by the pandemic. There has been a great deal of learning during this time and ongoing implications for practice that will continue over the coming year.

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

A report outlining the learning from the pandemic has been developed and shared both externally with the CQC and internally with staff. The supporting action plan will be progressed over the coming months and will support any further outbreaks at the Hospice, ensuring the safety of our patients and staff. Staff will be actively involved in ensuring that LOROS provides the appropriate support to all departments of the organisation.

The Health and Safety Officer has developed and has implemented a plan to ensure the environment is COVID-19 safe for staff. Home working will continue to be encouraged and meetings undertaken virtually to decrease the footfall to and around the Hospice.



Clinical Effectiveness

PRIORITY ONE

Electronic reporting of complaints and concerns

Why was this identified as a priority?

The decision to move to an online system was taken as part of the organisations commitment to quality improvement and ensuring a prompt response and resolution to any concerns or complaints that may occur. This will also make it easier to identify and share any learning from complaints and concerns, which will help LOROS to improve the quality of services for the benefit and safety of patients, staff and visitors. This initiative will improve the efficiency of managing complaints and concerns, replacing a paper based approach which involves numerous transfers of information, with the potential to not fully capture all relevant information when responding to the complainant.

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

All complaints and concerns will now be added to the Sentinel electronic incident management system which is already up and running and has proved invaluable in providing accurate information and has been embraced by staff. A complaints and concerns Sentinel guidance document has been produced and the process and staff accountable for implementing the system have been identified. A training programme for all appropriate staff will commence towards the end of 2020 with a plan for go-live in April 2021.

Priorities for improvement 2020-2021

Patient Experience

PRIORITY ONE

Virtual platforms to provide care and support

Why was this identified as a priority?

LOROS has introduced this new approach, to enable patients to carry on being supported remotely during the COVID-19 pandemic. It is envisaged that this offer will continue even when patients begin to physically access services again to offer patient choice and to prevent unnecessary long journeys to and from the Hospice site.

LOROS has creatively used technology platforms for consultations including: our Outpatient clinics, Day Therapy service, Lymphoedema service, Community Nurse Specialists, Social Worker, Home Visiting Service, Counsellors, and even Ward nurses at the patient bedside. Staff have utilised solutions such as Clinic Co, Microsoft Teams, Zoom and other social networking sites which have allowed them to support patients remotely.

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

The Day Therapy service will continue to use Microsoft Teams regularly and effectively at least three times a week to carry out therapeutic sessions which have included seated exercise with physiotherapy and fatigue management with the Occupational therapists. These sessions will be regularly evaluated and amended to ensure they are meeting patient need. Lymphoedema and outpatients will continue to provide virtual sessions alongside face to face consultations and will monitor patient feedback and outcomes.

New platforms and approaches will be tested incorporating any feedback to ensure patients are benefiting from this new approach and that this offer is balanced against ongoing face to face support of patients as appropriate.



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 are going above and beyond this to provide high quality care, is measuring its clinical processes and performance, and involved in research aimed at improving quality of healthcare and patient and carer experience.



Statement for 2019-20

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 governance structure involves members of the Board engaging actively at Board meetings, playing an active role in internal groups, committees and in service development initiatives. The increased scrutiny of charities has further enhanced the Trustees commitment to monitor and safeguard the organisation and particularly the patients and families for whom the organisation is established. Trustees regularly attend events at the Hospice and make visits to specific teams and departments giving them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided.

The Board's robust process of governance includes attendance at their meetings by the Chief Executive, Director of Care Services and Lead Clinician. Through this regular process the Trustees are able to gain insight and examine any matters that arise and which may be of particular concern.

The Board continues to commission a number of capital schemes. In recent years these have been aimed at improving our clinical services and related facilities and plans are now in hand to look at 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.

The LOROS Quality Account was approved by the Board of Trustees in November 2020. 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 2019-20 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 manage symptoms and promote wellbeing
- Outpatients and domiciliary palliative care consultant visits providing support for symptom management
- Community palliative care by our Community Nurse Specialists, which became an integrated service with Leicester Partnership Trust in February 2020
- Lymphoedema outpatient clinic service by our specialist nurses, providing assessment and treatment for cancer and non-cancer patients, for limb swelling caused by accumulation of fluid
- Home Visiting service providing support and respite for patients and carers by staff and trained volunteers
- Counselling service including bereavement counselling for adults and children by our specialist counsellors
- Complementary Therapy service for patients, carers and staff by our specialist staff and volunteers
- Education services to our staff and the wider healthcare community
- Complementary Therapy sessions for patients and carers on LOROS Local, our mobile resource vehicle, by our specialist staff and volunteers

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.

The COVID-19 pandemic has impacted on LOROS and the provision of most of the services. Some have been suspended and/or delivered differently since March 2020 and future provision is being reviewed.

Income/financial

As a charity, LOROS does not generate any income from its services, as they are all provided free of charge to all patients and carers. The grant income provided by the NHS in 2019-20 totals £2,405,543 with an additional £218,988 to train medical undergraduates.

The remainder (75%) of the funds needed to run LOROS services is generated through donations, legacies, fundraising, retail shops and the LOROS Lottery.

Participation in clinical audit

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

LOROS was not eligible to participate in any National Clinical Audits or National Confidential Enquiries during 2019-20.

The Hospice also 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.

The number of falls increased slightly to 16 in Q3 from 15 in Q2 but is still lower than the 18 falls in Q1. The number of low harm falls increased to 31.3% in Q3 compared to 6.7% in Q2. LOROS was largely on par with other large hospices for both no and low harm falls in the quarter. The number of falls increased in Q4 to 25 from 16 in Q3. 64% of these were of no harm and 36% were low harm. This was largely in line with large hospice average figures.

There were six Level 1 incidents reported in Q3 compared to four in Q2. This is lower than the eight Level 1 incidents in Q3 of last year. There were two Level 2 incidents in Q3, the highest number reported for the Hospice since Q4 of 2018-19. This is also higher than the 0.9 Level 2 incidents reported by the average large hospice. There were five Level 1 incidents reported in Q4 compared to six in Q3. There were no other levels of harm reported. Level 1 incidents are where an incident occurred but no harm was caused to the patient.

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 to the Board of Trustees. Recommendations and improvement plans are monitored by the Clinical Quality and Patient Safety Lead until completion and sign off. These include:

Statements of assurance

medication management, pressure ulcers developing in our care and others. The clinical audit reports including improvement action plans during 2019-20 have been reviewed, and actions taken to improve the quality of care provided.

Highlights from the annual clinical audit report to the Board of Trustees

Overall, the audits results showed improvements during 2019-20, and it is hoped that this will continue during 2020-21. It was highlighted to the Board of Trustees that the COVID-19 pandemic has impacted on the numbers of staff available as well as their capacity to complete audits, resulting in some teams being unable to complete their audits since Q4.

The LOROS annual audit calendar which was created for the year, has been reviewed and progress of the audits is provided within this report.

The review of the audit programme and audit tools is an ongoing process with the clinical teams and during the year, new documentation and record keeping audits were introduced across all services registered with the Care Quality Commission (CQC), as providing a regulated activity (Inpatient ward, Day Therapy, Community Nurse Specialists, Lymphoedema). The documentation audits have mostly shown good areas of practice. Some areas highlighted as requiring improvement include the Accessible Information Standards and Individual Patient Outcome Scores documentation.

The clinical audits on the Inpatient Ward, showed fluctuating compliance with some processes and

policies during the year however, there was marked improvement in overall scores generally. Day Therapy and the CNS team continued to show high compliance across their audits throughout the year and Lymphoedema started completing audits for the first time.

The use of abbreviations was also noted as an area for improvement from audits across the clinical teams and highlighted that there is no list of accepted abbreviations at LOROS. Work is now progressing to create an approved list of abbreviations for use within LOROS, and should be available in the coming months.

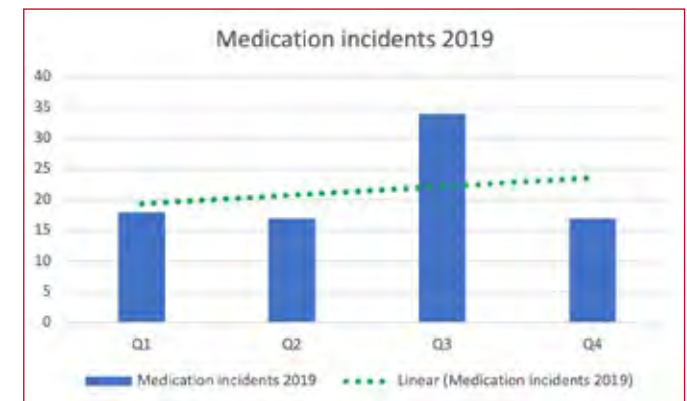
An audit was completed by the Clinical Quality and Patient Safety Lead, of action plans from all serious incidents, other incident investigations, audit action plans and other action plans monitored at the Significant Events meetings, covering the period between February 2018 and December 2019. Assurance can be given that the only outstanding action was planned ongoing training for Ward nursing staff.

Patient safety audits

Medication

Medication audits conducted by the Pharmacist on the Inpatient Ward showed gradual improvement throughout the year, and the audit tools are now being reviewed with the new Pharmacist in post. The Single Nurse Administration of Drugs (SNAD) audit was completed as a qualitative survey of staff experience and showed positive engagement with the process, which was introduced in 2017. Benefits to patients and staff are reported.

The medicines audits completed by the pharmacist in January scored an average of 94%, February scored an average of 92% and March scored an average of 100%, giving an overall average for the quarter of 95%. This is the highest compliance of the 2019-20 year.

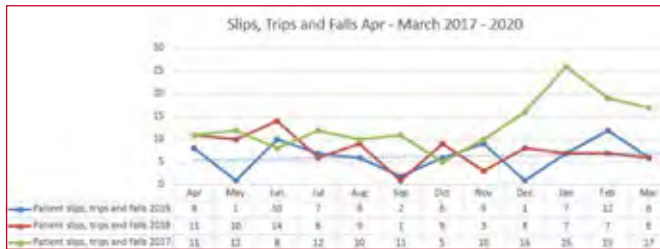


The number of medication incidents in Q4 (17) decreased by 50% from Q3 (34) and there were 86 medication incidents logged this year. In Q3 a piece of work was undertaken to ensure categories and sub-categories are recorded on all medication incident reports and these have now been updated for the

Statements of assurance

whole reporting year. Senior Ward staff continue to be asked to support staff to complete the categorisation of all incidents appropriately, in order to ensure accurate reporting.

Falls



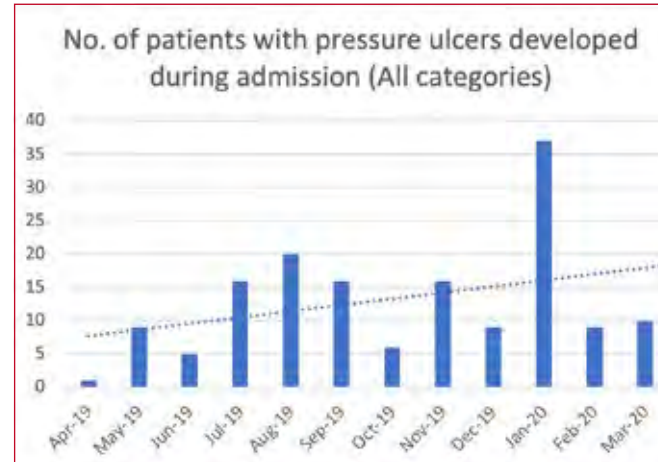
The Q3 falls audit shows a significant increase in compliance to 96% from 73% in Q2, the highest so far this year. 73% of patients audited and with an increased risk of falls, had the falls care plan activated as should be. Reassuringly, none of those without a care plan had suffered a fall.

The Q4 audit maintained high overall compliance at 95%, however, three patients out of the 10 audited did not have a falls care plan activated as should be (similar to Q3). The Ward senior team will remind all staff at their Ward meetings of the need for a care plan even with just one positive answer on the risk assessment. The audit template will be amended for 2020-21, to capture the new risk assessment process, which was updated in line with new NICE guidelines.

Pressure ulcer prevention

The numbers of patients reported as developing all categories of pressure ulcers during admission (25) in Q3 has seen a large decrease from Q2 (52). Q3 data shows a huge improvement to 70% from 47% of

patients audited having the twice daily checks as per policy. Significantly, 90% of patients had daily skin checks performed by a Registered nurse compared to 60% in Q2.



Inpatient nutritional audit

Q4 audit score of 93%, continues the high compliance over the last three quarters. Compared to Q3, there is an improvement to 87% in Q4 from 67% of the patients who had their weight recorded and improvement was seen across all sections of this audit.

Infection prevention

There have been no infections acquired during any patient's admission at the Hospice throughout the 2019-20 year.

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, clinical governance meetings. All remedial actions are followed up through the link

staff meeting, senior nurse meeting and direct with the department. Monthly Ward environment audits are carried out to ensure the standard of hygiene on the ward is compliant with national requirements. Other areas within the Hospice are bi-monthly.

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.

No planned audits were completed for Q4 as the Infection Prevention Lead Nurse had no capacity as a result of dealing with the COVID-19 pandemic impact.

Clinical effectiveness audits

Sentinel

The Sentinel electronic incident management system is now embedded across the organisation and is supporting better information on, and audit of performance in relation to incidents. During 2019-20, there has been a continuation of its positive contribution to improving patient safety and the quality of patient care, through an easier reporting process, greater visibility of incidents and investigations and supporting learning from investigations.

There were 684 clinical incidents in the year April 2019 – March 2020, which is 151 (28%) higher than the 533 reported last year and 222 (48%) higher than 2017. This evidences the positive reporting culture across the organisation, as staff are encouraged to report not just incidents that cause harm but near misses and hazards as well.

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The Q4 audit of the duty of candour process scored overall 77%. This was lower than Q3 mainly because of lack of evidence for completion of the process on the Sentinel system, however, the process is now being managed more effectively mainly through the visibility afforded by the Sentinel system.

Doctor's audits

Iron transfusion audit - was completed and reported to Clinical Governance Committee in January 2020. The audit aim was reviewing the change in practice of blood transfusion with the introduction of iron infusions at LOROS.

The results were as follows:

Summary

- We did not consistently check haematinics (33% of red cell transfusions didn't have haematinics checked) and some patients had blood transfusion who may have benefitted from iron for a longer period (research is currently being done in this area).
- Blood transfusion offered more symptomatic benefit at one week while iron infusion offered more benefit at one month.
- Cost per average patient - blood transfusion was significantly more expensive (£432) than iron (£277). Iron has a significantly shorter infusion time which influences overall cost.
- During this period, only one blood transfusion and one iron infusion were done in day therapy.
- Giving blood or iron appear equally safe.
- Should document benefit more clearly after either treatment.

Recommendations

- Check haematinics routinely when suspecting anaemia.
- Offer IV iron where appropriate.
- Document benefit/lack of benefit more consistently after both iron and red cells transfusions.
- Consider making more use of Day Therapy for both red cells and iron (cost implications of admission to IP ward).

Last days of life audit - was also completed in January 2020 and reported to Clinical Governance Committee.

Conclusion

2019-2020 has seen a huge amount of work across the clinical teams to review audit processes, make improvements where necessary and provide assurance on the quality of care provided to patients. There continues to be improvements in the effectiveness of care and improved outcomes for patients, families and staff, and this work will be progressed with a focus on supporting staff to take more responsibility for monitoring and analysis of each department's audit improvement plans.

New audits continue to be discussed with teams not currently conducting any audits, and a new oxygen audit is planned by the Enablement team during 2020-21. The annual audit calendar will be reviewed for 2020-2021 because of the suspension of some services due to the impact of the COVID-19 pandemic and in light of new service delivery structures being planned/delivered.

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 2019/20, working closely with the East Midlands Clinical Research Network. The research activity during this time period includes:

- 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 are contributing to this work which is led by LOROS and is funded by the NIHR.
- 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.
- VERDIS: Video-based communication research with allied health professionals, led by Professor Ruth Parry at Loughborough University.
- 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.

Statements of assurance

- PEACE: Posthumous Tissue Donation in Cancer Study. The work is being led by University College London and LOROS is working closely with UHL, who are a recruiting site, to track the patients recruiting up until death when their tissue is harvested, in accordance with their consent, for the purposes of the research study.
- ProSec3: A prospective Observation of Secretion Problems in Motor Neurone Disease. A multi-centre study led by Sheffield Teaching Hospitals NHS Foundation Trust.
- 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 is exploring the experiences of bereaved 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.
- COMMEND: A feasibility study and 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.
- Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions. This study, which has been

postponed by COVID-19, is going to investigate the potential for eye donation in palliative and hospice settings as a means of increasing the supply or ophthalmic tissue for use in sight saving operations and transplantation. It is led by the University Southampton this study.

Some of the above projects are no longer in the recruitment stage but there is still work being done by the research team in the follow up stages.

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

Dr Zoebia Islam presented some emergent findings from the Thinking Ahead Study at the UHL research live conference in February 2020.

The annual open lecture entitled 'A Good Death in Dementia' which was planned to be held in March 2020 will now be held virtually in February 2021.

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 (Previously the Research Governance Framework), 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 has strengthened their Patient and Participant Involvement and have an established and active group of volunteers who meet regularly to ensure that the projects developed at LOROS have significant consultation and collaboration with patients and families.

Future research continues to be focussed on the following areas:

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

Recruitment of new participants at LOROS for 1st April 2019-31st March 2020



Statements of assurance

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 commissioner's 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 2019-20 however, regular engagement meetings have been held with the CQC inspectors, which has enabled the sharing of information and provision of assurance.

Data quality

LOROS has taken the following actions to ensure accuracy of its data and will continue to progress work to improve its data quality during 2020-21.

There have been a number of updates within the LOROS SystemOne (S1) Holistic Template.

The Advance Care Plan tabs have been removed and replaced with two new tabs:

ReSPECT tab; this tab allows the relevant staff to easily locate and complete the electronic ReSPECT form (within the patient record).

MCA/SG tab; this tab was designed by the Clinical Systems Lead, the LOROS Safeguarding Lead, Social Work team and the Ward senior nursing staff. The tab contains all of the relevant information and documentation around Safeguarding, Mental Capacity Assessments, Best Interest Decisions and Deprivation of Liberty. It is hoped that having the information in one place will support staff in completing the relevant documentation.

A Smoking Risk Assessment in the form of a SystemOne questionnaire will be added to the Core Care Plan tab in the near future.

A new Oral Hygiene Risk Assessment and corresponding Care Plans is in the process of being designed and this will be included in the Holistic template by the end of August 2020.

A number of 'Quick Views' in the SystemOne patient record have been created to help end users to locate specific data entries. There are views for each questionnaire, the Discharge Liaison team, Social Work team and the Enablement team (e.g. patient goals).

Hospital episode statistics

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

Information governance

LOROS has taken measures to ensure compliance with information governance and data protection law in particular under the pandemic conditions. This has included the collection and sharing of relevant data; the required increase in working from home and in virtual meetings, and in consultations (as well as group sessions) taking place over the telephone or via video call. Where relevant, policies and procedures have been updated to reflect this change in approach.

LOROS has also taken investigative and disciplinary action following a serious breach of patient confidentiality and data protection law that was discovered during an internal audit of records.

The Data Security and Protection Toolkit for 2019/20 has been postponed for completion from March 2020 until the end of September 2020. This is in line with national directives following the pandemic.

Statements of assurance

Clinical coding

LOROS was not subject to the Payment by Results clinical coding audit during 2019-20, by the Audit Commission.

LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2019-20.

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 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 2019-20, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.

Example discussions and learning

- Patients admitted for end of life care with an implantable cardioverter defibrillator (ICD). Led to further discussions with cardiology department in the acute trust regarding identification of such patients
- Problems with access to ambulance transport for transfer of patients to acute site, due to capacity issues within the ambulance service. Led to discussions with ambulance services, seeking clarification of where LOROS fits within ambulance escalation

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







Part three

What we achieved in 2019-2020



Patient Safety:

PRIORITY ONE

Medicines Administration Technician

Why was this identified as a priority?

The posts are qualified pharmacists who will support the nurses with drug administration. They will also help record patients' medication on admission and educate patients and families about their medication on discharge. This will not only free up nursing staff's time but it will also improve patient safety and quality of care.

How will this priority be achieved?

Pharmacists have a greater knowledge base and understanding of the medications patients are taking and will be able to spend dedicated time discussing medication with patients and families, explaining any side effects and answering any concerns. This role will be introduced onto the Inpatient Ward over the coming year and we will initially be recruiting to one post with a plan to recruit a second later in 2019.

What we have achieved and progress to date?

The first Medicines Administration Technician (MAT) was appointed in July 2019. This role has had a positive impact on the patients and staff, allowing nursing time to be released, ensuring timely and prompt administration of medication. Whilst assisting nurses with drug administration, the MAT has used this opportunity to enhance nurse's knowledge of medication administration and storage.

The MAT also has involvement in the supply of TTO medication ensuring that drugs are not re-issued unnecessarily. In addition, time is spent providing the patient and carer with information and education about their drugs on discharge from LOROS.

A second MAT has just been appointed and will commence at LOROS once the recruitment process is completed.

PRIORITY TWO

Electronic Controlled Drug Registers

Why was this identified as a priority?

At present, all controlled drugs are recorded in hard copy registers. Due to the volume of drugs given, mistakes are sometimes made when recording stock balances. 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.

How will this priority be achieved?

Following trial and testing by Leicestershire Partnership Trust (LPT), and after evaluation of the system, we hope to implement electronic registers at LOROS.

What we have achieved and progress to date?

Leicestershire Partnership Trust (LPT) are managing this project and the required software has only recently been installed, once tested, this will be rolled out, hopefully in October 2020.

What we achieved in 2019-2020

Clinical Effectiveness

PRIORITY ONE

ECHO (Extension for Community Health Care Outcomes)

Why was this identified as a priority?

This is a virtual training system that involves a hub and spoke model to enable education to be delivered in a variety of settings using information technology. It is already established in a number of areas across the UK, but there are currently limited sites in the East Midlands. This system will enable specialists at the Hospice to deliver training remotely, to for example care homes, to help support patient care and increase other health and social care staff knowledge of palliative and end of life care. Staff often find it difficult to attend training on a different site and/or to access specialist advice when required, so this will provide a mechanism to enable this to happen. Initial evaluation from other implementation sites has highlighted the benefit of this approach with improved patient outcomes and staff development.

How will this priority be achieved?

Organisations interested in joining ECHO will be provided with appropriate training on how to use the system. They will be supported with ensuring they have the necessary equipment and internet access. LOROS staff involved will also have appropriate training on developing competence and skill in using the system.

What we have achieved and progress to date?

Since the COVID-19 pandemic began in March 2020, ECHO has become the primary platform for the delivery of education. Face to face training has become less desirable and in some instances impossible due to social distancing measures and as such LOROS has accelerated plans to utilise the platform more extensively.

Initially focused on training of care home staff, ECHO is now being used to deliver education sessions to GPs and other members of the primary care workforce, paramedics, schools and other healthcare practitioners. Feedback has been positive and the programme of delivery is being improved based on evaluation and engagement with partners and stakeholders.

The current priority is to upskill additional members of the Education team in the use of ECHO to ensure seamless delivery and facilitation.

PRIORITY TWO

Alignment of Community Nurse Specialist Teams (CNS)

Why was this identified as a priority?

Linking to the Better Care Together initiative, LOROS is currently working in partnership with the Leicestershire Partnership Trust (LPT) to align the Community Palliative Care Nurse Specialist Teams across Leicester, Leicestershire and Rutland (LLR). Currently there are two separate teams managed independently by each organisation. Although the roles are similar there are some disparities and inequities in relation to service delivery.

How will this priority be achieved?

The future model will still see the CNS team work in a number of different hubs across LLR and although remaining in the two organisations, they will offer an identical service. Job roles and geographical boundaries will be reviewed as part of the initiative, with a view to providing a more equitable and enhanced service to patients and families. Referrals will be managed via a central co-ordination hub and the CNS team will be supported by 'wrap around' services consisting of specialist and generalist community staff. This will help to improve the support offered to patients in their own homes and identify those with the most complex needs who require access to LOROS inpatient beds.

What we have achieved and progress to date?

The CNS team operationally aligned with LPT on the 1st February 2020 and are now jointly the Integrated Community Specialist Palliative Care Service. In practice this means the LOROS CNS team now contributes to the Coordination Centre hosted at New Parks Health Centre. The next phase, although delayed as a result of COVID-19, will see the CNS Team being based in Locality Community Hubs in line with Primary Care Networks. This will enable 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 will be co-located with other members of the Primary Health Care Team. As part of this service the Hospice weekend telephone advice line has been transferred to the Co-ordination Centre.

What we have achieved in 2019/20

Patient Experience

PRIORITY ONE

Compassionate Neighbours

Why was this identified as a priority?

The concept involves identifying and training volunteers from the local area to help offer a variety of support to people in their own community who are in the last years of life. This not only provides support to these individuals and their families but also raises awareness of end of life care issues and helps communities look after their own, helping to reduce the burden on other health and social care services.

How will this priority be achieved?

If the project is successful, the aim will be to roll it out to other areas from 2020. The longer term plan is to develop this initiative in a number of locations across Leicester, Leicestershire and Rutland (LLR) but initially within Market Harborough, with support from a local charity.

What we have achieved and progress to date?

The Compassionate Communities Steering Group is now established, including a trustee from the Market Harborough & Bowden's Charity. The group have met twice and progress is underway to develop the first Compassionate Community, in Market Harborough. A launch event with local groups, organisations and the press was arranged for 31st March 2020, with the project due to 'go live' on 1st April 2020. Due to the current situation caused by COVID-19 and the associated restrictions, this event has been postponed. The funding for this project will run until September 2021, when it is hoped it will be embedded in the culture of the community and exist as a social movement, with minimal ongoing input required from LOROS.

The project itself will initially be twofold; comprising of a network of Compassionate Neighbours and Compassionate Friends.

Compassionate Neighbours – Essentially Home Visiting volunteers but renamed with a targeted promotion, to both recruit new volunteers and increase referrals in the Market Harborough area. Historically, there have been few referrals from this area and a small number of volunteers so there is a drive to increase this uptake and encourage local people, to support in their local area.

Compassionate Friends – These are members of the community who have attended an awareness session, developed by LOROS, to increase their confidence in supporting people in their community that are experiencing crisis and loss. The sessions will also increase peoples knowledge about the services the Hospice provides, how to signpost to other services and how they might make a difference in their own community. They will then 'pledge' to how they will utilise their skills and this will be followed up with them in the future to see if and how they are achieving this.

PRIORITY TWO

Wellbeing

Why was this identified as a priority?

There are a number of wellbeing initiatives being introduced over the coming year, to support patients to maintain their independence and enhance their physical and mental wellbeing as well as supporting family relationships.

How will this priority be achieved?

The first initiative is a Walk to Wellbeing walkway. This is being developed in the Hospice grounds to provide a pleasant area in woodland for patients and families to enjoy, which will also have a therapeutic element. There will be a number of different activities for patients to experience along the walk and they will be supported by members of the enablement team. Patients will therefore not only benefit from being outdoors and enjoying nature but they will also be enhancing their physical and emotional wellbeing.

In addition to this, facilities within the new Enablement suite will enable patients to utilise exercise equipment under supervision and access a wellbeing room where a number of different supportive activities will be held, such as seated yoga and mindfulness sessions.

What we have achieved and progress to date?

The physical work of LOROS' Walk to Wellbeing has now been completed with the site cleared and opened up, the walkway dug and paths formed, resin laid and seating and equipment installed. The equipment includes an outdoor gym; arm and bike pedals that are wheelchair accessible and musical instruments; vibrantly coloured notes on a glockenspiel correspond with coloured notes on music sheets to play well-known songs. The secluded seating area and water feature allow patients to rest and find peace. The summerhouse has also been redecorated and the addition of cushions, throws and furnishings make this a pleasant space to relax.

Many patients come to LOROS for support to manage symptoms such as pain, breathlessness and

What we have achieved in 2019/20

deconditioning before returning home. Patients want to remain independent for as long as possible and it is well recognised that for patients receiving palliative care exercise is a key component and has the potential to enhance many aspects of quality of life.

The Enablement suite now has a fantastic gymnasium to support patient rehabilitation, which includes a treadmill, cross trainer, recumbent bicycle, free weights, corner stairs, plinth, large wall mounted mirror, balance equipment and more. The gym will help optimise patient capabilities and function to help them live well with their changing condition. Since opening, the gym has been used by many patients on a 1:1 basis for rehabilitation and weekly group exercise sessions have also been held which will be continuing in view of the great feedback received.

PRIORITY THREE

Carers' support

Why was this identified as a priority?

LOROS is currently developing a number of additional services to support carers. A carers' support programme has been piloted, with plans to run 2-3 times annually. This is a six week programme to help carers prepare for and cope with different aspects of supporting a loved one with a terminal illness. This includes potential physical changes, medication, nutrition, advance care planning and their own wellbeing.

How will this priority be achieved?

The two pilot courses have been well evaluated and in the future LOROS is considering offering these courses to carers not already linked to the Hospice, but those accessing services via University Hospitals of Leicester

(UHL) or Leicestershire Partnership Trust (LPT). It is hoped to evaluate the longer term benefit of the programme by gathering information as part of an annual bereavement survey.

A number of staff have recently undergone training on the Carers Support Needs Assessment Tool (CSNAT). This is a validated tool being promoted nationally to support carers looking after adults with long term life limiting conditions. Initial services have been agreed to begin implementing the tool, with a view to evaluating its impact and potentially rolling out to the wider Hospice in 2020.

What we have achieved and progress to date?

The carers support programme designed to provide practical information, psychological and emotional support was delivered three times. Despite clinical staff raising awareness of the programme and developing material to support this initiative - such as information factsheets, posters, and regular social media activity, recruitment to the programme proved difficult and interest was low.

The evaluation showed that staff feel that this was an excellent programme however, acknowledge that it is too late in the journey for LOROS patients. Carers at this stage are very busy with the patient and always put their needs first. Despite offering a visitor from the Home Visiting service to enable the carer to attend, this wasn't taken up. As a consequence the programme was assessed as not being viable at this stage for the Hospice's cohort of carers. It was recognised that carers may well benefit from being offered this earlier on in their journey. The programme was shared with UHL Macmillan lead for consideration

to offer to patients accessing oncology services.

The Carers Support Needs Assessment Tool [CSNAT] – validated tool used nationally to support carers looking after adults with long term life limited conditions was explored. Key members of staff received training and could see the value in implementing this. Two services were identified to undertake a pilot. Early in the planning stages it became apparent that the electronic clinical record system, SystemOne did not allow for this assessment to be recorded or reported on. As an organisation LOROS is committed to working paperless, a paper based system was thoroughly debated and unfortunately was something that could not be adopted at this time. A standalone CSNAT electronic solution to record CSNAT data was not possible.

Following discussions with the author of CSNAT it became apparent that other hospices are experiencing the same issue. The following suggestions were made:

- NHS Digital create CSNAT SNOMED coding – for national use.
- For CSNAT to be created as a clinical template or questionnaire within SystemOne.

At this stage implementation has therefore been put on hold.

Who we involved and engaged with

Reporting against core indicators

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulations. LOROS is only required to report on indicators that are relevant to the services it provides as below.

Number	Prescribed information	Comment
20	The trust's responsiveness to the personal needs of its patients during the reporting period.	See patient experience information below
21	The percentage of staff employed by, or under contract to the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	See human resources/ staff information below
24	The rate per 100,000 bed days of cases of C. difficile infection reported within the trust.	See infection prevention information below
25	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	See incidents information below

Patient and carer experience

Compliments received in 2019/20

For this period LOROS has received a total of 1,260 written compliments - this is an increase from last year of over 300 comments. These comments have been extracted from the Small Things Make a Big Difference cards and Tell Us What You Think comments cards.

Patient satisfaction survey

The patient satisfaction survey results for 2019 were generally very good.

The questionnaire for 2019 changed from previous years with questions and responses being different, so comparisons were made where possible.

- 97% of respondents said that staff treated them with dignity/respect.
- 97% also said that staff treated them with kindness.
- 94% said that they were looked after in the way they wanted to be.
- 94% said they always had confidence and trust in staff.

Lots of positive comments were received, these centred on the environment, care delivered and behaviours of staff.

Friends and family test

249 respondents answered this question and all of them answered that they would recommend LOROS to friends or family that needed the services. This is a huge improvement on the 72% achieved last year and is the highest percentage achieved over the last four years.

Tell us what you think

LOROS continues to use this voluntary feedback scheme and some examples are listed below.

All services have been encouraged to look at ways of raising the profile of this scheme, within their own teams. It is pleasing to report that there has been an increase in returns.

What did we do well?

Staff are very good and talk to me but don't rush me. Privacy well respected. Decisions about my care are made very well. I'm lucky to be here. You work so hard to make things right.	Inpatient Ward
Staff who have seen me could not be kinder. Staff kind, thoughtful and gave me time, not rushed & answered questions.	Lymphoedema
Care and respect was perfect	Medical Outpatients

What might improve our service?

Hot drinks vending machine in waiting area (Outpatients area)	Lymphoedema	The catering staff will ensure the drinks machine from the social area is moved into the outpatients department every morning and returned at the end of the day. This will be made a free service to Outpatient department patients and their families.
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Who we involved and engaged with

Overall very good but when I first arrived, a lot of people dropped in to say hello and what they did which I found a bit overwhelming.	Inpatient Ward	Thank you for your feedback. We will take your comments to our next inpatient operational group meeting and discuss this.
Maybe look at groups for younger people if a bigger need. I would appreciate a younger group at times.	Bereavement Support	Our Bereavement Services Co-ordinator is looking at getting bereavement volunteers on board, finding a room and a suitable day. She already has a number of people interested.

Small things make a big difference

315 cards have been received over the year, all demonstrating from patients/carers that small acts of kindness have made a difference.

The Hospice has started to formally acknowledge members of staff who have been highlighted twice or more in a three month period. This is in the form of an appreciation letter from the Chief Executive Officer.

Patient and carer stories

19 patient experience stories have been shared and used to raise awareness of LOROS services or to promote campaigns.

Some members of the PCPG continue to support the Income Generation team by speaking about their experience at LOROS at key events.

Patient Information Group

The group continues to meet regularly to ensure that information remains accurate and accessible to all. The portfolio currently stands at 108 leaflets and factsheets. Most are available on the information points and the website; the remainder are kept as a resource and given to patients as part of 1-1 consultations with the patient.

A number of leaflets are distributed externally to raise awareness of LOROS services within the local community.

This year all patient related information on the website has been reviewed, and a process put in place to ensure this continues to be reviewed in a timely manner.

Complaints

LOROS monitors the number of complaints and concerns received by the service as an indicator of quality.

During 2019-20, there were 16 complaints/concerns relating to care services at LOROS; five complaints and 11 concerns. This was at the same level as last year.

All complaints/concerns 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)

Patient and Carer Participation Group (PCPG) Annual Report 2019-2020

This valuable group continues to meet and has a steady membership of around 11 people (patients and carers), all of whom are either currently receiving LOROS services or who have done previously. Everyone's opinion is valued and listened to. A Thoughts and Feelings book has recently been introduced. The aim of this is to provide another medium for members to express their opinions and suggest future agenda items. Members now serve a period of three years to ensure the membership is current and representative of what is currently happening at the hospice.

The group continues to meet as a consultative forum to help shape and influence services. The spread of experience ensures an informed debate covers issues from a wide range of angles/perspectives.

Over the past year the group has regularly received reports from both Heads of Services to keep them informed about the Inpatient, Day Therapy and Community and Outreach Services. Members have also been consulted on the following:

- Quality Account priorities
- Development of the one page profile
- LOROS strategy
- Our values and behaviours document
- Equality monitoring forms

- Draft equality, diversity and inclusion approach

Some members continue to be very active by participating in:

- 5 senses survey and 15 step challenge programmes,
- Internal meetings such as clinical governance, equality, diversity and inclusion and the patient information group.
- Joining task and finish groups for example – scoping of communication aids used throughout clinical teams. Development of the bereavement survey questions and process, review of the questions on the Tell Us What You Think feedback form.
- Being trained to become a Hospice biographer (taking audio recordings of patients' life stories)
- Sharing their views on how the social area and snack bar could be improved from a patient and carer perspective and why this area is so valuable. Their comments and thoughts helped shape the presentation used to potential donors.
- Supporting the Robin Campaign.
- Other volunteering opportunities such as helping in Day Therapy and gardening.

Looking ahead for the next year the focus will be on:

- Continuing with projects/surveys to improve services
- Widening the PCPG membership with the focus on being more inclusive to all groups
- Increasing patient and carer representation at key meetings and task/finish groups.

Quotations from PCPG members:

"It has been a pleasure to Chair the PCPG over the past year, to help shape LOROS and to help support plans for the future."

"There have been significant contributions made by the PCPG members over the past year, including both the group as a whole and individuals, which is pleasing to see has been acknowledged."

"I truly believe members will continue to work proactively to assist in any way that they can in the future, because we all have such a strong connection to LOROS, our aim is always to help to continually improve the services provided."

"One thing I really appreciate about the PCPG is the willingness of key staff to engage with and consult patients and carers. They value our views and want to know what we think. We always get feedback on our ideas and suggestions too."

Who we involved and engaged with

Equality, diversity and inclusion (EDI)

The Hospice is committed to driving the equality, diversity and inclusion (EDI) agenda forward through the appointment of an EDI Lead. The focus this year has been to assess the organisation's position and recommend priorities to embed and mainstream the agenda.

To deliver effective care, there is a need for LOROS to have a workforce that has the right skills, knowledge and experience and reflects the community it serves. Embracing EDI supports the Hospice's agenda to deliver services that meet the needs of the local community.

LOROS acknowledges the health complexities in today's society. It understands that providing the best care requires having an awareness of people's differences; their culture, religious beliefs/non-belief, norms and values, to provide care that is exceptional.

It is important that the Hospice works in partnership with patients, carers, staff and stakeholders to reduce health inequalities and advance access in care for all. LOROS is striving to be an exemplar employer.

Progress

During 2019-20, there has been positive progress in this area through the development of the following:

- **EDI Approach and Action Plan 2020–023** – will be revised to take account of the COVID-19 pandemic and current changes affecting the Hospice
- **EDI Statement** – to demonstrate commitment to the agenda
- **EDI Policy** – to ensure staff and volunteers understand the expected standards of behaviour in line with legal and moral duty

- **EDI Committee** – established with the appointment of an interim chair and vice chair supporting the Hospice to focus on initiatives that embed the agenda
- **Staff Networks** – to enable valuable staff engagement that supports a culture of continuous improvement and enhances staff experiences, leading to effective care services
- **Effective Communication Aids project** – to improve communication with patients requiring different communication methods
- **Accessible Information Standards** – embedding the standard into systems to gather patient data to ensure effective access whilst accessing care (inpatient and/or outpatient services)
- **Equality monitoring** – gathering data (patient, staff and volunteers) disaggregated by the protected characteristics to improve representation
- **Interpretation and translation** – re-evaluation of the contract agreement and consider best value options for the future;
- **Patient and carers experience group** – continually working with patients and service users to improve access and care in services
- **EDI mandatory training** – ensuring current module meets legal and moral duties outlined under the various pieces of legislation and standards

Next Steps

The COVID-19 pandemic has not only set a pause on driving EDI initiatives forward but also required the Hospice to take stock of planned activity. A review will be undertaken and recommendations presented for consideration, prior to implementation.

Cultural support

LOROS is reviewing the cultural support made available to patients, service users, carers, families and friends. The review will ensure that any initiatives implemented will be fit for purpose and meet the needs of all patients/service users, moving forward.

Interpretation and translation

A review of the interpretation and translation contract is under way to ensure it is fit for purpose and offers best value.

The policy provides patients with an option to have information translated into the diverse languages spoken within LLR. The patient leaflets have details about the Hospice's translation services. On request, documents can be translated into any language of the patient's choice.

Workforce

LOROS currently employs 368 staff across the main Hospice site, the community based services, retail outlets and the education department.

Clinical	161
Enterprises	68
Lotteries	15
Non-clinical	123

In addition, there are 1,261 volunteers who give their time to the various departments and services across LOROS.

Who we involved and engaged with

Staff engagement

The organisation engages with staff through the following:

Culture Champions – volunteers from staff teams to support the work to improve the organisational culture.

Staff health and wellbeing

The following sources of support have been provided for staff:

AMICA staff counselling and psychological support services is an NHS based staff counselling service providing confidential telephone and face to face support.

Mindfulness – Being present can help you to become more aware of, and manage, your thoughts, feelings and surroundings. It can help you to enjoy life more and accept the world around you.

Complementary Therapy – A holistic approach to your physical and mental health. The treatments offered at the hospice for staff are reflexology, aromatherapy massage, and Indian head massage.

Podiatry – New for 2019, we are offering staff the opportunity to attend an appointment for an assessment and safe treatment of common foot conditions. The clinics run once a month.

Soul Space – a weekly ten-minute breathing space that can be beneficial to all to step away from our daily tasks and take time to reflect. Held either Tuesday or Thursday of each week, in the Chapel.

Quiet Time – New for 2019, a protected quiet space for you to gather your thoughts. Held daily in the Day Therapy Group Activities room.

LOROS Staff and Volunteer Wellbeing Choir – New for 2019, meet once a week at the Hospice led by the Musical Director of Musical Village; singing songs from the stage and screen, and also partaking in LOROS events such as the Christmas Carol Concert at Leicester Cathedral.

Leicester College beauty students attend once a year as part of their World of Work week providing mini treatments to staff and volunteers. Treatments include mini manicure, hand and arm massage, and dry hair styling.

Yoga – New for 2019, a small group who gather to take time to relax and promote their own mental wellbeing. Led by a volunteer.

Staff Gym - New for 2019 – staff can assess the on-site gym facilities out of hours including weekends

Organisational Coaches - a group of staff trained by an external organisation, supporting staff and volunteer colleagues through coaching sessions and coaching conversations.

Mental Health First Aiders - staff members across the organisation trained through the Mental Health First Aid England process, to provide mental health support and signposting to staff and volunteer colleagues.

Freedom to Speak up Guardian – This role traditionally introduced in Healthcare organisations following the Francis Inquiry Report will be introduced across all services at LOROS in 2020

Community engagement

During 2019 the relationships with organisations supporting harder to reach groups such as Inclusion Healthcare, Age UK, Leicester Centre for Integrated Living (LCIL) and Vista; has strengthened throughout the year. The Lesbian, Gay, Bisexual, Transgender (LGBT) Centre has provided awareness training to the LOROS Youth Ambassadors as well as delivering a talk to staff and volunteers to celebrate Transgender Awareness Week. The team has been welcomed into the Osbourne Building by the Macmillan Information Hub to host a monthly information stand. The involvement within the City Council's Homeless Charter has continued, with volunteering opportunities being offered to young hostel dwellers.

The team has maintained attendance at a variety of events: talks/meetings have been attended with harder to reach groups, as well as participating in many other events. Annual General Meetings/Clinical Commissioning Groups/Leicestershire Partnership Trust events have also been attended by displaying information and/or participating in table discussions. In addition we have worked collaboratively with the City CCG, Macmillan, Age UK, voluntary sector organisations and support groups to put on information days within county libraries.

LOROS Local hosted Leicester and Leicestershire Healthwatch during some of their engagement programme during the summer of 2019. LOROS Local now has a set programme for visiting town centres throughout Leicester, Leicestershire and Rutland (LLR), which now includes Market Harborough and Lutterworth. We have increased the number of venues to deliver booked complementary therapy treatments

Who we involved and engaged with

closer to home, with the grateful thanks to hosts at Kibworth Surgery, Green Towers Hinckley and Sandy Lane Methodist Church.

The Cultural Support Officer has facilitated the celebration of Deaf Awareness, Islam and Transgender Awareness; by way of organising an information stand and lunchtime talks by key speakers.

The Youth Engagement Officer has supported the Children's Counsellor with new initiatives in schools with regards to bereavement toolkits.

Unfortunately the majority of the community engagement work was suspended in March 2020 due to the COVID-19 pandemic.

Infection Prevention and Control

There have been no Hospice acquired infections during 2019-20.

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 pandemic had an impact on some follow up actions in March, but these have been progressed as soon as possible. The COVID-19 related alerts were addressed at the LOROS COVID-19 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.

At the end of the year, the only outstanding alerts awaiting specified actions are:

Alerts awaiting action	
All Models Of T34 Ambulatory Syringe Pumps? Updated Cleaning Advice And Maintenance Requirements Due To The Risk Of Fluid Ingress.	The new 3rd edition pumps are now being provided and it is recommended that staff are trained on this by CEM the makers. The company are unable to provide confirmation of when they will be able to do so, due to capacity nationally. Mitigation in place so that the practice development practitioner team are providing training to staff, based on instructions and videos on CEM website. All other actions in place
Recently there have been several incidents relating to allergens in Hospice food reported. The consistent themes are lack of information and/or communication regarding food allergens present in the food and/or details of the patients' known food allergy.	The current training for staff and volunteers was reviewed and highlighted need for the training to be updated. All clinical staff completed training but volunteers training outstanding due to COVID-19.
We write to inform you that BD is undertaking a Field Action for the T34™ and T34L™ (T60™) Ambulatory Syringe Pumps, all Serial Numbers are affected. Please inform any organisations who need to be made aware of this Field Action.	All the T34 syringe drivers need to be checked for signs of wear and tear as stated in the alert. Work was paused due to COVID-19 and some syringe drivers are still to be checked.

Review of quality performance

Quality Schedule

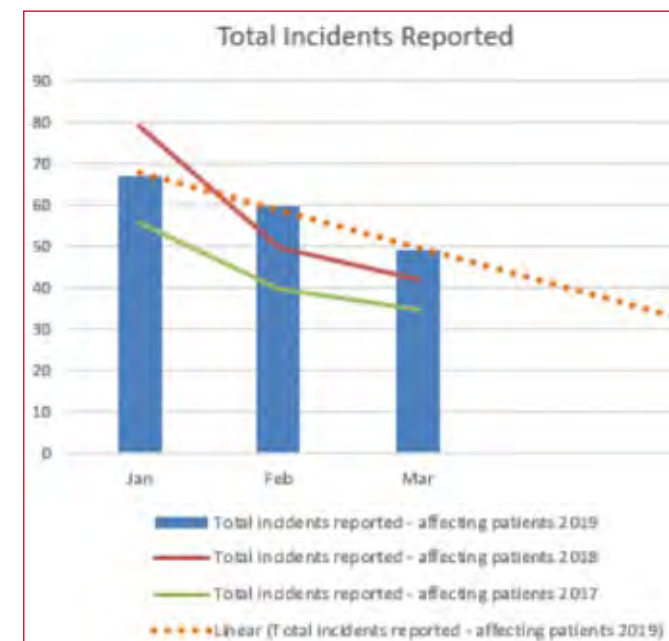
LOROS agrees an annual Quality Schedule with the CCG, with indicators for quality and patient safety. These are monitored throughout the year and LOROS provides assurance on its performance through the LOROS Clinical Dashboard which is sent to the CCG each month, as well as through the Clinical Governance 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:

OSI-7	Infection Prevention and Control	Quarterly report submitted detailing:- 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- 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.
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OSI-8	Complaints Management	To demonstrate an effective complaints process that includes monthly: quality assurance, management and monitoring.
OSI-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.
OSI-10	Safeguarding, MCA and DoLS Report	Safeguarding, MCA and DoLS Report to be provided on a quarterly basis which provides details of the concerns raise, 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.

Patient safety indicators

This year there were 684 clinical incidents reported, a 28% increase from last year. It is worth noting that reported incidents with moderate or high harm remain low. The increase evidences a good reporting culture, which is actively encouraged, so that hazards and near misses are reported as well, enabling actions to be taken to remove or reduce risks.

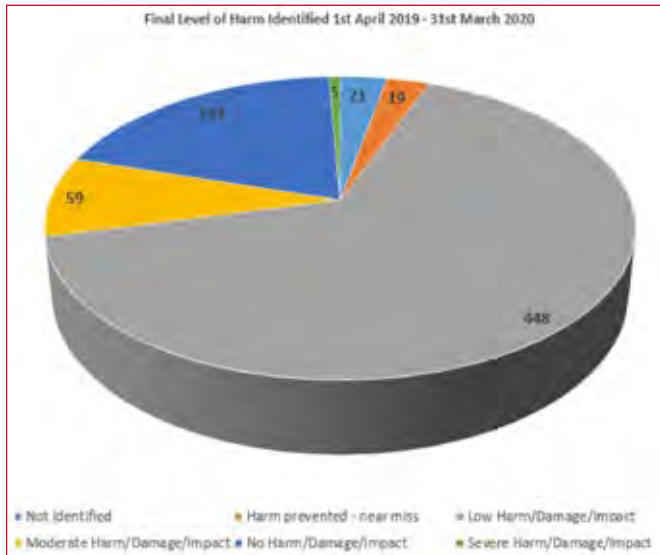


There was one severe incident reported in Q4 which was a patient fall. Numbers of severe incidents remain very low and is 75% lower than the four reported in October 2019.

A cluster of incidents relating to patients being provided with food by the catering team, that was not suitable for their identified food allergies have

Review of quality performance

been reported in the last few months. No harm has resulted to any patient as the mistakes were identified before the food was eaten. A thorough investigation encompassing all related incidents was completed all recommendations accepted and actions have been completed.



Patient harm levels from incidents reported remain low.



Safeguarding incidents have been in the top three of incident categories reported during 2019-20. This is linked to effective training delivered to staff, improving their knowledge and confidence in having difficult conversations with patients and families.

Serious/significant incidents

There was one Serious Incident (SI) which was a patient fall resulting in a fractured neck of femur. Although the investigation found that the fall was not the result of a lapse in care, some useful learning was identified and an action plan is being progressed. 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), investigated internally and reports shared with them.

Other significant moderate harm level incidents included a breach of patient confidentiality incident, which was communicated to the CCG and although not required by the regulations, also to the (CQC) for transparency. It has been fully investigated and had appropriate actions taken in line with LOROS policies.

It was also reported to the Information Commissioners Office (ICO) by the Information Governance Lead.

Two Hospice acquired category 3 pressure ulcers were also reported and both have been fully investigated and action plans progressed.

A food safety incident reported in November was escalated to the CCG (not classed as SI) and the Local Authority due to non-intentional organisational neglect. An investigation was conducted and action plan developed to highlight organisational learning.

External assurance visits

The Clinical Commissioning Group was due to carry out the annual quality visit to LOROS in February but due to the COVID-19 pandemic, this was postponed. In line with their risk assessments for providers, the visit will now take place during 2020-21, as LOROS is considered a low risk provider.

Clinical Supervision

The new process for clinical supervision within LOROS has been agreed, with implementation of the new policy, framework and structure launching on 1st April 2020. It is anticipated that progress will be impacted by the current COVID-19 situation, and a full update will be provided in next year's Quality Account.

Review of quality performance

Inpatient Ward, Day Therapy and Enablement

Day therapy services at the hospice were suspended in March 2020, due to the COVID-19 pandemic, but staff are continuing to make telephone contact with patients on their usual visit day and new referrals are still being accepted and again contact made by telephone initially to make an assessment. The Chaplaincy team are also continuing to contact patients that they had already met in Day Therapy.

Medical OPD predominantly via phone consultations, with appointment at the Hospice or domiciliary visits being arranged as required.

The 31-bed Ward continues to be operational in line with all Public Health and government recommendations, however the demand for admission has reduced with the average number of patients on the ward being around 18–20. There was a COVID-19 outbreak during April–May when both patients and staff were diagnosed with the virus. An investigation report into the outbreak has been produced identifying recommendations and future learning.

During the pandemic the Hospice has worked within the Public Health England guidance and in line with UHL. Securing personal protective equipment has been a challenge at times but LOROS has always had adequate and appropriate supplies. Following the outbreak on the Ward careful and thorough preparations have been put into place for any further outbreaks. The impact of the pandemic has been immense on staff, patients and visitors. A project group has been set up and is reviewing ways to provide ongoing support for staff.

Day Therapy services at the Hospice were suspended in March 2020, due to the virus. Staff have been supporting the Ward during the pandemic and are continuing to make telephone contact with patients on their usual visit day and new referrals are still being accepted and again contact made by telephone initially to make an assessment.

Virtual sessions have also now been established and offered to ALL patients (Including drop in attendees) The sessions are offered three times a week and include conversational café and reminiscent and therapeutic sessions, patients are able to see each other and interact.

Exploration is currently under way to determine the feasibility of bringing a small number of patients into Day Therapy from October 2020, considering all social distancing and government guidance.

Medical OPD has been predominantly via phone consultations, with appointment at the Hospice or domiciliary visits being arranged as required. Face to face consultations are now slowly being re-introduced.

Due to reduced service delivery to the Ward/Day Therapy and OPD, members of the Pphysiotherapy and Occupational Therapy team have been seconded to support both LPT and UHL. The team based at the Hospice are involved in the Day Therapy virtual sessions – seated exercise and help with breathlessness. Virtual clinics have been established for help with breathlessness and the team are currently exploring doing some essential home visits for this group of patients. The team are also keen to provide an Inpatient Ward Discharge follow up service which would be for a small number of patients limited to a single contact.



Review of quality performance

Day Therapy Activities Programme during 2019-20 (before COVID-19)

DAY THERAPY 'DROP IN' SESSIONS These run weekly on Tuesdays	
10am	Patients arrive. As these are 'drop in sessions', patients/carers attend all or just part of the day. Sessions are assisted by volunteers.
	Hairdresser, Complementary Therapy, nail technician (patients/carers sign up as they arrive). On offer throughout the day.
11am-12 noon	Creative/crafts on offer throughout the day.
12 noon	Lunch
1.30pm	Wellbeing session: to include one of the many sessions. Visualisation, creative thoughts, cake decorating, mindfulness, relaxation, exercise to music, Tai Chi, yoga. Social and peer support in small groups.
1.30pm	Relaxation session
4.00pm	Finish



DAY THERAPY 'STANDARD DAY THERAPY' SESSIONS	
9-9.30am	Patients arrive via LOROS volunteer transport or own transport. This is a ten session programme.
9.30am onwards	Nursing assessments on ALL patients both new and existing patients: checking on condition, symptoms and any concerns. Direct to doctor as appropriate. Enablement assessments and reviews alongside nursing assessments.
11am-12 noon	Wellbeing session: one topic runs for two weeks as patients attend fortnightly. These include: Coping with panic, managing fatigue, coping with breathlessness, falls prevention, Tai Chi, creative thoughts, mindfulness, armchair exercise. Hairdresser and Complementary Therapy on offer during the morning.
12.30pm	Lunch: patients offered a three course hot lunch
1.15pm	Social activities offered. Range from: team quiz, 'catch phrase', carpet bowls, bingo, reminiscence through singing, Day Therapy is fortunate to have outside groups to support our patients: these have included: storytelling, glass painters, choirs, Electronic company using iPads and VR sets working with patients. Also we are involved actively with local primary schools; for patient and children joint working projects.
2.30pm	Relaxation session
3.00pm	Home

DAY THERAPY 'THERAPEUTIC' SESSIONS	
9-9.30am	Arrive via own transport or LOROS volunteer transport. These sessions run fortnightly on Wednesdays and is specifically aimed at those patients where anxiety and emotional distress is a significant problem. This is a 10 session programme.
9.30am onwards	Nurse assessments and enablement follow ups: Complementary Therapy, facials and hairdresser on offer at specific times over the day. Chaplaincy support.
11am	Wellbeing session: These sessions are aimed at empowering patients along with strategies to cope and manage the symptoms/problems that they find difficult to manage themselves. The ten sessions are: Mindfulness, spiritual wellbeing, creative thoughts, nutritional support, anxiety/mood, decision making including advanced care planning, conserving energy and keeping active, looking after yourself and Tai Chi. These sessions are interactive within the group, allowing time and opportunity for patients to voice their thoughts or experiences.
12.30pm	Lunch:
1.15pm	Whole group session with trained nurses: A different question, quote or scenario is created for each session to provoke thought and conversation as a group, This is labelled 'Question of the day'? Previous questions include: Three things you like about yourself, What would you put in a time capsule? What makes you smile? Each answer/response is discussed as a group which helps to provide dialogue and thoughts from the patients, enabling them to share their experiences.
2.30pm	Relaxation session
3.00pm	Home

Review of quality performance

Community and outreach services

Community Nurse Specialists (CNS)

The CNS team operationally aligned with LPT on the 1st February 2020 and are now jointly the Integrated Community Specialist Palliative Care Service. In practice this means LOROS CNS's now contribute to the Co-ordination Centre hosted at NPHC. The next phase, although delayed as a result of COVID-19, will see the CNS Team based in Locality Community Hubs in line with Primary Care Networks. This will enable specialist support to be nearer to the patients in the community and will reduce the time taken to access specialist input as our CNS Team will be co-located with other members of the Primary Health Care Team. The weekend telephone advice line has been transferred to the Co-ordination Centre.



MND Specialist Nurses

Following the retirement of one of the MND Specialist Nurses at Christmas a new full-time MND Specialist Nurse has joined the team. The number of referrals to the service is increasing and LOROS is working with the MNDA and other partners to develop the future service.

Complementary Therapy

The team continue to provide much valued and increasing numbers of treatments and services to support the wellbeing agenda for patients, carers and staff including:

Mindfulness, reflexology, aromatherapy massage.

Lymphoedema Specialist Nurses

During Lymphoedema Awareness Week in March, cancer nurse specialists were invited to visit clinic to learn how the team can help their patients and to provide a networking opportunity. One of the senior radiographers attended and from this meeting the benefits of early intervention for patients who have radical radiotherapy to their lower abdomen and genital area was highlighted.

Following this that service will now refer patients and the service have contacted all the oncologists and signposted them to the Lymphoedema clinic. Hopefully this will lead to an improved patient experience. Receiving patients earlier in their recovery will lead to an improvement in outcome for their lymphoedema and ultimately their quality of life, in line with the national aims for improvements in cancer care.

Admiral Nurse Service

In order to raise knowledge and understanding of supporting people living with dementia and their families towards the end of life, the Admiral Nurse has undertaken a number of activities.

LLR Dementia Programme Board: The Board meets quarterly to bring together key organisations from health and social care and the voluntary sector to develop services for people living with dementia and their families across LLR. LOROS is represented at this by the Admiral Nurse as part of the Dying Well with Dementia Pathway.

LLR Dementia Action Alliance: LOROS has now joined the local DAA and is represented at meetings by the Admiral Nurse. The DAA brings together organisations across England committed to transforming health and social outcomes for people affected by dementia. This also supports the Dementia-friendly communities' initiative.

Admiral Nurse Clinic: Agreement has been gained for a clinic to be run for staff and volunteers within LOROS who may be caring for or have concerns about a family member living with dementia. This will be part of an ongoing staff wellbeing offer.

Patient story



“Day Therapy is brilliant because when you walk in that door you leave death behind because we’re all in the same boat. We’re all terminal, so get on with it. It’s so happy and lively. You can release all your emotion here.”

Elaine, 70, was diagnosed with Idiopathic Pulmonary Fibrosis in 2013.

“I was feeling a bit breathless but I didn’t rush to the doctor as I thought it was just old age. When I eventually went they thought it was my heart so I had lots of tests and scans. Then suddenly I was told I had idiopathic pulmonary fibrosis, it was terminal, they couldn’t do anything about it and most people die within 2-3 years.

“Like most people, I hadn’t a clue what IPF was (it’s a condition in which the lungs become scarred and breathing becomes difficult). I was absolutely stunned. I was half way home before it hit me and I just cracked, sobbing my heart out. I couldn’t tell my husband, my daughter had to.

“Two years ago I was told end of life care was coming into effect. I had infection after infection and felt very low and depressed. I desperately wanted to see out

my golden wedding anniversary (50 years) but felt so bad that I wanted to just die now.

“The nurse who was visiting me at home saw me struggling and set up a meeting with LOROS, and I agreed to try Day Therapy, and started in March 2019.

“I didn’t know what to expect but since coming here my mental health has improved massively. I can’t believe the woman who walked through those doors compared with how I was 20 weeks later. It’s an unbelievable change and it’s down to the amazing staff here. They’ve got me through the ups and the downs. They got me through the depression after being refused a transplant. The staff have been here for me through all the good and bad times. Coming here is like a warm blanket round my shoulders.

“Day Therapy is brilliant because when you walk in that door you leave death behind because we’re all in the same boat. We’re all terminal, so get on with it. It’s

so happy and lively. You can release all your emotion here.

“Things have come into perspective for me. Time is precious. Everybody has to die. I’m not happy to go but I’ve had a good life and there’s plenty of people who are worse off than me. I wouldn’t have been able to think like this last year, but LOROS has helped me to accept death.”

What others say about us

Some positive comments about Hospice and Community Services

Talk to us as a person not a number.

Explained everything and made sure I understood.

Everything! We are fortunate in very difficult circumstances.

Everything is well taken care of. Could not hope for better care and dignity at LOROS.

Made me feel comfortable, nothing is ever too much trouble.

Everyone is so kind and helpful, nothing is too much trouble. Help and service is brilliant, we have never experienced anything like this before.

Every aspect of care.

I was made to feel confident and in charge.

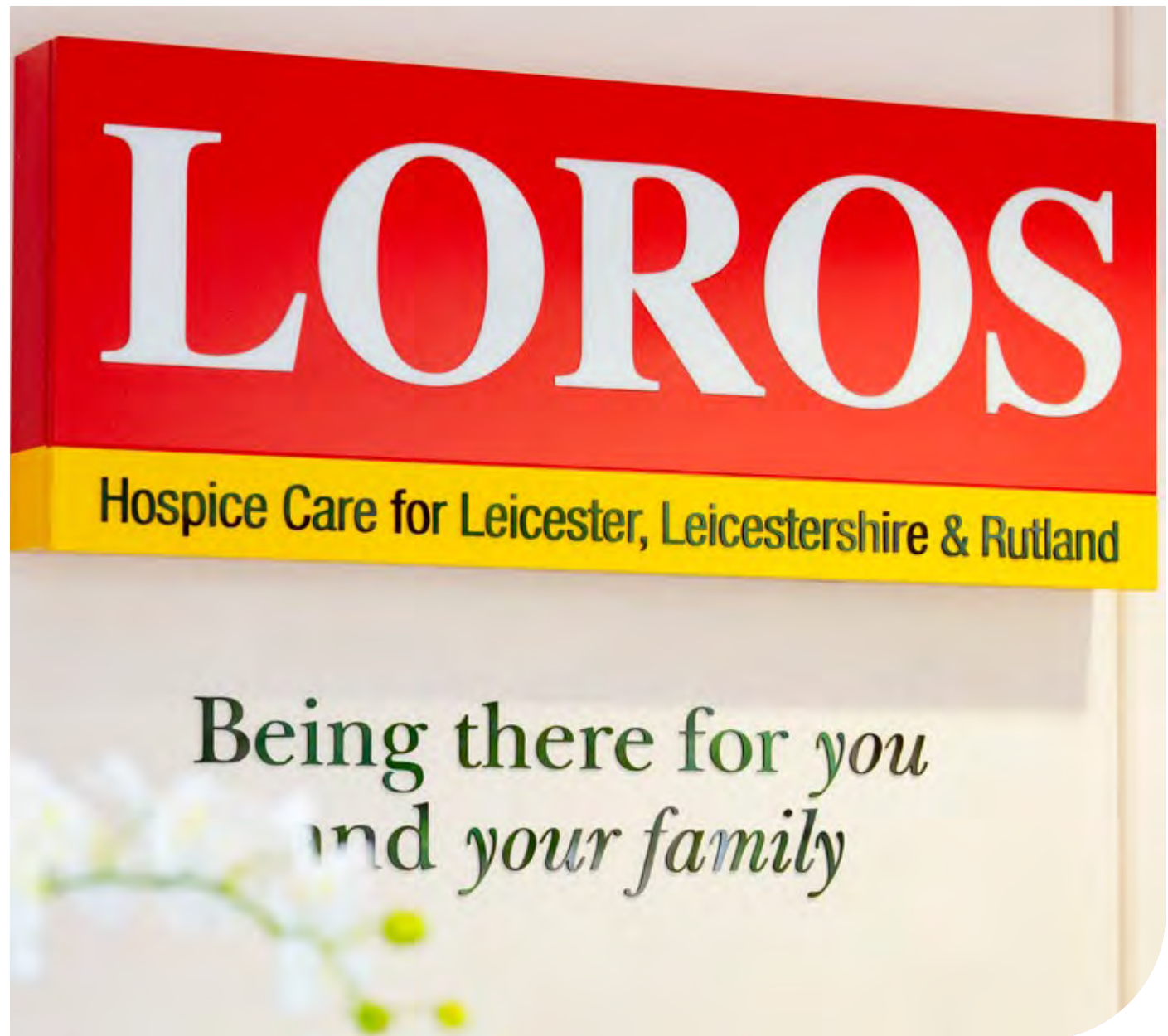
Listened to my cares with understanding.

Service does not need to be improved as it is wonderful.

The service is fantastic can't fault it.

Made me feel like I mattered and not a nuisance.

Very friendly, explained everything in detail. How to take medicine, how many doses in a day which we were not doing.



Responses to LOROS Hospice Quality Account 2019-20

Patient and Carer Participation Group (PCPG)

In what has been an extremely difficult year, the PCPG feels strongly that LOROS are doing all they can to continue to drive the hospice forward in a safe and conscientious manner, aiming to prioritise the needs of patients, their families, carers, and the hospice itself.

Following our last meeting, it was apparent that the hospice was set to have to change many of its services. However, its key priorities have remained at the core of the service LOROS provides and this is of huge importance to us in the PCPG.

Progress has been significant since 2018/2019 and we only hope that COVID-19 does not continue to impact on the hospice further, to allow the key priorities to be delivered in their entirety.

The PCPG will continue to support LOROS and hopes to be able to contribute towards improving the experience and wellbeing of patients, their families and carers as we move through this difficult time.

Leanne Myles (Chair) on behalf of the PCPG.

Healthwatch

The local Healthwatch organisations have been unable to respond to our Quality Account this year, however, we hope they will be in a position to offer some valuable feedback in the future.

Comments on LOROS Quality Account 2019/2020 - Statement prepared by Leicester, Leicestershire and Rutland Commissioning Groups (CCG)

LOROS currently has a grant agreement in place with the Leicester, Leicestershire and Rutland (LLR) CCGs and a representative from the CCG is invited to attend their quarterly Clinical Governance Committee. A quality schedule is in place to provide assurance against specific quality indicators. LOROS' performance against these Quality Schedule indicators is received by commissioners as a quality dashboard. The CCG also conduct a Quality visit which provides the opportunity to obtain feedback from service users, relatives and staff on duty. Unfortunately, this visit was postponed this year in view of the COVID-19 pandemic. However, LOROS have continued to submit quality data to the CCG in the spirit of being open and transparent about the quality of the service they deliver to patients.

The CCG welcomes the opportunity to review and provide a narrative on the 2019/2020 Quality Account would like to offer the following comments;

The 2019/2020 Quality Account covers all key elements required to provide this assurance namely, patient safety, patient experience and clinical effectiveness.

The CCG notes achievement in;

- Adapting "Virtual" platforms to provide care, advice and support to patients during the COVID-19 pandemic
- The on-going commitment to deliver care closer to home via consultant clinics in outlying communities promoting flexibility and broadens patient choice.
- The ECHO training system which provides the opportunity for training to be delivered remotely to support patient care and development of health and social care professionals
- Alignment of the Community Nurse Specialist teams
- The Compassionate Neighbours/Friends project raising awareness of End of Life issues within local communities
- Progress with the LOROS' Walk to Wellbeing initiative to support patients in maintaining independence whilst promoting physical and emotional wellbeing.
- A strong commitment from LOROS in engaging in Palliative Care research studies particularly with patients and families from Black, Asian and Minority Ethnic backgrounds

The CCG would fully support the priorities put forward for improvement in 2020/21 especially around the learning from the COVID-19 pandemic, continuing to offer varied virtual platforms to support patients and families and the roll out of the Compassionate Neighbours/Friend initiative.

Responses to LOROS Hospice Quality Account 2019-20

The CCGs are satisfied that the 2019/2020 Quality Account provides an accurate account of the quality of services provided by LOROS, reflects the achievement's LOROS has made in continually improving the quality of care. The CCG will continue to work with LOROS in the monitoring progress against the priorities outlined in this account, as well as providing continued support with regards to future developments.

The CCG would like to thank all the staff, volunteers and supporters of LOROS for all their hard work particularly during the COVID-19 pandemic in ensuring that patients utilising the service receive the highest standard of care.









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.



LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you
and your family

LOROS Groby Road, Leicester LE3 9QE

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