



# Quality Account

2018-19

**LOROS**

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you  
and your family



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# LOROS values

## Our values

 <p><b>Professional</b> Showing respect to patients and families, as well as members of our community, staff and volunteers.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Being courteous, even when under pressure.</li> <li>• Providing evidenced based, high quality care.</li> <li>• Undertaking our roles and responsibilities to a consistently high standard.</li> <li>• Leading by example, in all our professional relationships.</li> </ul>
 <p><b>Focused</b> On exceptional quality service and support for patients and families whilst listening, learning and adapting to their diverse needs.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Being focused at all times with a primary purpose of promoting high quality care for patients and families.</li> <li>• Working together to prioritise our work.</li> <li>• Using feedback to evidence and improve our work across all areas.</li> <li>• Ensure quality is at the forefront of our focus, irrespective of whether our activities are directly visible to patients and families.</li> </ul>
 <p><b>Collaborative</b> Working together as colleagues and with local, regional and national partners to grow meaningful relationships and achieve sustainability.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Working with others across the organisation, and externally, to learn and share good practice to achieve constant improvement.</li> <li>• When considering ideas, we will take into account the potential impact on the quality of care and will assess the impact and sustainability of any changes.</li> <li>• Being willing to take some calculated risks in areas to achieve more than we can do on our own.</li> </ul>

## Our values

 <p><b>Compassionate</b> Showing kindness, discretion and sensitivity as we care for our patients, families, our community, staff and volunteers.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Having policies and processes in place to support health and wellbeing for our staff and volunteers.</li> <li>• Recruit and train our staff and volunteers to our values and behaviours.</li> <li>• Recognise and celebrate compassionate care delivered by our staff and volunteers.</li> <li>• Providing respectful, compassionate individualised care and support at all times for patients and their families which is responsive to their needs.</li> <li>• Constantly striving to improve the experience of patients and relatives by listening to and acting on feedback.</li> </ul>
 <p><b>Trustworthy</b> Be honest, reliable and consistent, showing respect and dignity in everything that we do.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Delivering on our commitments and promises.</li> <li>• Protect and enhance the organisation's reputation at all times and in everything we do.</li> </ul>
 <p><b>Accountable</b> To our patients, their families, our community, staff, volunteers and external organisations/bodies.</p>	<p><b>Evidenced by</b></p> <ul style="list-style-type: none"> <li>• Individuals being accountable for their job role and responsibilities within the organisation; for what we do, why we do it and how we do it.</li> <li>• Ensuring we are always honest, open and transparent in all our actions.</li> <li>• Work within legislative, professional and organisational standards, national recommendations and boundaries.</li> <li>• Using our resources and the funds entrusted to us effectively and wisely, in pursuit of our objectives.</li> </ul>





# LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for *you*  
and *your family*



# 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 practitioners and research.**

Patients are offered our services based upon clinical need and independent of gender, race, colour, religion or ability to pay. The Trustees firm priorities are that the charity delivers excellence 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 27% of the organisation's income; the remaining 73% is fundraised through various activities.

LOROS is highly respected and has an excellent reputation in the community including high level 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.

The charity's Strategic Plan which was mobilised in 2016 continues to influence daily operation and overall direction of travel for service development. The Professional Development Centre, which was opened in October 2017, has now been followed by the completion of the new Day Therapy and Outpatients extension. This state of the art facility received its first patients in November 2018 and allows LOROS to provide not only for increased patient numbers but to offer services in the very best of environments.

During the same period we completed a full refurbishment of the 'North Corridor' which is comprised of 8 patient bedrooms and a family room. This included the addition of ensuite bathrooms and significantly upgraded facilities throughout.

LOROS continues its community presence with the 5 established consultant clinics in Ashby de la Zouch, Melton Mowbray, Market Harborough, Hinckley and Uppingham. This strategic 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.

In 2019 / 2020 we will write and issue a new 3 year Strategic Plan (2019 – 2022). This will highlight our intention to continue the investment in to 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 & Patient Safety Lead.

The LOROS Board of Trustees reviewed and approved this Quality Account in July 2019.

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', written over a horizontal line.

John Knight, Chief Executive.





# Part two

# What we achieved in 2018-2019

## Patient Safety

### PRIORITY ONE

#### Electronic Incident Reporting System

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

The decision to move to an on-line system was taken as part of the commitment of LOROS to quality improvement and patient safety across the organisation, and will simplify Incident Reporting, make incident reports more consistent and improve trend analysis and reporting. This will also make it easier to identify and share any learning from actual incidents and near misses, which will help us to improve the quality of our systems and services for the benefit and safety of patients, staff and visitors. This initiative will improve the efficiency of incident reporting, replacing a paper based approach which involves numerous transfer of incident forms, with the potential to misplace forms and not fully capture all relevant information for reporting purposes.

It is envisaged that the system will enable more comprehensive and accurate real time reporting with greater visibility of incidents and investigations for managers, team leads and quality and safety staff.

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

The Sentinel electronic incident management system is now embedded across the organisation and is supporting better information on performance in relation to incidents and learning from investigations. We have seen positive engagement from staff across the organisation, with some departments that had not previously reported incidents, now reporting near misses as well as incidents.

During 2018-19, we have seen 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.

The overall picture of patient safety and preventable harm incidents at LOROS, has seen significant improvements during 2018-2019, with the numbers of clinical incidents being reported having increased significantly by 20% since Q1. The highest number of incidents reported for the year was 79 in January and there was a 31% increase in the number of incidents reported in Q4 this year (171) compared to Q4 last year (131).

The levels of harm from incidents reported have decreased, and there has also been an increase in the numbers of near misses being reported. Patient safety theory highlights that the more near misses are reported the more people are protected from higher levels of harm, due to remedial actions being taken earlier to address issues and reduce risks.

There was also a 17% increase in incidents reported from 2017-18 to 2018-19.

### PRIORITY TWO

#### Significant Events Weekly Meeting

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

This initiative will help the organisation to proactively learn from significant incidents that occur in all areas of the organisation. This will include clinical and operational issues that have the potential to cause severe harm or impact on the day to day operations of LOROS.

This approach will improve on previous practice as it will ensure that actions are always completed, including lessons learnt and changes in practice fed back to the relevant staff.

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

The Significant Events weekly meetings are now embedded within LOROS, bringing together key individuals from clinical and operational teams each week to discuss significant issues and incidents that have occurred in the preceding days.

Progress of investigations and action plans are monitored until completion, to ensure timeliness and provide assurance both internally as well as when required, externally. Identification of lessons learnt from investigations, sharing learning within and across teams, as well as ensuring actions are put in place to prevent recurrence of incidents leading to harm or potential harm, is a key focus of the group.

# What we achieved in 2018-2019

## Clinical Effectiveness

### PRIORITY ONE

#### LOROS at Home Service

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

This initiative is planned to enhance community services currently supporting patients at end of life across Leicester, Leicestershire and Rutland (LLR).

This will link into the Better Care Together (BCT) initiative which aims to implement an integrated community palliative care team to support patients across LLR. Current resources are not sufficient to provide all care requirements for patients at end of life, resulting in unnecessary hospital admissions and at times preventing discharges home when this is the patient's preferred place of care.

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

There is ongoing work to develop this team, working closely with Leicestershire Partnership Trust (LPT) who oversee the NHS Hospice at Home team and some of the community palliative care nurse specialists. The plan is to have a joint community specialist palliative care team with more community palliative medicine consultant time, the two community palliative care nurse specialist teams (from LOROS and LPT) and some hands on care staff (hospice at home/LOROS at home), all working together to provide a more coordinated way of supporting patients at home.

The Clinical Nurse Specialist team have completed specific training for syringe pump administration and Continuing Health Care fast-track application to allow for better patient experience and support partners through BCT.

### PRIORITY TWO

#### Integrated Palliative Outcome Score (IPOS) Reporting

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

This initiative will further promote the benefits of using an outcome tool when caring for patients with palliative and end of life care needs.

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

We are now able to report changes in IPOS for patients seen at home, in day therapy, the ward and clinics. We will use this information to help feedback to those teams, the Board and local commissioning groups, to help show the difference we are making and how we can improve even more.



# What we achieved in 2018-2019

## Patient Experience

### PRIORITY ONE

#### Transition Project

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

This initiative is being undertaken in partnership with Rainbows Hospice for Children and Young People. Its aim is to develop a care pathway for young people with a life limiting illness that have reached the age of 30 and are no longer able to access services provided by Rainbows.

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

The project group has met a number of times during the year to oversee the development of the transition pathway. Family and patient visits have been organised including tours and meet and greet sessions with staff from a number of different departments. Three patients have been referred to LOROS services to date. LOROS staff have spent time at Rainbows and the Practice Development Team is supporting staff training in relation to conditions that are not commonly seen at an adult hospice. A fact sheet has been developed for patients and families regarding the services available at LOROS.

The pathway is being refined based on outcomes of the project and Rainbows is beginning to liaise with adult hospices across the East Midlands to support the transition of patients from other geographical areas. This project has encouraged partnership working between the two organisations and has developed a greater understanding of the differences between adult and children's hospices and how they can work more closely together for the benefit of young

patients and their families. LOROS continues to source funding to support a transition post at the hospice to act as the key link person and lead on this area of work going forward.

### PRIORITY TWO

#### Inpatient Ward Refurbishment

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

This initiative is in addition to the other site development currently taking place at LOROS and is to ensure that our inpatient facilities are of the highest quality to enable the best experience for our patients and families. A number of our single bedrooms are in need of an essential upgrade to ensure they continue to be fit for purpose.

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

Works to refurbish the 8 bedrooms and auxiliary rooms on Oak was carried out in 2018. We originally envisaged a 16 week programme of works, but were able to complete this and re-open the ward within 12 weeks, with minimal disruption to the rest of the ward, our patients, their visitors and staff.

This refurbishment included building a small extension and undertaking internal building works to create 3 en-suite shower rooms for patients. We converted an old hoist store room into a welcoming family room and upgraded the main bathroom to include an adjustable height/positioning of a spa bath. This room has beautiful wall art to allow patients to lose themselves in a scene and whilst doing this, listen to the radio or play their favourite music through the Bluetooth mirror.

All the bedrooms and existing en-suites have been upgraded with new flooring, adjustable LED lighting, sanitary ware, decoration and wall art; we have upgraded the nurse call system in the area and fitted new medical gases headboards. Corridor lighting has been improved so that during the night, lights in the corridor can be dimmed to 20% so that the lights are not so bright as to wake our patients up, but enabling staff to still work safely.



# What we achieved in 2018-2019

## During the Bed Closures

- All nurses had the opportunity to spend a week visiting services of their choice both within LOROS and external partners including:

Oncology / Palliative care services within University Hospitals of Leicester

LPT Hospice at home

LOROS community nursing team

LOROS Day Therapy department

LOROS Home visiting services

LOROS Lymphoedema service

LOROS Local

This experience was well evaluated with staff gaining valuable experience, knowledge and skills, as well as enhancing relationships and promoting networking.

- The Enablement Team piloted the 'CEDARS' service – 'Complex Enablement Discharges and Accessible Rehab Service'. The aim of this service was for the Physiotherapy and Occupational Therapy Enablement Team to facilitate complex discharges through a planned follow up review visit following a patient's stay on the inpatient ward, to support a smooth transition from inpatient to the community service; helping prevent unnecessary length of stay. The team also offered community visits to those who were unable to attend enablement clinics e.g. breathlessness clinics.

The overarching aim of this service was to promote and streamline accessible community rehabilitation through bespoke, holistic goal setting from the LOROS

main site out to the wider community, in line with LOROS's Strategic vision. This pilot is now completed and the future of this type of service will continued to be discussed and reviewed as part of workforce planning and service developments.

- During the closure, meeting the demands for the In Patient beds was a challenge. To ensure patients were prioritised appropriately, a triage referral tool was introduced by the Ward Manager and one of the Registrars. This is completed when a patient is referred to LOROS and takes into account their prognosis, likely deterioration, physical symptoms, psychological needs, carer's needs. A score is then generated, which allows us to prioritise the admissions based on individual needs. This will be reviewed but we aim to continue its use within the In Patient Ward.

### PRIORITY THREE

## Palliative Care Admiral Nurse

### Why was this identified as a priority?

This initiative will help improve the care of patients who have end stage dementia, a diagnosis of dementia in addition to another terminal illness such as Cancer or Motor Neurone Disease and will help support patients who have a close family member who has a dementia diagnosis.

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

LOROS has appointed an Admiral Nurse, with specialist knowledge of dementia, to support patients, families and staff to better understand the life-limiting condition, and she will be raising awareness

of dementia and delivering training to staff and volunteers, helping LOROS to offer improved care and support for carers and families across the dementia journey.

She has said, "People often have very negative perceptions of dementia – they immediately think of aggression and 'challenging behaviour', but lots of people live with dementia very well for a long time".

"Dementia is on the rise, with one million people in the UK likely to be diagnosed by 2021. As a result it's important we understand how to help patients and families manage the condition better, from diagnosis through to end of life. I will be helping our nurses to understand how best to care for people living with dementia who may also be living with other long term, palliative conditions."

As an Admiral Nurse, the role is part funded by Dementia UK, the charity that trains, develops and supports Admiral Nurses. She will train LOROS staff and volunteers to recognise early stages of the condition and offer support.

The Director of Education and Workforce, said, "Almost everyone has a story about dementia, shaped by the experiences of a relative or family friend. The Admiral Nurse will use her expertise to support the organisation as a whole. LOROS aims to be a dementia-friendly organisation that supports people to live well with dementia."

## Patient story

**“Everyone should give to LOROS, you never know when you might need them.”**



**Nicole’s husband, Dean Hanson, was just 46 when he found himself needing care from LOROS.**

He was diagnosed with advanced pancreatic cancer in November 2018 and just five weeks later, on 27th December, he died at LOROS.

Ever since then, Nicole, along with her family and friends, have been fundraising for the Hospice because as she says, LOROS “made everything so much more manageable”.

“LOROS gave us so much, in such a short amount of time,” said Nicole, who has two children with Dean, Harry, 14, and Luke, 28.

“I don’t think any amount of money we raise would ever pay back the care and memories that LOROS gave to us, I can’t thank them enough.”

Just two days after being diagnosed, Dean was given the devastating news that the cancer

had spread to his lungs and liver.

“The hardest part was telling friends and family. How do you tell your 14-year-old son what dad has been diagnosed with?”

By mid-December, Dean’s health took a dramatic turn for the worse and he was admitted to LOROS.

“The consultant was so open and honest. He told us from the moment we arrived just how poorly Dean was. Although we didn’t want to hear those words, I cannot thank him enough now.”

The day before Christmas Eve, as they tried to make the most of the time Dean had left, they went on a trip to Bradgate Park with the children and grandchildren.

“It was a grizzly day but Dean wanted to go, so one of the nurses found him a woolly hat. Even just their kindness in finding Dean a hat meant so much.

“Dean’s main goal was to be home for Christmas and we did that, thanks to LOROS. The nurses helped him get ready, the Hospice’s teams sorted out his pain management and we went home.

“Our two grandchildren came over with the family and for those few hours, we were given a little bit of normality again. LOROS gave us those memories.”

Nicole and her family have since been fundraising by signing up to the LOROS Lottery and taking part in events including the Twilight Walk and Mudnificent Seven.



# Part three

# Priorities for improvement for 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.

### 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, we are hoping 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 utilize 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.





# Priorities for improvement for 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.

### 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.



# Priorities for improvement for 2019-2020

## 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, we will aim 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.

### 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 our 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 we are developing facilities within our new enablement suite to enable patients to utilise exercise equipment under supervision and access a wellbeing room where we will hold a number of different supportive activities such as seated yoga and mindfulness sessions

### PRIORITY THREE

#### Carers Support

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

LOROS is currently developing a number of additional services to support carers. We have piloted a carer's support programme which we are now planning to run 2-3 times annually. This is a 6 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 well-being.

##### How will this priority be achieved?

The two pilot courses have been well evaluated and in the future we are considering offering these courses to carers not already linked to LOROS services, but those accessing services via University Hospitals of Leicester (UHL) or Leicestershire Partnership Trust (LPT). We are hoping to be able 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. We have recently agreed in which services we will begin to implement the tool, with a view to evaluating its impact and potentially rolling out to the wider hospice in 2020.

# Statements of assurance

## Overview of services

During 2018-19 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 care providing 24hr care and support by our specialist staff
- Day Therapy Services providing a varied programme of activities and support to manage symptoms and promote well-being
- Outpatients and domiciliary palliative care consultant visits providing support for symptom management
- Community palliative care by our community nurse specialists
- Lymphoedema out-patient 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 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 the LOROS Local bus, by our specialist staff and volunteers

## Financial considerations

The grant income provided by the NHS in 2018-19 totals £2,328,000 with an additional £193,000 to train medical undergraduates.

The remainder (73%) of the funds needed to run LOROS services is generated through donations, legacies, fund raising, retail shops and lottery.

## Participation in clinical audit

In line with the organisation's commitment to continually monitor all aspects of patient care against published standards and guidance, as well as to benchmark our performance, we participated in the following audits:

- Hospice UK audits- we participate in these audits each year, through which we are able to benchmark our performance against quality indicators such as numbers of falls, pressure ulcers and medication incidents compared to other similar sized hospices. The results enable us to review our practices and take action to improve our performance. LOROS was shown to have a higher number of patient falls reported when compared to other similar sized hospices, and this prompted quality improvement work during 2018-19 to reduce the numbers of falls on the inpatient unit.
- There has been further clinical audit examining our use of intravenous iron to manage symptoms of anaemia and this appeared to benefit two thirds of patients given the treatment. There has been a reduction in the use of blood transfusion which likely relates to offering the iron treatment in its place.

- An audit of antibiotic use has led to changes in documentation and practice. We are now clearer about why people have started antibiotics and also reviewed if they are of benefit more frequently, to ensure we continue them where helping and stop them where not.

LOROS was not eligible to participate in any National Clinical Audits or National Confidential Enquiries during 2018-19.

## 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. These include: Medication management, pressure ulcers developing in our care and healthcare acquired infection.

For assurance, audit results are reported to and discussed at the Clinical Governance Committee and the Board of Trustees. Recommendations and improvement plans are monitored by the Committee until completion and signed off.

Further clinical audit training was provided during 2018-2019, aiming to enhance staff skills and knowledge to further support quality improvement within the hospice. Feedback from attendees highlighted improved knowledge and confidence in relation to audits.

## Statements of assurance

The Inpatient ward audits showed varying compliance across a small number of areas during the year, however, results had improved significantly by the end of 2018-19. The ward senior team produce action plans and communicate findings to the ward staff, to support improvements.

- Falls audit – These have shown significant improvement during the year, with the numbers of falls care plans for patients with a history of falls / following a fall being activated on admission showing a significant increase during the year.
- Nutritional audit – Following low compliance with documentation of patients' weight, improvement work is progressing, highlighting to staff the importance of documentation of patients' weight or an estimation of weight using a validated tool. A factor affecting compliance rate was where there was no documentary evidence indicating where it was inappropriate to weigh a patient because they were too ill.
- Pressure Ulcer audit – This highlighted improvement work needed to increase compliance with our policy, in relation to patient skin checks performed by a Registered nurse and performance of twice daily skin checks. 60% of patients had daily skin checks performed by a Registered nurse and only 27% had skin checked twice daily in Q3. This had increased to 90% and 80% respectively in Q4. The Tissue Viability Lead Nurse has plans for additional time allocation within the Essential for Role programme, so that the learning from pressure ulcer investigations and audits can be shared with the ward staff and training provided to support improvements.

- The quarterly medicines administration audit carried out by the ward nurses has scored 100% over the last 3 quarters.

The Prescribing and Administration audit conducted by the pharmacist in January showed 100% compliance across most areas, however, the few areas requiring improvement have an action plan in place to address these. These include:

### **Recording of weight on the prescription record**

The recording of weight on the prescription record is not routinely documented. It is not always possible to record the weight easily of patients but many do require weight based medications to be prescribed.

Recommendation 1: ON ADMISSION all patients should be weighed where it is practicably possible and this should be recorded on the prescription record. This has been discussed at Clinical Governance committee with the CCG signposting us to the Mid Upper Arm measurement tool which can be used to estimate a patient's weight when unable to weigh them. This has now been added to our policy document and the recommended action complete. Ongoing audit results will be monitored for improvement.

### **Recording the reason for omitted doses**

The JAC system required that all "non-administration of medication" is recorded and a number of codes are available to reflect the reason for "non-administration"

The audit identified that a number of doses had been omitted and all had recorded reason for non-administration however, it was noted that a few examples of nursing staff coding "omitted doses"

with an unclear rationale, e.g. drug administered by other staff. This suggests that there may be a knowledge gap amongst some nurses about the most appropriate codes to use.

Recommendation 1: Review all options for omitted dose codes for appropriateness

Recommendation 2: Ensure all nurses know of actions to take for medications not administered (including critical medicines).

Recommended actions have been completed.

### **As required (PRN) medication – Prescribing**

In the audit in 2017, there were a number of patients who had been prescribed "as required" medication where the interval and indication were not stated (52% and 97% respectively). On planning the implementation of the electronic prescribing system a review of this led us to produce a number of protocols to help with this issue. This has resulted in a significant improvement in the results for this criterion.

It was noted through the audit though, that where more than one drug was prescribed for the same indication, more specific direction for administration (first line/second line) was not documented within the prescriptions.

Recommendation: Prescribers to be reminded: 1) To add indication to all PRN prescriptions, 2) to be clear about the prescription frequency (i.e. minimum interval/maximum dose in 24 hours) 3) where more than one drug is prescribed for the same indication, that clear direction is given for administration  
All recommended actions completed.

## Statements of assurance

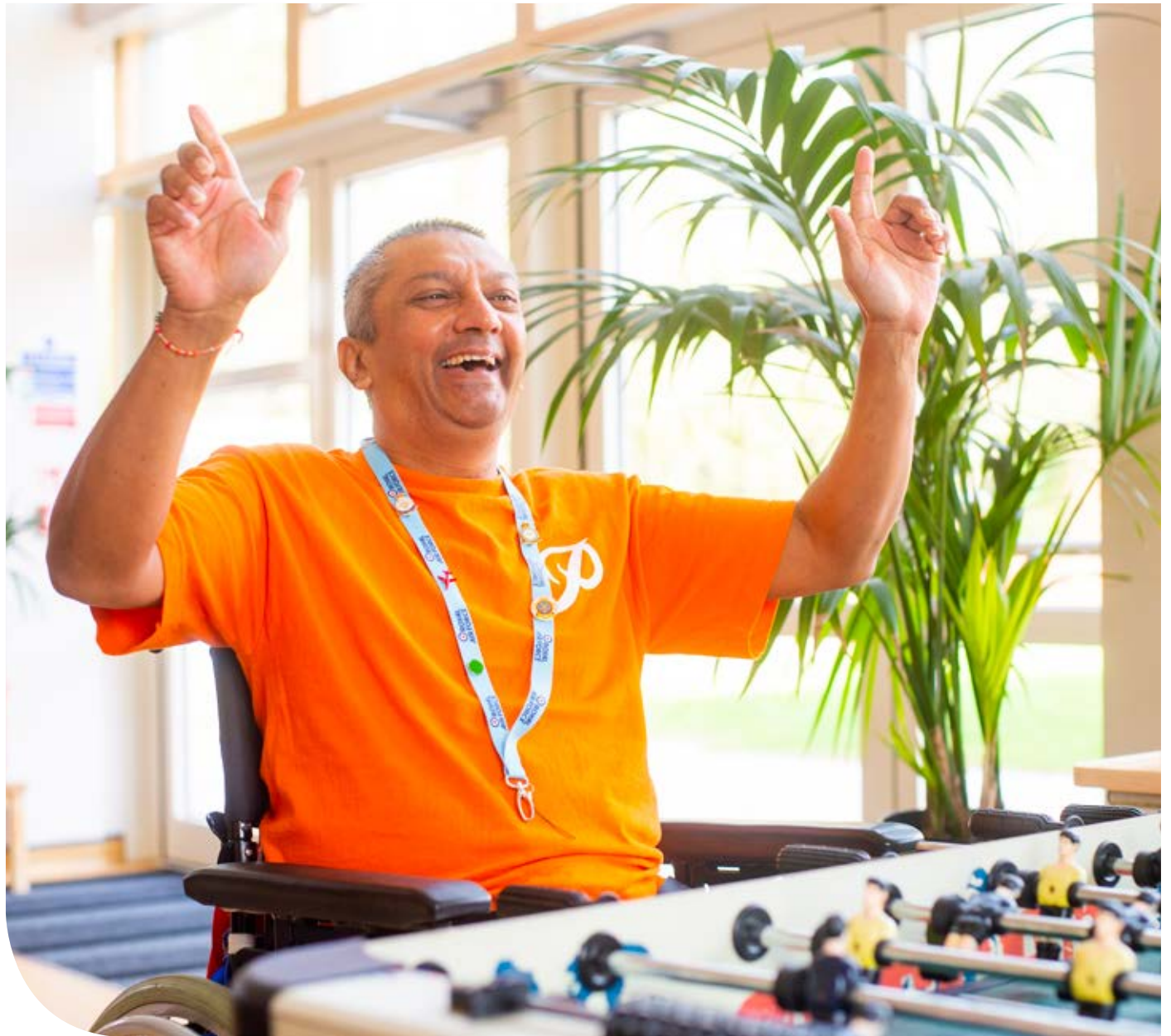
### **Once only medication – Administration**

There was a significant difference between the two wards for their timely administration of STAT prescriptions.

**Recommendation:** Prescribers to inform nursing staff when adding STAT prescription on the system for patients.

Recommended action completed and monitoring will continue.

The rollout of the JAC electronic prescribing system was completed in August 2017. The system includes many supporting features to ensure that prescription orders and administration requirements are completed with no information omitted. The implementation of the JAC system has resulted in significant improvement in the results in many areas of the audit criterion, in terms of the prescribing elements as well as administration criteria.



# Statements of assurance

## Infection Prevention and Control

There have been no hospice acquired infections during 2018-19, showing a 100% reduction from last year.

## MHRA and Patient Safety alerts

All relevant alerts received have had appropriate action taken. 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.

## Bereavement Audit

The Famcare bereavement audit of bereaved relatives' satisfaction with end of life care is organised by the Association of Palliative Medicine. We decided for this period not to participate as the length of time from submitting our responses to receiving feedback was too long to have any meaningful actions. However this year, we have worked on creating our own in house survey to obtain feedback from relatives. We plan to launch this in the autumn of 2019 on the inpatient ward, with a view to developing a further bereavement survey for families who have accessed our community services. This will be reported in next year's report.

## Research

LOROS continues to contribute to the development of a strong evidence base for palliative care and what the hospice provides for patients and their families. LOROS has been an active centre for National Institute for Health Research approved studies in 2018/19, working closely with the East Midlands Clinical Research Network and our research activity during this time period includes:

- Continuing Bonds: Exploring the meaning and legacy of death through past and contemporary practice, a joint project between LOROS and Bradford University
- Thinking Ahead about Medical Treatments in Advanced illness: exploring the experiences of health care professionals and the views of the public especially those of minority ethnic communities in Leicestershire
- Prognosis in Palliative Care, a national multi-centre study lead by University College London, recruiting patients who are admitted to LOROS ward
- 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.
- Managing Medicines at the end of life for patients being cared for and dying at home. Led by Dr Kristian Pollock at University of Nottingham this study recruited patients, family carers and health professionals.

- 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.
- PEACE: Posthumous Tissue Donation in Cancer Study. The work is being led by University College London and LOROS are working closely with UHL, who are a recruiting site, to track the patients recruiting up until death when 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.
- MND Register Study: The Motor Neurone Disease register for England, Wales and Northern Ireland. A project designed to set up a population register and collect information about every person who has a MND diagnosis.
- Thinking Ahead Study: A qualitative study of barriers and enablers in end of life care planning with patients and families from Black, Asian and Minority Ethnic (BAME) backgrounds. This study is led by LOROS and is funded by the NIHR.

# Statements of assurance

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: the European Association of Palliative Care Conference, Bern, Switzerland and the Supportive and Palliative Care Conference, Harrogate. In March 2019 we held our annual open lecture entitled *Life's hard then you die: Exploring the end of life concerns within the homeless population*.

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 are strengthening their Patient and Participant Involvement and have an established group of volunteers who meet regularly to ensure that the projects that we develop 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. Lymphoedema
5. End of life decision making and advance care planning

## Recruitment of participants at LOROS for 1st April 2018-31st March 2019

Thinking Ahead about Medical Treatments in Advanced illness: 2 (recruitment ended April 18) .....	2
Prognosis in Palliative Care: (recruitment ended April 18) .....	1
TONIC:.....	36
PostGas:.....	1
ProSec3: .....	1
MND Register:.....	7
Thinking Ahead Study:.....	6
<b>TOTAL</b> .....	<b>54</b>



## What others say about us

LOROS currently employs 373 staff across the main Hospice site, the community based services, retail outlets and the education department.

In addition, there are 1360 volunteers who give their time to the various departments and services across LOROS.

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 our Director of Care Services is the Registered Manager with the CQC.

### Feedback from the CQC

The Hospice received an unannounced CQC inspection in February 2016 with results published in April 2016. We were pleased to receive an overall rating of 'GOOD'. We have not had another inspection since then.

#### Comments from the last report:

"Risks to people were assessed and where potential risks had been identified these were minimised in consultation with the person. Where accidents or incidents occurred there was a no blame culture within the service. This ensured staff reported any concerns so that they could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of reoccurrence."

"The service supported people within the community providing psychological and practical support. People in some instances accessed the day therapy facility, which offered clinics where people could review

their health, which included symptom and pain management along with complementary therapies, creative therapies and social activities. People told us that the day therapy facility enabled them to meet with people in similar circumstances and was a welcome part of the community support."

"People, friends and relatives were consistently very positive about the caring and compassionate attitude of the staff. They told us they were completely satisfied with their care. They spoke of excellent relationships with staff who understood their needs and preferences. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way. People's wishes for their final days were respected. People and the service were supported by volunteers who played an important part in the day to day running of the service."

"We spoke with three staff who told us they were encouraged to report any incidents or near misses which occurred. They said they completed an incident form currently but they were aware plans to implement a computer based reporting system. Staff said incident reporting was covered as part of their mandatory training. Staff told us they received safety alerts and offered examples of equipment which had been checked or withdrawn after they had received an alert. The ward sister said safety issues were discussed at team leader meetings to check that the correct action had been taken. Staff said they felt encouraged to report and learn from incidents and staff did not feel blamed if they reported something, this open and inclusive approach to responding to risk promoted the safety and welfare of people who use the service."

### Data Quality

LOROS uses SystmOne (S1) for its electronic patient records and all its clinical activity. The system is used to collect overall data for clinical activity and work continues to enable greater benefit from the system. LOROS has continued to provide monthly and quarterly activity data to the local Clinical Commissioning Groups (CCGs).

The Clinical Systems Lead (CSL) is in the process of reviewing and updating the SystmOne Holistic Template. In brief the SystmOne Development Group has agreed that as well as other actions to improve the functionality of the system, changes to create some new tabs for information around Safeguarding and also the Accessible Information Standard would be beneficial.

A number of teams have asked if it is possible to create scored assessments within S1. In response the following S1 questionnaires (complete with a scoring system) have been created which will be implemented in the near future:

- Day Therapy Monthly Dependency Assessment
- Adult safeguarding decision severe pressure ulcer (Appendix 3)
- LOROS CNS Traffic Light Triage
- Bed Rails Risk Assessment

The CSL has met with the Lead consultant and other key members of the Ward multidisciplinary teams (MDT), to devise a suitable method/process of recording MDT data in the S1 patient record, to help improve the overall quality and consistency of the data being recorded.



# What others say about us

## Information Governance

LOROS have updated their information governance policies and procedures in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018; and have continued to manage personal data in line with this legislation. We have actioned a number of rights requests, including requests for erasure and subject access requests, and implemented our new breach procedure following a mistake made by one of our data processors.

## Data Security and Protection (DSP) Toolkit

2019 saw the introduction of the new DSP Toolkit that replaced the old Information Governance (IG) Toolkit of previous years. Our self-assessment for the year 2018/19 was submitted on 29 March 2019, and we assessed ourselves as meeting all of the mandatory information and data security requirements, as well as some over and above these.

## CQUINs

There are no Commissioning for Quality and Innovation (CQUINs) payment schemes in place between LOROS and its commissioners, the local CCGs.

## Clinical Coding

LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2018-19.



# Review of quality performance

## Quality Schedule

As suggested by the CCG, we highlight here that 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 committee members and attendees.

The CCG in their statement said, "Whilst this is not a requirement owing to monies received through an annual grant rather than contract, the quality schedule characterises the close working relationship with the CCG and LOROS, whilst also ensuring safe quality services."

Indicator	Q1	Q2	Q3	Q4	Aim
Average length of stay (days)	11.08	13.84	13.96	13.58	14.1
Average occupancy	83%	94%	95%	94%	>78.6%
Time to admission if urgent	100%	100%	100%	100%	<2 days
Written compliments received	217	181	200	350	>50

## Preferred Place of Death

The preferred place of death was achieved throughout 2018-19 and was significantly higher than the compliance threshold of 80%. MND achieved 100% for all months in the quarter.

## Patient Safety Indicators

Patient Safety Indicator	2018 /2019	2017 /2018	Comment
Number of patient slips, trips and falls	91	156	Significant reduction in falls and resulting harm levels remain low
Number of patients who developed category 3 and 4 pressure ulcers in our care	2	6	Reduction by a third with ongoing work to reduce numbers of all categories of pressure ulcers
Number of patients who developed a healthcare acquired infection in our care • MRSA • Clostridium Difficile	0	3 (CDT)	Significant reduction

## Serious Incidents

There were no serious incidents reported during 2018-19. In line with our ethos of transparency, any significant patient incidents were reported to our local commissioners and the Care Quality Commission, investigated internally and reports shared with them.

## External Assurance Visits

The Clinical Commissioning Group carried out the annual quality visit to LOROS in February, with positive feedback. Recommendation to review the clinical supervision provision has been acknowledged, and a review is in progress. The report has been taken to the Clinical Governance Committee for information and assurance, and will be shared with the Board of Trustees and the clinical teams. It has also been shared with our regulator.



# Review of quality performance

## Patient and Carer Experience

### Compliments received in 2018-19

948 written compliments were received including Small Things Make a Big Difference cards, Tell Us What You Think comments and also comments received via the website. This was a significant increase from last year.

### Patient satisfaction survey

Our patient satisfaction questionnaire results for 2018 were pleasing in most areas. Concerns around catering have been noted and actioned. This service has been reviewed and a service redesign has been completed. It is hoped that this will lead to overall improvements in the service and reduction in concerns. A standalone survey is planned to review the new service 6-12 months following implementation.

This year we received 227 positive verbatim comments across all services. These centred predominantly on positive attitudes, behaviours of staff, the service provided and the environment.

- 96% of respondents told us that staff always introduce themselves in a warm and courteous way
- 96% also said that they always have confidence and trust in staff
- 98% said that they always were treated with courtesy and respect

### Friends and Family Test

72% of respondents said that they were extremely likely to recommend our services to others. We have compared this to the results of our Tell us what you think comment card scheme which asks the same question. Results tell us that 83% are extremely likely to recommend our services to others.

### Tell Us What You Think

This voluntary and invaluable feedback continues. Cards are located around key points in the hospice and form part of information packs, which enables our patients and carers to comment about our services. This year we have refreshed and reviewed the questions and hope to launch the new form in May.

### Small things make a big difference

We have received a total number of 418 cards over the year; this gives patients and carers a different opportunity to comment and remember the small act of kindness and highlight the member of staff who carried this out.

### Patient and carer stories

34 Stories have been completed over the period 2018-19 which have been used to raise awareness of our services and share the patient/ carer voice to promote campaigns.

10 patient and carers have spoken out at events about their experience to support events and to share their experience.

## Complaints

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

During 2018-19 there were 16 concerns/complaints relating to care services at LOROS: 7 complaints and 9 concerns. This showed a downward trend from last year.

All complaints/concerns have been dealt with in line with the clinical complaints policy. At the end of March 2019 there was only 1 complaint (from February) that was still being investigated. 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.

### Patient Information

Patient Information Group continues to meet regularly to ensure that our information remains to a high standard. Our portfolio stands at 100 leaflets – factsheets. Most of which are available on our 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. Our leaflets not only raise awareness of LOROS services but also support our local community to have the information and be able to make the choice of accessing our services.

This year we have used members of the PCPG group to proactively assist in the handing out of these both on the ward and day therapy to increase returns and this has proved successful.

# Review of quality performance

## **Patient and Carer Participation Group (PCPG)**

This vibrant and valuable group continues to meet as a consultative group to help shape and influence services at the hospice in a positive way. Over the past year the group has been consulted on:

- Quality Account priorities
- Use of enhanced summary care record
- Speaking out (about LOROS)
- Equality diversity and inclusion action plan
- Carers information programme
- Patient narrative stories
- Bereavement survey
- Recruitment of new members into the group
- Rating the service

Members of the group have the opportunity to be more involved in the life of LOROS by participating in other aspects such as:

- 5 senses survey (observation of an area using the senses)
- Joining internal meetings to contribute views/ thoughts such as information feedback boards, Equality diversity and inclusivity group, Carers programme, clinical governance group, bereavement survey group
- Helping at fundraising events such as Forget me not appeal, Attending and helping at the big day out organising events themselves
- Other volunteering opportunities such as helping in gay therapy drop in, helping on the LOROS local, gardening, cataloguing books in the library

Quote from PCPG member “I feel that it’s not much that I give but I do feel proud to be able to give something back after all the support I have received to be put back together and understand how to cope with what I have of the rest of my new life and move forward”.

## **Patient Information Group and Readers Panel**

Our patient information group continues to meet 4 times a year to review and ensure the quality of information we provide remains of a high standard.

## **Equality, Diversity and Inclusion (EDI)**

LOROS recognises the importance and value of Equality diversity and inclusivity.

As an independent hospice we do not have a legal mandated duty to complete the EDS2 (Equality delivery system) however, we recognise the importance of good practice and this year the equality diversity and inclusivity group have undertaken to progress two out of the four EDS2 objectives. We have concentrated our efforts on the following:

- Developing a representative and supportive workforce
- Demonstrating inclusive leadership

In addition to this we have been ambitious by looking at the key lines of enquiry from the CQC which relate to equality from a service delivery perspective. Our overarching aim is to strive to ensure that our patients and family’s needs are met and we take into account any insight we derive from individuals or groups with protected characteristics to ensure we improve our services.

It is fair to say that the 2 EDS2 objectives that we have been working on also cross over and align to another piece of work that has arisen from the staff cultural survey which is around culture of the organisation. A number of work streams have been established to progress themes from the survey, some of which focus on the workforce and HR policies and processes.

Key progress over the year:

## **Workforce**

### **E, D and I Mandatory training**

- Our target to reach compliance was 90% - Results for clinical staff 93%, non-clinical staff 89%
- Freedom to speak up guardian is being explored which will help to protect patient safety, quality of care and improve the experience of staff and promote learning and development
- Policy - Bullying and harassment has been reviewed
- Flexible working arrangements are considered which brings benefits to staff lives
- A staff forum has been agreed to be set up for all equality groups which will represent the whole workforce to promote a 2 way information exchange between staff and management
- Equality monitoring forms for staff and volunteers have been introduced and it will be possible to extract data in future
- BOT vacancies will be transparently advertised

## Review of quality performance

Our Cultural Support Officer (CSO) speaks Gujarati and some Hindi. Our CSO is available to support patients and families as well as facilitate language support in Gujarati/English. She also supports developing engagement with the diverse community groups across LLR.

LOROS policy is that all patient information produced has the translated sentence on the back giving patients and carers the opportunity to have the information translated into their preferred language.

### Service delivery

- The Getting to Know Me Profile has been introduced- this useful document will record a person's likes, dislikes, preferences and background. This will help staff to understand more about the person enabling a person-centered approach to care being delivered
- Our patient and carer participation group is actively encouraging membership to try and get better representation from a range of equality groups
- Subtle yet powerful ideas are being openly explored to ensure our environment is as welcoming as possible to all - an inclusivity poster has been developed and will be displayed in all clinical areas
- Compliance with the accessible information standard

Much has been achieved in this last year; however we are not complacent and recognise there is more to do. We will be in a position soon to have an Equality lead in post who will be able to ensure the Equality agenda is promoted across the workforce and service delivery.

### Community engagement

Since 2017, we have continued to strengthen our relationship with existing harder to reach groups via supporting organisations such as Vista, Leicestershire Centre for Integrated Living (LCIL) and the LGBT Centre. New partnerships have also been formed with organisations Age UK, Alzheimer's Society and The Carer's Centre.

Our involvement in the wellbeing stream of the Leicester City Council Homeless Charter has created working relationships with a range of organisations which support our local homeless population, such as Action Homeless, Homelesslink, Turning Point, The Bridge, YMCA, local foodbanks and the Salvation Army. A funding bid has also been secured to deliver end of life education to the major homeless health care provider, Inclusion Healthcare.

The team has attended a number of events: talks/ meetings have been attended with hard to reach groups, as well as participating in many other events. CCG/ LPT events have also been attended by displaying a presentation board or participating in table discussions.

LOROS Local continues to assist engagement with the Gypsy & Traveller community, and was a focal point of our involvement in the Pride celebrations.

Our Cultural Support worker has hosted Polish and Muslim evenings, and continues to build on previous community relationships. She was interviewed on Ramadan radio, and has attended functions at 5 Gurdwara's. Throughout the year campaign boards and talks have celebrated Mental Health, Disability Awareness and Race Discrimination.



# Review of quality performance

## Service Improvement

### Inpatient Ward

- Following a 3-month trial period we have introduced the role of creative facilitator onto the ward for approx. 20 hours per week. This enables her to work on a 1:1 basis with patients participating in activities such as making memory boxes, cards, hand print pictures and using virtual reality. She also arranges group sessions for patients and families to participate in quiz afternoons, games and tournaments as well as helping to facilitate special events like a jazz afternoon for a family to celebrate. Following positive feedback and the agreement for funding, this role will continue.
- The success and numbers of volunteer ward companions continues to rise, contributing to quality patient care.
- Following the catering review, a new role of Hospitality Assistant has been introduced to the Inpatient Ward; they will be key to communication between the kitchen and the ward patients. They will get to know the patients, know their likes, dislikes and dietary requirements as well as ensuring each patient's bed space is clear for meal times.
- Through generous donations the nurses quiet / rest room has been refurbished enhancing the working environment by providing a quiet space for reflection and 'time out'.
- An electronic rostering system for nurse's off-duty is being implemented from 1st April. Once fully implemented this will link to payroll and HR and will allow individuals to view off-duty and make requests for leave electronically.

- Following successful completion of a 2 year programme, a Health Care Assistant (HCA) who was seconded to train as a Nursing Associate has qualified and has registered with the NMC and she commenced work on the Inpatient Ward from 1st April. Two other trainees are due to qualify in July 2019 and will both be offered jobs on the Inpatient Ward. A further 2 HCA's have been seconded from the Inpatient ward and commenced the programme in January 2019.

### Day Therapy

- The Tuesday day therapy 'drop-in' sessions are now weekly. This service requires no clinical referral and is open to carers as well as patients with life limiting illness. This is volunteer led & runs as a social model of support, so no clinical care is available. Refreshments are provided. These additional sessions have been created as this programme is increasingly well attended & this will open up more spaces for further patients to benefit from the Day Therapy support.



# Review of quality performance

DAY THERAPY ACTIVITIES PROGRAMME					
Day Therapy 'Drop in' Sessions		Day Therapy 'Standard Day Therapy' Sessions		Day Therapy 'Therapeutic' Sessions	
10am	Patients arrive. As these are 'drop in sessions', patients/carers attend all or just part of the day. Sessions are assisted by volunteers. These run weekly on Tuesdays.	9-9.30am	Patients arrive via LOROS volunteer transport or own transport.	9-9.30am	Arrive via own transport or LOROS volunteer transport. These sessions run fortnightly on Wednesdays & are specifically aimed at those patients where anxiety & emotional distress is a significant problem. This is a 10 session programme.
	Hairdresser, Complementary therapy, nail technician (patients/carers sign up as they arrive). On offer throughout the day.	9.30am onwards	Nursing assessments on ALL patients both new & existing patients: checking on condition, symptoms & any concerns. Direct to doctor as appropriate. Enablement assessments & reviews alongside nursing assessments.		Nurse assessments & enablement follow ups: Complementary therapy, facials & hairdresser on offer at specific times over the day. Chaplaincy support.
	Creative/ crafts on offer throughout the day.	11am-12 noon	Well-being session: one topic runs for 2 weeks as patients attend fortnightly. These include: Coping with panic, managing fatigue, coping with breathlessness, falls prevention, Tai Chi, Creative thoughts, Mindfulness, armchair exercise	11am	Well-being session: These sessions are aimed at empowering patients along with strategies to cope & manage the symptoms/problems that they find difficult to manage themselves. The 10 sessions are: Mindfulness, Nutritional support, anxiety/ mood, medicine management, Community support, Decision making including advanced care planning, conserving energy & keeping active. These sessions are interactive within the group, allowing time & opportunity for patients to voice their thoughts or experiences.

Day Therapy 'Drop in' Sessions		Day Therapy 'Standard Day Therapy' Sessions		Day Therapy 'Therapeutic' Sessions	
	Lunch		Hairdresser & complementary therapy on offer during the morning.	12.30pm	Lunch
1.30pm	Well-being session: to include one of the following sessions. Visualisation, Creative thoughts, Cake decorating, Mindfulness, Relaxation, Exercise to music, Tai Chi, Yoga. Social & peer support in small groups.	12.30pm	Lunch: patients offered a 3 course hot lunch	1.15pm	Whole group session with trained nurses: A different question, quote or scenario is created for each session to provoke thought & conversation as a group. This is labelled 'Question of the day'? Previous questions include: 3 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 & thoughts from the patients, enabling them to share their experiences.
4pm	Finish	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 & VR sets working with patients. Also we are involved actively with local primary schools; for patient & children joint working projects	2.30pm	Relaxation session
		2.30pm	Relaxation session	3pm	Home
		3pm	Home		

## Review of quality performance

### Community Nurse Specialist (CNS) Team

The team have introduced a traffic light system to ensure triage and evidence of entry to service is at the point and priority of need.

### Motor Neurone Disease CNS Team

Secondment of a two day CNS with MND focus continues and has been evaluated well. Progress is ongoing to align closer working and cross over to facilitate robust business continuity.

### Complimentary Therapies

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

The team are currently scoping the improvement of evaluation of outcomes for patients.





## The Board of Trustees statement on quality



**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. Trustees also regularly attend events at the hospice and make visits to specific teams and departments, which gives them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided.

Our Board of Trustees receives regular updates on all services, including feedback from patients and carers and outcomes from clinical audits, incorporating those which have led to service improvements. The Board also receives information on the quality of our care from the Clinical Commissioning Groups (CCGs).

The Board has commissioned a number of capital schemes in recent years aimed at improving our clinical services – notably our Day Care facilities. Further improvements to surrounding areas continue.

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 July 2019. 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

# Responses to LOROS Hospice Quality Account 2018-19

## Patient and Carer

### Participation Group (PCPG)

This report is an impressive document, charting the progress LOROS has made in the past year across so many areas of the service it provides. Woven throughout this report is the constant aim to further improve the quality and range of care and support provided to both patients and carers. There is also recognition of the ongoing support the staff who provide such excellent care need to be offered in order to help them to face the challenges of their demanding work.

Over the past year and in the plans for the future, it is clear to see how as an organisation LOROS is reaching out into different communities but also to other health care providers in order to streamline and enhance the care patients and their families receive in Leicester, Leicestershire and Rutland. LOROS is leading the way in sharing good practice and educating people in key end of life care.

The significant contributions made over the past year by PCPG as a group, but also as individuals have been acknowledged and we are pleased to have been able to help. Members will continue to work proactively to assist in any way that they can in the future with the new challenges set out in this report. The improved facilities on site are a visible reminder of all the hard work that goes on all the time and the forward looking and positive ethos of the whole organisation.

**Sue Fellows**

**Outgoing Chair of Patient & Carer Participation Group**

## Clinical Commissioning Group (CCG) Comments on LOROS Quality account 2018/19- Statement prepared by Leicester, Leicestershire and Rutland Clinical Commissioning Groups (CCG)

LOROS has a grant agreement in place with East Leicestershire and Rutland CCG (ELRCCG), who lead on behalf of West Leicestershire CCG (WLCCG) and Leicester City CCG (LCCCG). The CCG have a quality schedule in place and attend regular Clinical Governance Committee meetings to seek assurance against agreed quality indicators. The CCG also conduct an Annual Quality visit which provides the opportunity to obtain feedback from service users, relatives and staff on duty.

ELR CCG welcomes the opportunity to review and provide a narrative on the 2018/19 Quality Account on behalf of the three LLR CCGs and would like to offer the following comments;

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

- Use of robust audit programmes in order to effectively drive quality improvements notably in the reduction of falls and pressure ulcers. The Prescribing and Administration audit was reported to achieve 100% compliance; commissioners would have liked to have seen where there had been areas of less compliance, thus indicating key areas for targeted quality improvements.
- The introduction of the Electronic Incident Reporting System has been viewed as a proactive approach to enable more comprehensive and accurate reporting to improve patient safety. Commissioners were pleased to see that this had now been fully embedded within the organisation and embraced by staff. This will support a culture of openness and learning across the organisation, with a demonstrated reduction in reported numbers of incidents. The implementation of a weekly Significant Events meeting has also been instrumental in this.
- The appointment of a Palliative Care Admiral Nurse is an exciting opportunity to provide specialist dementia care, and we look forward to hearing feedback from patients and carers on how this role has supported them. This role will be essential in supporting LOROS staff to be able to provide quality care to people with specific dementia needs.
- The completed hospice refurbishment and renovations have provided excellent facilities for patients, families and staff; these have provided a calm and pleasant environment that is not clinically imposing.

## Responses to LOROS Hospice Quality Account 2017/18

The CCG would fully support the priorities put forward for improvement in 2019/20 – the recruitment of a Medicines Management Technician is an ideal action to support nursing staff in the management of drug administration to patients, as well as assisting in improving patient safety and quality care. The introduction of an Electronic Controlled Drugs Register will also complement this, as well as utilising technology to improve efficiency, and enable staff to undertake their care duties safely.

The development of community facing initiatives, such as partnership working with LPT to align community specialist palliative nurse teams and volunteer training demonstrates the organisation's desire to bring care services directly to patients, which will enhance and support the current hospice inpatient services. Commissioners look forward to seeing the outcomes from these priorities over this coming year.

An area the CCG believe may further enhance this Quality Account is to provide information on how LOROS use the agreed Quality Schedule in order to provide assurance to commissioners on the quality of services, as well as enabling quality improvements to be sustained. Whilst this is not a requirement owing to monies received through an annual grant rather than contract, the quality schedule characterises the close working relationship with the CCG and LOROS, whilst also ensuring safe quality services.

The CCG is satisfied that the 2018/19 Quality Account provides an accurate account of the quality of services provided by LOROS, reflects the achievement's LOROS have made and look forward to a continued positive working relationship with the service. The CCG will continue to work with LOROS in the monitoring of progress against the priorities outlined in this account, as well as providing continued support in future developments.





# 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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Registered Charity No: 506120

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