



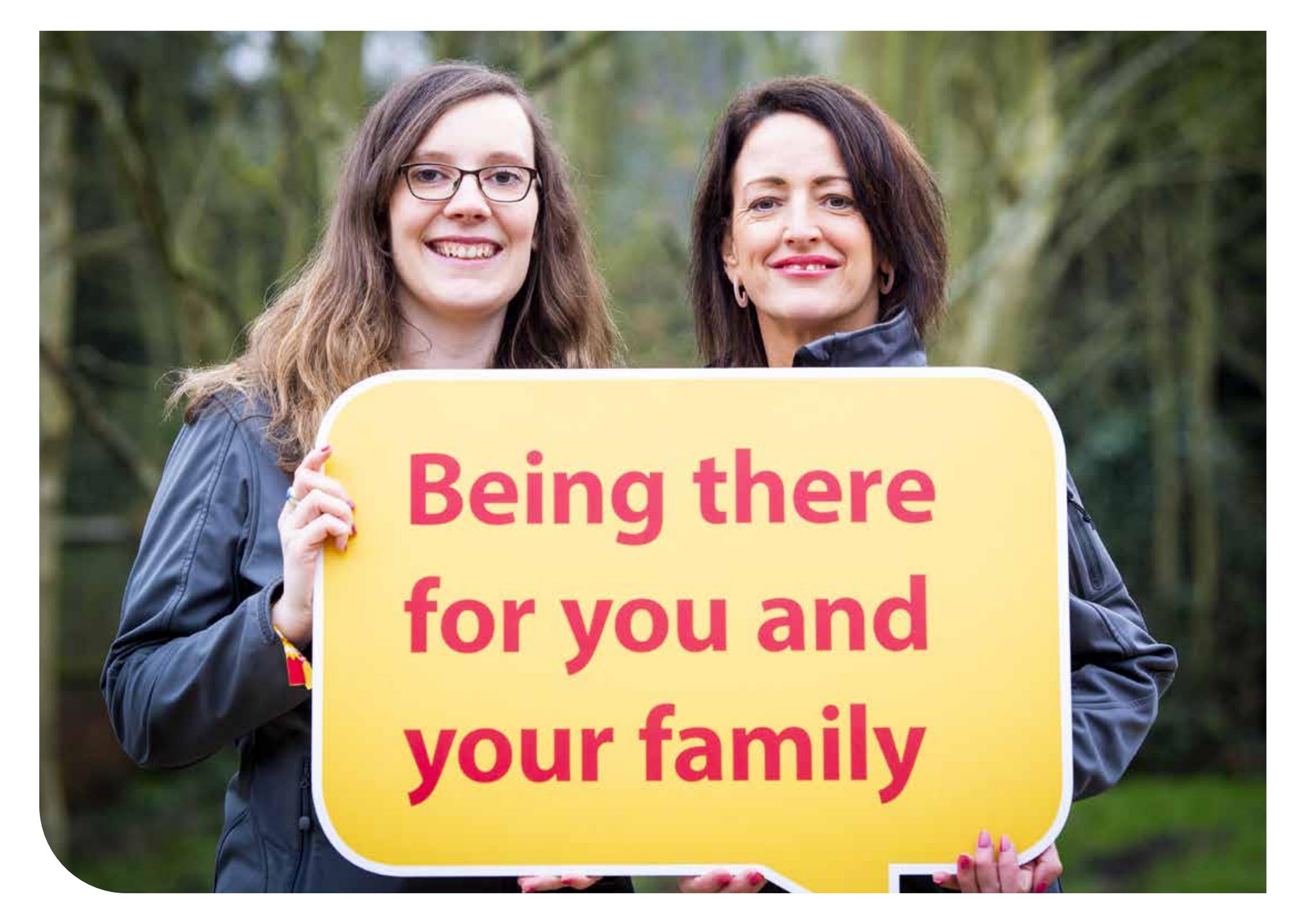
# Quality Account

2020-21

**LOROS**

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you  
and your family

A photograph of two women standing outdoors in front of a blurred green background. The woman on the left has long brown hair, wears glasses, and is smiling broadly. The woman on the right has dark hair and is also smiling. They are both wearing dark jackets. They are holding a large, yellow, rounded rectangular sign with a white border. The sign contains the text "Being there for you and your family" in a bold, red, sans-serif font.

**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 June 30 each year, as set out in the Health Act 2009. The document includes performance against quality indicators according to the Health and Social Care Act 2012.

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

## Our vision and mission

### Vision

(Our long term aspiration for our society)

Everyone with an incurable illness has the right to excellent care. This should value and respect their uniqueness and their own choices. People should be enabled to live and die with dignity and with appropriate and compassionate support for themselves and their loved ones.

### Mission

(Our goals and activities in working towards our Vision)

LOROS is a charity whose aim is to enhance the quality of life of adult patients with cancer, progressive neurological conditions and end-stage organ failure for whom curative treatment is no longer possible. Patients are treated at the Hospice and in the community based upon clinical need, regardless of background and the ability to pay.

LOROS specialises in holistic, multidisciplinary care, focused on the whole person and including family and carers. The care given takes into account the patients' physical, psychological, social and spiritual needs as well as their own choices. Family members are supported in adjusting to loss and bereavement.

LOROS contributes to the education and training of its own and other health and social care professionals and of volunteers. The charity is also committed to research in order to improve the understanding and practice of palliative care.

## Our values and behaviours



### Professional

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



### Focused

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



### Collaborative

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



### Compassionate

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



### Trustworthy

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



### Accountable

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

# Strategic priorities

## Organisational

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

## Clinical Services - Hospice Clinical Services - Community

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

## Awareness, Income Generation and Business Development

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

## Education and Research

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

## Workforce

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







# Part one

## Statement on quality from the Chief Executive



**LOROS is an independent charity 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 23% of the organisation's income; the remaining 77% is fundraised through various activities.

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 the past year this has been severely hampered by the COVID pandemic, we have had to act decisively and at pace to ensure the immediate financial security of the Hospice whilst also redesigning service delivery in line with changing restrictions. I am pleased to report that the Hospice remains in a secure position.

The charity's Strategic Plan has been updated and re-written in light of the pandemic, during the past year we set a short term 'Plan On A Page' to ensure staff knew we retained a clear sense of direction despite the pressures of the pandemic.

LOROS was unable to fully continue its community presence due to the pandemic however this vital investment will be reviewed with the intention 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 both uncomfortable and time consuming. We have also developed our first 'Compassionate Communities' model initially in Market Harborough and will then extend it to other locations as we draw upon this experience and associated learning.

We are now in the process of upgrading the dining, kitchen and social areas.

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.

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



**Part two**

# Priorities for improvement 2021-2022

## Patient Safety

### PRIORITY ONE

#### Electronic Controlled Drugs Management

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

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

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

Two very different systems are available and following a trial and testing by Leicestershire Partnership Trust (LPT), a decision will be made on which system to implement at LOROS.

Leicestershire Partnership Trust (LPT) have evaluated a standalone system which has been successfully implemented on some LPT inpatient wards.

A second system which integrates with the LOROS prescribing and administration system has also recently been released, which promises to provide much greater functionality with in-built reporting, real time alerting and offline capability. This system

is currently being evaluated, and once complete a decision will be made on which system to implement at LOROS by the Medicines Management Group.

### PRIORITY TWO

#### Tissue Viability

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

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

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

In line with Leicestershire Partnership Trust wound care formulary, the Tissue Viability nurse will review the current dressing stock and identify alternative options that are available on the wound care formulary which will enhance practice and wound management.

The patient specific prescribed dressings will ensure some dressings are only ordered for individual patients. This will prevent unnecessary dressings being ordered and stored as stock, which will reduce wastage and enhance wound care in specific cases. Patient outcomes will be closely monitored by the Clinical Governance Committee.

## Clinical Effectiveness

### PRIORITY ONE

#### Education

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

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

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

Success is measured by using a number of metrics including sign up, attendance rates and collection of data around the 'make-up' of delegates – e.g. organisation, or job role.

LOROS recently introduced an evaluation framework which is used across all programmes and events which allows the team to measure the impact of the sessions, as well as helping identify areas that they can improve on.

# Priorities for improvement 2021-2022

## PRIORITY TWO

### Inpatient service delivery model

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

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

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

A review of the service utilising Quality Improvement methodology will be undertaken to identify all areas both internally and externally which will impact on the current and future service delivery model. Once identified, a comprehensive action plan will be developed and a task and finish group established to capture an evidence base on which to test out a range of options. This will focus primarily on the required staffing skill mix and improved service delivery model to meet future patient needs. It is envisaged that the preferred model will be in place by April 2022.

## Patient Experience

### PRIORITY ONE

### Young person and transition key worker post

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

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

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

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

This post will have four main areas of responsibility. The first will be to support young people transitioning from Rainbows Children's Hospice. This will involve building relationships with the young person and their family from the age of 18, introducing them to the services that LOROS offer and identifying how the adult Hospice can best meet their needs and what other sources of support they can access as they transition to adult services.

The second area is supporting other patients within this age group who access LOROS services to provide additional, age specific support to these individuals, signposting them to other external agencies as required. The third area is to offer support to patients' relatives who fall in to this age group and the final area encompasses a number of elements, specifically education and support of staff in relation to caring for patients in this age group, raising awareness and promoting the benefits of accessing services at LOROS to 18-30 year olds and helping to ensure the environment and facilities are appropriate for the needs of younger adults. A steering group will be established to monitor progress of the role and annual reports submitted to the National Lottery team, which will also be utilised internally.



# Priorities for improvement 2021-2022

## PRIORITY TWO

### Everything in Place

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

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

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

An information leaflet will be produced outlining the project and giving more information about future care and funeral planning. The opportunity for patients and families to discuss aspects of this in more detail will be provided by appropriate health care professionals either through 1:1 conversations or information leaflets.

The team of LOROS chaplains will conduct funerals for those patients who request this. Family feedback and activity data will enable monitoring of this new project.

## PRIORITY THREE

### Enhanced Bereavement offer

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

At the Hospice it is recognised that bereavement experiences will be affected by many factors. Research has shown that the majority of people who have been bereaved get their support from family and friends and do not need formal bereavement support service.

Although grief is normal, for some it may be more challenging and be associated with significant anxiety and depression, and early identification of individuals who may develop this is important.

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

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

At present the Hospice has 12 trained volunteers who support bereavement groups and one to one visiting for those recently bereaved, who do not require therapeutic counselling. During the last year LOROS has worked with partners and commenced a joint venture in Ketton, with Sue Ryder, Dove Cottage and the Oakham Team Ministry Dying Matters in Rutland to provide local bereavement support through a bereavement hub approach. Currently this is being offered virtually. Involvement has included the training of volunteers and providing a monthly debriefing for those volunteers. This collaborative style has been successful and the plan is to replicate the model, initially in North West Leicestershire, partnering with Hospice Hope and St. Giles Hospice, with further plans to identify partners to join in similar projects in Uppingham and Market Harborough. The plan is to recruit further volunteers to increase the anticipated bereavement support and work with the team to ensure coordination and development of this offer. Progress will be monitored via an internal task group overseeing the development of service delivery by the Hospice.



## 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, that the organisation is measuring its clinical processes and performance, and is involved in research aimed at improving quality of healthcare and patient and carer experience.**



### Statement for 2020-21

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.

The Board of Trustees has made use of virtual meeting platforms throughout the COVID-19 pandemic in order to maintain LOROS' well-established governance structure. This has allowed members of the Board to continue to engage actively at Board meetings, taking the chair and/or 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 have, as far as possible, continued to maintain contacts with activities at the Hospice and with specific teams and departments. 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 look for ways of improving our clinical services and related facilities. The Board has supported the engagement of LOROS with local health care partners in delivering community services and in supporting the acute services with the care of patients with COVID-19. In addition, work has now started on upgrading 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. 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

The COVID-19 pandemic has impacted on LOROS and the provision of most of the services. All services continued but the majority were delivered differently from March 2020. Future provision is currently being reviewed.

During 2020-21 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 well-being by virtual platforms
- Outpatients, face to face and virtually via clinic-co and domiciliary palliative care consultant visits providing support for symptom management
- Community palliative care by our community nurse specialists, which became an integrated service with Leicester Partnership Trust in February 2020
- Lymphoedema out-patient clinic service face to face and virtually 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. During the pandemic this service was generally provided over the phone

- Telephone and video counselling service including bereavement counselling for adults and children by our specialist counsellors
- Complementary therapy service for patients on the Inpatient Ward and staff by our specialist staff and volunteers
- Education services to our staff and the wider healthcare community face to face and virtually

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

## Income/ Financial

As a charity, LOROS does not generate any income from its services, as they are all provided free of charge to all patients and carers. The grant income provided by the NHS in 2020-21 totals £2,328,291 with an additional £198,296 to train medical undergraduates.

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

During the pandemic LOROS was unable to hold a lot of the normal fundraising events and the shops had to close whilst the country was in lockdown. Whilst the organisation has been able to adapt some functions to provide an online alternative, the initial estimate was that the Hospice would lose £2.3m of voluntary income and £300k of other income, such as gift aid, dividend income and Education delivery.

However, LOROS has made extensive use of the Coronavirus Job Retention Scheme (Furlough);

Coronavirus Retail Business Grants and have been recipients of significant grant income paid by HM Government to the umbrella body Hospice UK. This has ensured the finances have remained robust and have had no impact on patient care.

## 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 2020-21.

### The Hospice participates in external benchmarking audits:

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

Over the year all falls reported were largely on par with other large hospices.

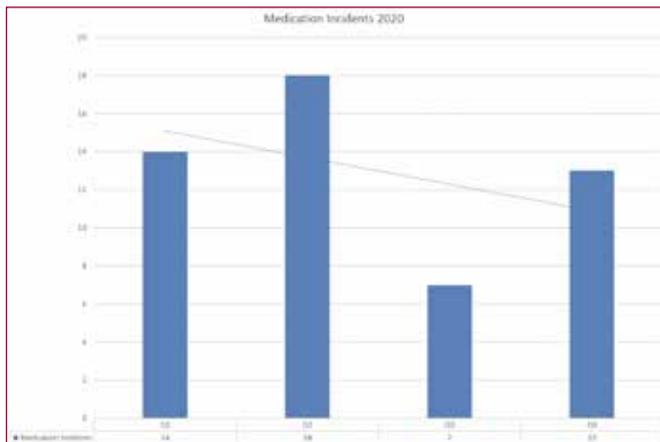
## Local clinical audits

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

# Statements of assurance

Governance Committee and to the Board of Trustees. Recommendations and improvement plans are monitored by the Clinical Quality & Patient Safety Lead until completion and sign off. These include: medication management, pressure ulcers developing in our care and other care settings. The clinical audit reports including improvement action plans during 2020-21 are being reviewed, and actions taken to improve the quality of care provided.

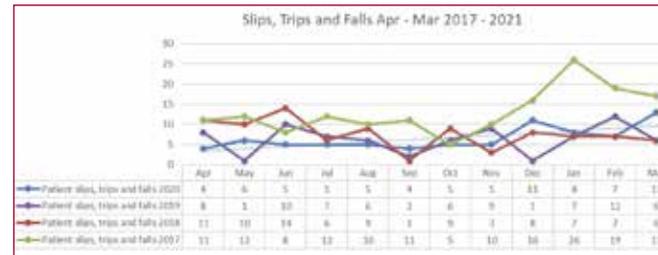
## Patient safety audits



52 medication incidents were logged this year. There has been a number of incidents involving transdermal medication. A policy relating to the safe use of this form of medication is currently being developed to ensure the safe use of this medication route.

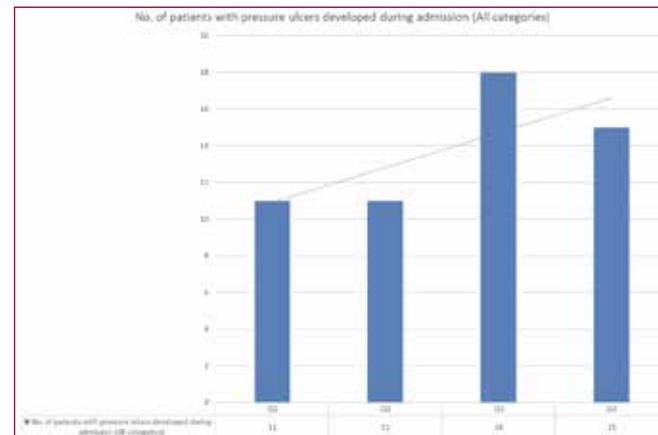
Senior ward staff continue to support staff to complete the categorisation of all incidents appropriately, in order to ensure accurate reporting.

## Falls



The numbers of falls has increased in the last 6 months. Despite all appropriate care being provided during their stay on the ward, six patients had more than one fall during this period.

## Pressure ulcer prevention



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

One patient developed a medical device related pressure ulcer. During the investigation by the senior nurse, it was identified that there were no omissions in care.

All incidents were graded as low harm with no hospice acquired category 3 or 4 developing.

## Infection prevention

The infection prevention audit calendar focuses on the compliance with the Code of Practice and CQC requirements. The audit scores and results are presented to the Infection Prevention Link meetings, Senior Nurse Meetings, Clinical Governance meetings. All remedial actions are followed up through the link staff meeting, senior nurse meeting and directly with the department. Monthly ward environment audits are carried out to ensure the standard of hygiene on the ward is compliant with national requirements.

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

## Clinical Effectiveness audits

### Sentinel

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.

There were 536 clinical incidents in the year April 2020 – March 2021, which is 148 (21%) lower than the 684 reported last year. The decreased patient activity due to the COVID-19 pandemic is a likely cause for the low numbers of clinical incidents reported.

# Statements of assurance

## Doctor's audits

Antibiotic Stewardship Audit was completed in December 2020. The audit aim was to re-audit antibiotic use and documentation at LOROS.

### The results were as follows:

#### Summary

- There was a similar number of patients on antibiotics as in previous years
- The suspected source of infection was mostly well documented on SystemOne as part of the daily clinical review, as it was back in 2019
- The treatment intent for antibiotic prescriptions, be that for symptom control or life prolongation was quite scarcely documented in this cycle, a decrease compared to previous audits. It may be useful to debate if it is useful to record this intent in practice
- All IV antibiotics were reviewed at 48 hours however, this was not so complete for the oral antibiotics prescribed and continued
- An additional area audited was the use of the antibiotic prescribing proforma on SystemOne, which was developed following the 2017 audit and amended at the 2019 audit but remained scarcely used in this cycle

## Recommendations

- Ensure that the junior doctors induction has been standardised to include teaching on the antibiotic pro-forma. The SystemOne induction is not always delivered by the same person so therefore developing a set presentation slide for inclusion may be one way of ensuring this happens. It would improve the capture of the main missing data found in this cycle
- Ensuring that junior doctors are aware of the UHL treatment guidelines app on starting their placement at the Hospice and encouragement to refer to these as a guide along with documenting the reason for not following the guidelines if this is the case
- Ongoing encouragement of reviewing antibiotics at 48 hours, including oral antibiotics. Consideration of whether a pop-up reminder at 48 hours could be added to Wellsky prescribing system
- The Intent of treatment was poorly recorded on the whole, and upon discussion this is likely partly due to its lack of clinical significance. It can be difficult to fit into a set category of symptom control or life preservation, therefore, a further recommendation would be to stop asking about treatment intent and remove this from the SystemOne proforma
- Re-audit in one year

**New audits continue to be discussed with teams and the annual audit calendar will be reviewed for 2021-2022.**



# Statements of assurance

## 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 2020/21, working closely with the East Midlands Clinical Research Network. Research activity has mostly continued with the necessary and approved changes in procedures but only small delays during the COVID pandemic. Work in this time period included:

- Thinking Ahead about Medical Treatments in Advanced Illness: A study of barriers and enablers in end of life care planning with patients and families from Black, Asian and Minority Ethnic (BAME) backgrounds. Patients, families and health professionals across Leicestershire and Nottinghamshire 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 Motor Neurone Disease (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 and its translation into Real Talk resources to support professional training in communication skills, 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 some of their body tissues are taken, 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 (MND) 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 family caregivers with regards to the provision and administration of 'just-in-case' injectable medications to manage symptoms at the end of life within the home setting. It is funded by the Mason Medical Research Trust
- 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 and their family

- Eye donation from Palliative and Hospice care contexts: investigating potential, practice, preference and perceptions. This study, which has been delayed by COVID-19, is investigating the potential for eye donation in palliative and hospice settings as a means of increasing the supply of ophthalmic tissue for use in sight saving operations and transplantation. It is led by the University of Southampton
- Optical: A randomised controlled trial of the HighCALs intervention versus standard care in ALS patients. The study will develop and test a complex intervention (HighCALs) to enhance the nutritional management of people living with ALS, leading to improvements in survival and quality of life. This study is led by the University of Sheffield and due to open to recruitment in June 2021
- VENTMND: A study to explore patients' and family members' experiences of end of life decisions about continuing or withdrawing mechanical ventilation in Motor Neurone Disease (MND). This study is led by the University of Nottingham and will open to recruitment in May 2021.

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

Dr Anne Patterson presented emergent findings from the Thinking Ahead Study at the East Midlands Palliative Care research conference in September 2020.

Professor Christina Faull discussed the Thinking Ahead study at a special online event to understand the importance of spiritual and cultural requirements for palliative/end of life care BAME patients. The evening was hosted by Zfit in association with Wesley Hall in November 2020.

# Statements of assurance

Dr Anne Patterson and Matilda Hanjari will be discussing findings from the Thinking Ahead Study at the Leicestershire Partnership NHS virtual Research Forum in April 2021.

The LOROS annual open lecture entitled 'A Good Death in Dementia' was held virtually in February 2021 with more than 60 public and professional attendees.

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

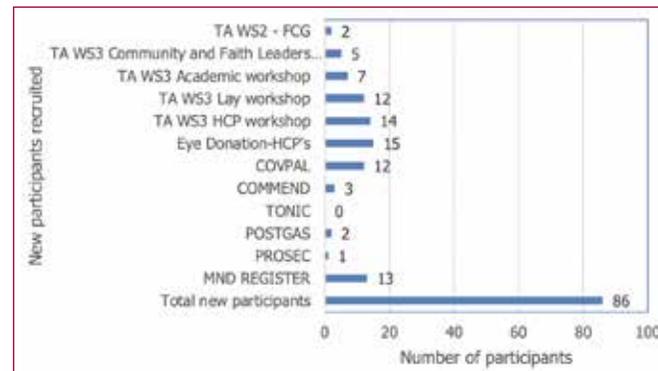
Research activity is led by Professor Christina Faull and is overseen by the Research Group who, in turn, report research activity to the Education and Research Committee at LOROS.

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 that are developed at LOROS have significant consultation and collaboration with patients and families.

## Future research will be focussed on the following areas:

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

Recruitment of new participants at LOROS for 1st April 2020-31st March 2021



## 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 2020-21 however, regular engagement meetings have been held with the CQC inspectors, which has enabled the sharing of information and provision of assurance.

## Data Quality

In 2020 SystemOne transitioned from CTV3 Read coding to SNOMED Coding. Whilst the majority of codes have mapped across, a number of 'local' codes have not been mapped and these include the generic palliative diagnosis codes used by LOROS for reporting purposes. Although the codes are still available they could be removed at any time and without warning, therefore, it has been agreed by the SystemOne Development Steering Group that LOROS will begin to record detailed diagnosis codes in the patient record going forwards.

A Sepsis Screening Tool was designed and the Holistic Template now includes a link to the Screening Tool document as well as the Sepsis Bundle care plan.

The Inpatient Ward and Day Therapy Unit now record the % of patients with a ReSPECT form in place on Discharge. The data also includes a breakdown of ward referrals by source: Hospital (University Hospitals Leicester, Leicester Royal Infirmary, Glenfield Hospital) v Other (Internal, GP, Community, etc.).

The LOROS Clinical Dashboard now includes a Discharge Liaison tab, which contains the number of

## Statements of assurance

referrals received by the service and a breakdown of staff activity.

An eight week pilot of the Referral to Treatment (RTT) functionally in SystmOne will commence in April 2021 for the Social Work and Lymphoedema Services. If at the end of the pilot it is possible to accurately report on patient waiting times the process will be rolled across all clinical services.

The dx (discharge) tab in the Holistic Template will be removed and the primary diagnosis will be recorded as part of the referral in process. On recording a new referral the primary dx code will be selected from the GP Summary or, where not listed, from a LOROS Cancer or Non Cancer formulary created and managed by the Lead Consultant. This new method of recording the primary diagnosis will be rolled out in June 2021 across all services once the clinical administration teams and the relevant clinicians have received training.

### 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 have taken proactive measures to ensure compliance with Information Governance and Data Protection law, in particular under COVID-19 pandemic conditions. This has included the collection and sharing of relevant personal 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 and to provide up-to-date guidance on safe data protection working practices for all staff and volunteers, as appropriate.

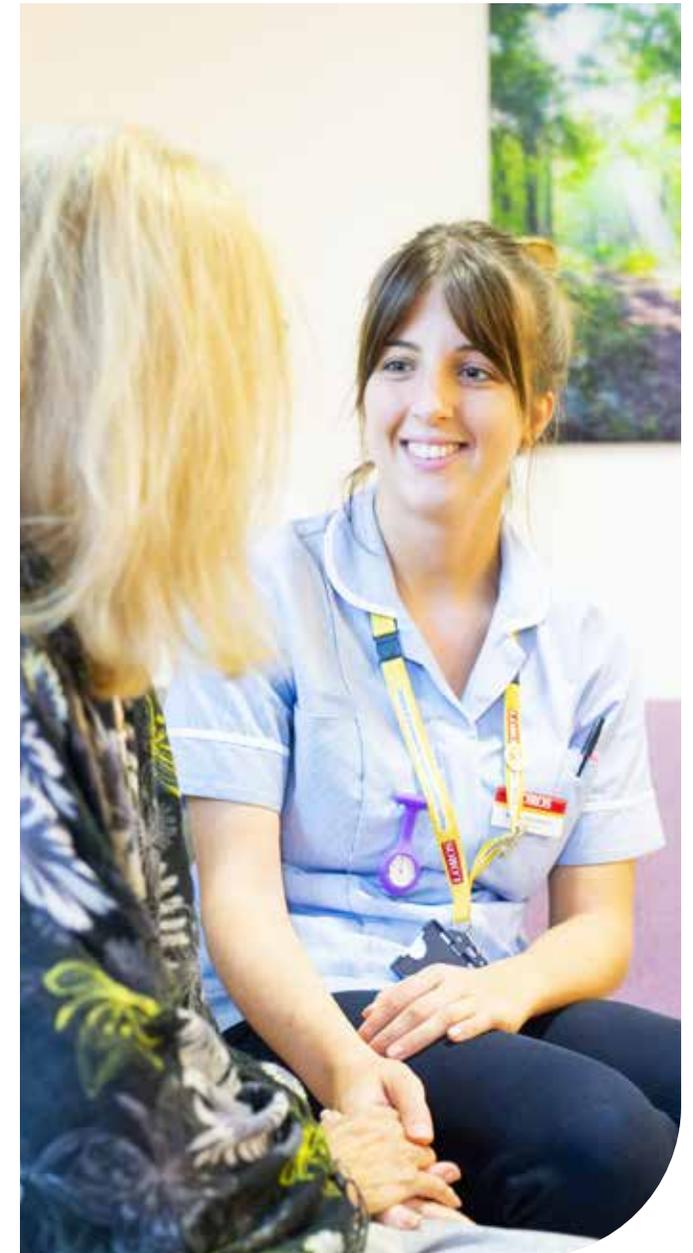
The NHS Data Security and Protection Toolkit for 2019/20 was completed in September 2020. The 2020/21 version will be completed by the end of June 2021.

In order to help contribute towards delivering on LOROS 2020-23 Strategic Plan, for the year 2020-21, the Information Governance programme is focused on providing evidence-based accountability, responsible information security technical and organisational measures and effective training and awareness for all staff.

### Clinical coding

LOROS was not subject to the Payment by Results clinical coding audit during 2020-21, by the Audit Commission.

LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2020-21.



# Statements of assurance

## Mortality and Morbidity

As part of its "Learning from Deaths" guidance and framework in response to the publication of the Care Quality Commission's report 'Learning. Candour and Accountability', NHS England introduced a Structured Judgement Review (SJR) template, to support a standardised approach to case record review and promote learning.

LOROS acknowledges the opportunity for learning that the structured review of patient deaths can provide, as highlighted in the reports mentioned above.

Bi-monthly Mortality & Morbidity (M&M) meetings are held, and attendance is encouraged from the multidisciplinary staff teams (MDT) including, doctors, nurses, physiotherapists, occupational therapists, as well as relevant clinical heads of services and specialist leads such as safeguarding and quality 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 2020-21, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.

## Example discussions and learning

- Patient had a long admission. Main issue was around missed opportunities to identify hypothyroidism, and to do a medicines reconciliation to see if any important medicines needed to be restarted when it became apparent that the patient was not dying. If identified earlier, symptoms of fatigue, low mood etc may have improved.
- Prompt admission to LOROS after identification of patient decline in community, unstable blood sugars and likely approaching End of Life (EoL). Appropriate plan to stop regular insulin and monitor CBGs. Clear plan in place with thresholds and doses of Dextrose/Novorapid for treating hypo/hyperglycaemia respectively.

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

LOROS piloted support from the Medical Examiner (ME) office from August 2020 to December 2020 as part of the national roll out of Medical Examiner processes. As part of the process, all deaths in that period were reported to the Medical Examiners based at the University Hospitals of Leicester NHS Trust, who reviewed all care during the Hospice stay, contacted the family after death to get feedback on the care and then fed back to LOROS. The ME team also on occasions offered advice on completing the Medical Certificate of Cause of Death where there was uncertainty. Overall the pilot was very successful, demonstrating a good experience of care for patients and families. The pilot ended due to capacity issues, as the ME Office needed to plan examining all deaths in the community.



# Part three

# What we achieved in 2020-2021



## Patient Safety:

**PRIORITY ONE**

### Learning from the Coronavirus pandemic (COVID-19) to support best practice

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

The coronavirus pandemic has presented challenges for all healthcare settings. LOROS has 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.

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

LOROS experienced an outbreak of COVID-19 from April - June 2020. The numbers of cases are outlined in the infection prevention section. An outbreak investigation was carried out and an investigation report and action plan produced.

LOROS believed that the learning throughout this initial time period and the actions to address the lessons learnt ensured improved practice and reduced the risk of further outbreaks. COVID specific Standard Operating Procedures have been developed for all services during the pandemic.

The Health and Safety Officer developed and implemented a plan to ensure the environment is COVID aware for staff.

A report outlining the learning from the pandemic with an action plan was developed and shared both externally with the CQC and internally with staff and

the Clinical Governance Committee. The NHS Board Assurance Framework was also completed as part of the organisational recovery post COVID-19 and for provision of assurance.

Actions were implemented to support any further outbreaks at the Hospice, ensuring the safety of our patients and staff. Staff continue to be actively involved in ensuring that LOROS provides the appropriate support to all departments of the organisation. Whilst challenging, LOROS always had adequate supplies of PPE and this was used in line with PHE guidance.

LOROS staff have had access to symptomatic swabbing, asymptomatic swabbing, antibody testing, vaccinations and lateral flow testing.

Visiting restrictions have been in place during the pandemic and regularly reviewed in line with government restrictions.

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 on-line 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

## What we achieved in 2020-2021

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.

### What we have achieved and progress to date

As of April 2021 all complaints and concerns will be recorded onto the Sentinel electronic incident management system. A Complaints and Concerns Sentinel guidance document has been produced and staff trained on how to use the new system. Reports will be produced from the system for the Clinical Governance Committee and annually for the Board of Trustees

## Patient Experience

### PRIORITY ONE

### Virtual platforms to provide care and support

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

LOROS have introduced this new approach, to enable patients to carry on being supported remotely during the COVID 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: medical 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.

### What we have achieved and progress to date

In Day Therapy virtual sessions have been offered to all patients (Including drop in attendees) where patients can book themselves on or the staff can help them to navigate the process. The sessions are offered three times a week and include - conversational café and reminiscence and therapeutic sessions, patients are able to see each other and interact.

Lymphoedema and medical outpatients continued to provide virtual sessions, twice a week alongside some face to face consultations. The programme for these include - Exercise sessions, Therapeutic interventions, Reminiscing, Creative activities and some Social activities.

Day Therapy virtual sessions were offered to patients on the Inpatient unit, but due to minimal uptake, these did not continue.

The future of the virtual sessions will be reviewed in 2021 as there has been a gradual reduction in attendees.



# Who we involved and engaged with

## Patient and carer experience

The reduced Inpatient numbers and lack of attendance at services delivered at the Hospice as a result of COVID-19, has meant much lower levels of patient experience feedback and activity than usual. This will be prioritised in 2021/22 and supported by the appointment of a new Equality, Diversity and Inclusion and Patient Experience Lead which combines two previously separate posts.

### Compliments received in 2020/21

For this period we received a total of 588 written compliments including those extracted from the Small Things Make a Big Difference (21) and Tell Us What You Think (32) comment cards.

### Patient satisfaction survey

No survey was undertaken in 2020, although it was notable from much of the feedback received through the comment cards schemes that patients and families appreciated how services had been adapted or, as in the Telephone Befriending Service, enhanced to overcome the challenges posed by the pandemic and changing or easing of restrictions.

**“We really appreciate that, despite COVID-19 visiting restrictions in hospitals, we have been able to spend quality time with mum in her last few weeks”**  
(Tell us What You Think).

We will review how services have been delivered during COVID-19 to identify where there is scope for providing alternative ways of feedback such as through text messages.

### Tell us what you think

This voluntary feedback scheme was maintained with 86 cards received. As Hospice services are progressively resumed in 2021, we will review how the scheme can be promoted to increase returns. This will include auditing where posting boxes are located and how they are branded to be more distinctive to help increase responses.

### What did we do well

Being there for when my family couldn't visit, talking and listening to me.	Inpatient Ward
Extremely happy with Telephone Befriending Service. Has given me companionship throughout this awful time.	Home Visiting
LOROS is a beautiful place. The staff and volunteers are fantastic. LOROs does everything well, care, attention and support.	Day Therapy



### What might improve our service?

Providing bendy straws when patient not fully able to sit up in bed.	Inpatient Ward	Catering team has a variety of straw types in stock and more than happy to provide these when required by patients.
Possibly too much kindness. I found it extremely uncomfortable going to a hospice, which I perceive to be primarily for end of life care, for my treatment.	Lymphoedema	We are aware that some patients may feel uncomfortable coming to the Hospice. We are always keen to discuss any anxieties the patient may have before or during their treatment.
Had to wait 30 minutes after appointment time to be seen. As this was our first appointment, my wife found this distressing.	Medical Outpatients	Appointments can overrun if the patient has complex needs. We now have a member of staff overseeing outpatient appointments to monitor times more closely.

### Small things make a big difference

We have received 35 cards over the year from Telephone Befriending, Home Visiting, Complementary Therapy and the Inpatient Ward all receiving positive comments about how they have supported patients and made “little things mean a lot”. The remembrance service was also complimented as “a lovely touch”.

The scheme aims to pick up on more informal feedback, such as at the time of receiving the service, as well as an opportunity to thank individual staff

## Who we involved and engaged with

members which is not always possible through the Tell us What You Think (TuWYT) initiative.

### Patient and carer stories

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

The number of patient stories this year is reduced because of restrictions placed on visitors to the Hospice, due to COVID-19. Instead, experiences of frontline clinical staff at the Hospice during the pandemic were recorded. 12 of these were used to convey the personal commitment to patients of LOROS clinicians during the past year.

### Patient Information

Due to the risks associated with COVID-19 contact and transmission points, all printed information leaflets, fact sheets and booklets were removed from the display racks in the Hospice but they could be obtained by request from the main reception or accessed at any time online.

While recognising that the lower footfall within the Hospice during the pandemic will have influenced the numbers of requests for printed materials, stocktaking information compiled over the period will enable LOROS to review leaflet take-up and how best to provide patient information through a wider range of methods going forward.

### Complaints

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

During 2020-21, there were 17 complaints/concerns relating to care services at LOROS; 6 complaints and 11 concerns.

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

## Patient and Carer Participation Group (PCPG)

The PCPG continued to meet virtually throughout the pandemic via Zoom or MS Teams and will continue to do so. Reduced occupancy at the Hospice, as well as staff changes, have impacted on membership, attendance, access to services and activity, although the group continues to be a valuable means for the patient and carer community to act as an informed consultative body in influencing and improving the range of LOROS services.

The group receives regular reports on the delivery and management of Community and Outreach services and Inpatient and Day Therapy services. Changes to these services have included increasing staff availability for virtual visiting, providing a dedicated email address for families to send messages to patients to be read to them by staff, and telephone and video counselling. Members have been fully informed on how LOROS has responded more widely to COVID-19 in terms of the financial implications, business continuity and organisational structure going forward.

Other topics presented to and discussed by the group have included:

- Role of Children's Counsellor
- Provision of patient information in different languages and formats
- Outcome of a review of the use of communication aids in clinical settings
- Everything in Place project and associated funerary offer from the chaplaincy team
- Rocket Round Leicester project

For 2021-22, the primary aim is to raise awareness of the PCPG and its work both internally (through closer alignment to the Hospice's feedback initiatives) and externally (through the website and by seeking opportunities to link with relevant networks) in order to widen interest in and membership of the group. Specific projects and opportunities will continue to be identified as services are progressively resumed.

### Quote from PCPG Chair

*"I am always grateful for the work that the staff and volunteers at LOROS do, but more this year than ever, and this has been echoed by all members."*

*"We have had a difficult year, as have many services and groups within the Hospice, but it has been wonderful to see our members continue to be so passionate and driven to support LOROS and the services being offered. I am looking forward to continuing to work on our aims for the future. Thank you to all members, volunteers and staff within the PCPG."*

# Who we involved and engaged with

## Equality, Diversity & Inclusion (EDI)

LOROS recognises the benefits of embedding EDI in everything it does so that staff can provide the highest level of care that meets patients and service users' needs. To do this requires not only appropriate processes to be in place, understood and consistently implemented, but also a professional and individual awareness of what is important to people. In this way care and support can truly be person-centred, respect the ways in which each person identifies, and be rooted in the fundamental touchstones in their lives.

As well as shining a light on existing health inequalities, COVID-19 has raised issues around how service providers recognise and respond to those disparities, and how this is managed through delivery and access to services. In this LOROS is mindful of the impacts on staff and that they too are properly supported. The value of engaging as much as possible with protected characteristic groups and communities of expertise, practice, interest and place alongside stakeholders across Leicester, Leicestershire and Rutland will continue to drive the approach to EDI and be reflected in the decisions the organisation make.

### Progress

The Hospice has taken the opportunity of staff changes to integrate the EDI Lead role with responsibility for patient experience to enable a greater priority to be given to outcomes where there are meaningful overlaps. Consequently, while much of 2020-21 has been taken up with consolidating the newly established equalities structures, policies and processes within the organisation, LOROS is now in a position to further develop the areas identified in its EDI Action Plan. This has been reviewed in the light of

COVID-19 and a Red-Amber-Green rating applied to indicate and measure progress over the plan period. Responsibility for each action is clearly shown against either the EDI or leads in Human Resources, Marketing and Communications, Strategy Development and Education and Development.

The key areas covered by the EDI Action Plan 2020-23 are:

- **To design, develop and deliver initiatives that demonstrate active listening to patient voices and actions that improve the quality of care** – this includes actions that focus on continuous improvement of services, more diverse representation on patient and carer forums, and community outreach and working with hard to reach groups
- **To design, develop and deliver initiatives that improve patient and staff experiences** – this includes actions to identify areas of alignment with the NHS Patient Experience Framework, introduce and support a new staff network, roll out the new interpretation and translation service contract, and gather evidence to inform development of a cultural strategy
- **To work in partnership sharing best practice and adopting inclusive approaches that create a positive culture** – this includes actions to maintain and enhance collaborative working at local, regional and national levels with a broad range of organisations in the healthcare, hospice, local government and other sectors, strengthen feedback processes, and promote and provide career development opportunities for staff

- **To embed systems and processes that improve patient and staff outcomes** – this includes actions around equality benchmarking, data collection, and ensuring that online and other resources reflect LOROS's reputation as an inclusive service provider and employer of choice
- **To ensure compliance against legislation and standards** – this includes actions to show how LOROS meets the "due regard" requirements, other regulatory or mandatory reporting frameworks, and related improvements to specific processes

### Next steps

As Hospice occupancy and service usage increase post COVID, it is anticipated that delivery of the action plan will be co-ordinated and measured more effectively than has been possible since early 2020. The resource and capacity now in place will also enable opportunities to initiate collaboration around the EDI agenda with other hospices and relevant networks.

### Workforce

LOROS currently employs 351 staff across the main Hospice site, the community based services, retail outlets (Enterprises) and the education department.

Clinical	148
Enterprises	68
Lotteries	11
Non-Clinical	124

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

## Who we involved and engaged with



### Staff engagement

COVID-19 had many effects on the LOROS workforce. In August 2020, after what later became known as 'the first wave' a survey was sent to all staff who had worked on the LOROS Ward to understand some of their experiences of these first months of COVID and the impacts of them.

71 staff returned the survey which included 50 nursing staff, 6 doctors and 15 facilities, catering, domestic and support staff. 70% of staff had time off due to COVID symptoms or a positive PCR swab. This did not include those (a further 10%) who needed to self-isolate because of close contacts with symptoms or positive swabs.

Staff screening was introduced for a period of time in May 2020 for those who had not had a proven COVID illness already and 60% of respondents reported having this with 22% of them finding that they had a positive swab.

Of those with symptoms or positive swabs one member of staff had required hospital treatment, 26% felt very unwell but stayed at home, about half had to be in bed for a while and 6% just felt a bit unwell. For those that were found to be positive through asymptomatic testing 60% had mild illness and 40% had to be in bed for a while.

Overall the mean, sick leave absence was 15.6 days (range 1-57 days). For those that took leave because they were found to be positive on asymptomatic testing a mean of 10.5 days (range 4-30 days). This average does not include two staff who were known to be on prolonged COVID related sick leave who did not return the survey.

More than half of staff (56%) did not feel fully recovered when they returned to work, most identifying fatigue as the ongoing issue and for 14% this persisted for weeks or more. Many staff reflected that shorter shifts would have helped them with this issue.

Working on the Ward during COVID had an emotional impact on staff as well as a physical one. At the time of the survey 11% of staff reported that they were struggling emotionally and 34% said that their mental wellbeing was not very good although over half said that their mental wellbeing was 'ok' or very good.

The uncertainty, frequent changing of instructions based on government recommendations and the reduction in visiting as well as fear of contracting COVID and concern for their own families were key elements in this.

An action plan was developed following the survey, which enabled a number of changes and ongoing dialogue about how LOROS could continue to support its staff during the pandemic.

In 2021 a staff survey will be undertaken using the benchmarked Birdsong survey. Further questions in relation to the pandemic will be included.



## Who we involved and engaged with

### Staff Network

This year has seen the creation of the new Staff Network. This initiative enables staff access to a 'safe space' to express views, opinions, ideas and successes, as well as being a place to learn about other perspectives and topics that matter to us as individuals. The aim behind the Staff Network is to increase psychological safety which in turn increases how valued a person feels, therefore improving productivity and essentially, but most importantly, increases the level of care the organisation provides.

### Staff health and wellbeing

LOROS takes the health and wellbeing of its staff and volunteers very seriously. The pandemic has affected everyone differently and LOROS does not underestimate the impact of this on how people are feeling when they come into work, when they are working from home or when they have been away from the organisation for a while on furlough.

Staff health and wellbeing matters and LOROS consulted with staff to develop a toolkit of care that is accessible to both the paid workforce and volunteers. The toolkit was launched in January 2021 and provides a mixture of activities delivered as live sessions, access any time resources, bespoke packages and regular reflection sessions for people working in clinical settings.

### Community engagement

Despite the majority of the community engagement work being suspended in 2020/21 due to the COVID-19 pandemic, throughout the year the Community Engagement Lead (CEL) has been able to maintain contact with the Macmillan Information Hub, Leicester Partnership Trust (LPT) Learning Disability team and the Lesbian, Gay, Bisexual and Transgender (LGBT) Centre. The CEL has provided information for the LPT End of Life steering group for their Learning Disability End of Life resource booklet, and has joint presented an End of Life presentation to GP's and practice nurses regarding learning from mortality reviews (LeDeR). A few events towards the end of the year were trialled using a virtual platform, and these were accessed as appropriate. As the country comes out of lockdown, voluntary organisations are reorganising and re prioritising their engagement goals for the year.

LOROS Local will be utilised by the Leicester, Leicestershire and Rutland (LLR) Provider Company to assist in the vaccination programme. The vehicle will visit communities within LLR where the vaccination take up has been poor.

The team now only consists of one member, the Community Engagement Lead. There has been some reallocation of work streams to other departments, and the aim of the community engagement lead is to re-establish relationships and support the revised 2020-2023 Equality, Diversity and Inclusion Action Plan.

### Infection Prevention and Control

There were two cases of Hospice acquired Clostridium Difficile (C Diff) reported during 2020-21. One Hospice acquired and one inherited.

LOROS experienced an outbreak of COVID-19 from April - June. During this period 18 patients tested positive with COVID-19, 11 of these were potentially Hospice acquired infections.

### 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 related alerts were addressed at the LOROS COVID group meetings which were set up at the start of the pandemic. Action plans are created for those requiring action and progress is monitored at the weekly Significant Events meetings to ensure all relevant actions are taken and within required timescales. Quarterly reports are taken to the Clinical Governance Committee for assurance.



# Review of Quality Performance

## Quality Schedule

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



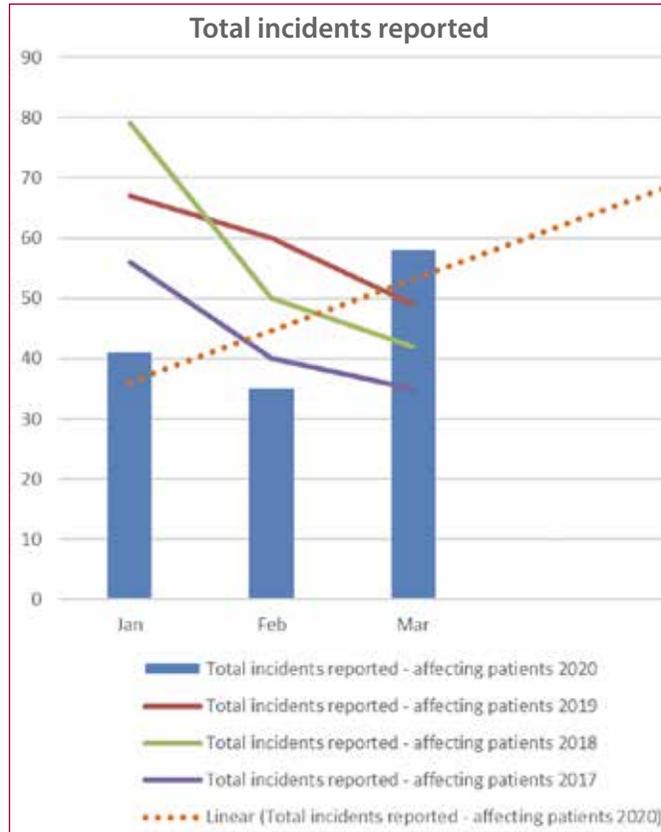
Some of the indicators are listed below, however, due to COVID-19 the Quality Schedule was not formally reviewed or agreed for 2020-21.

QSI-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.
8-15D	Complaints management	To demonstrate an effective complaints process that includes monthly: quality assurance, management and monitoring.

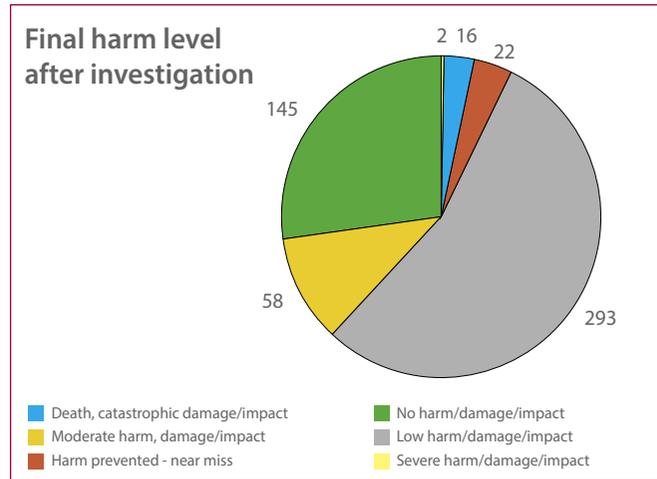
QSI-9	Patient Related Incidents, Significant Events/ Mortality & Morbidity and Never Events	Report to be provided showing a breakdown of patient related incidents including serious incident and never events reported during the previous quarter. Serious incidents to be reported to the patients commissioning CCG in real time.
QSI-10	Safeguarding, MCA and DoLS Report	Safeguarding, MCA and DoLS Report to be provided on a quarterly basis which provides details of the concerns 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.

# Review of Quality Performance

## Patient safety indicators



The number of clinical incidents reported this year was 536, a decrease of 21% from last year. The decrease in incidents reported reflects the low number of patients admitted to the inpatient unit due to the COVID-19 pandemic.



Patient harm levels from incidents reported remain low.



Safeguarding incidents have been in the top three of incident categories reported during 2020-21. 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

A Serious Incident occurred in Q2 when a patient on the Inpatient Ward fell and sustained a left humeral fracture. The internal investigation found that appropriate care was planned and implemented in line with the patient's needs. The incident was also reported to the Local Authority Safeguarding Board who closed the case as it did not meet the safeguarding threshold.

A moderate harm incident occurred in Q3 when a patient on the Inpatient Ward fell with no apparent injuries at the time of the incident. Twelve days later the patient sustained a fracture to the left neck of femur. The internal investigation did not find the fall to be the result of neglect or poor care delivery. The fracture was pathological due to a metastatic deposit in the left femur. The incident was reported to the Clinical Commissioning Group (CCG) as a serious incident, however this was subsequently downgraded and closed by the CCG.

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

## External Assurance Visits

Due to the pandemic the CCG postponed their annual quality visit. It is hoped that the visit will take place during 2021-22. LOROS is considered to be a low risk provider.

# Review of quality performance

## Clinical Supervision

Clinical supervision was implemented within LOROS in April 2020. Due to the COVID pandemic it was agreed that it would not initially be mandatory. Despite this 88.2 % of staff accessed at least one session and 40% at least two. The supervision types offered include both individual and groups and there is a plan to introduce peer supervision during the next year.

As of April 1st 2021 clinical supervision will be mandatory and will be reviewed by the implementation group on a quarterly basis. A full update will be provided in next year's Quality Account.



## Service improvement

### Inpatient Ward, Day Therapy and Enablement

The Ward continued to remain open throughout the pandemic, however, during this time the demand for admission to LOROS reduced with the average number of patients on the ward being around 18 – 20.

LOROS assisted UHL with the impact of COVID-19 and bed pressures by transferring patients waiting for NH placement / care packages etc. Medical staff also provided additional support to UHL.

During the last year Day Therapy has predominantly remained closed with the exception of two short periods of time when the Government restrictions were lifted. Following health and safety risk assessments a small number of patients were invited to attend the Hospice adhering to Government guidance, wearing PPE and social distancing.

The fortnightly phone calls continue to all other patients.

Virtual sessions are currently being held twice weekly. The programme for these include:-

- Exercise sessions
- Therapeutic interventions
- Reminiscing
- Creative activities
- Some social activities

Drop in is planned to open again when all government restrictions are lifted.

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 slowly being re-introduced.

Due to reduced service delivery to the Ward / Day Therapy and OPD, members of the physiotherapy and Occupational Therapy team were seconded to support both LPT and UHL. The team based at the Hospice were involved in the Day Therapy virtual sessions – seated exercise and help with breathlessness.

## Community and Outreach Services

### Community Nurse Specialists (CNS)

The CNS team operationally aligned with LPT in early 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. From April 2021 the CNS Team will be 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. The weekend telephone advice line has been transferred to the Co-ordination Centre.

### MND Specialist Nurses

The number of referrals to the service is increasing and the LOROS Medical Team have given further support to ensure patient and carer experience. LOROS continues to work with the MNDA and other partners to develop the future of the service.

# Review of quality performance

## Complimentary Therapies

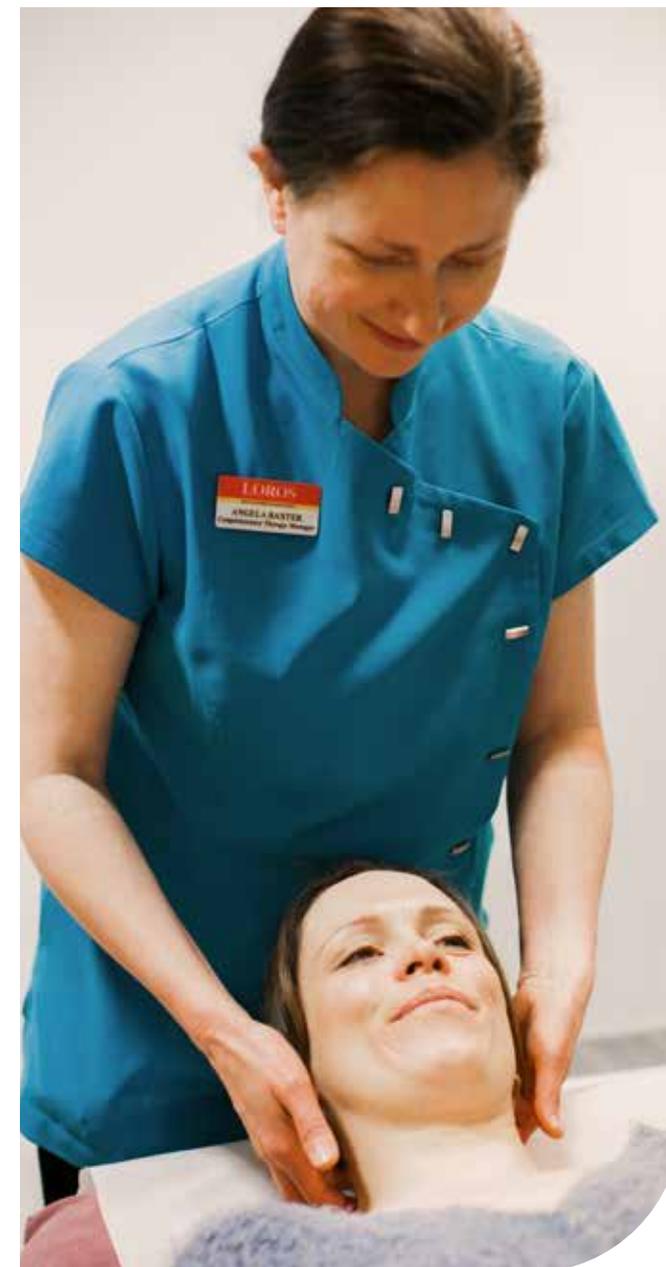
The team continue to provide much valued and increasing numbers of treatments and services to support the wellbeing agenda for patients, carers and staff including: mindfulness, reflexology, aromatherapy massage.

## Lymphoedema Specialist Nurses

During the last year the Lymphoedema service has concentrated on the care and support for patients with cancer related lymphoedema with patients being supported either face to face, by telephone and virtual platforms. The team have worked hard to support primary care with the care and support of those patients with non-cancer related lymphoedema which is currently under review with commissioners.

## Admiral Nurse Service

The LOROS Admiral Nurse retired in early 2021 and the organisation has not yet recruited into this post due to the Dementia UK funding being withdrawn at the end of the 2 year project. In order to maintain care and support for patients and carers living with Dementia the Admiral Nurse as part of her exit strategy left detailed contacts and signposting arrangements for the staff at the Hospice to access. It is hoped when further funding can be sourced a new Admiral Nurse will be appointed.



## Patient story



**“It was then that I realised just how amazing LOROS was. Paul struggles with his hands but the staff and volunteers there put him completely at ease.**

In September 2016, Alex, from Syston, noticed that her husband Paul, 58, was not his normal self.

“He was forgetting things and acting a bit strangely. Eventually I got him to the doctors. And that was just the start of a long drawn out process to get a diagnosis of central nervous system lymphoma.”

A brain scan revealed lesions on Paul’s brain. For five months he was in Nottingham City Hospital undergoing ‘a rigorous matrix of treatment’. During that time Paul had extensive chemo and lost 7 stone in weight. He also fell and broke his hip. Finally he was discharged home.

“The consultant told me ‘make the most of the time he has left’. It was a dreadfully difficult time. Paul was institutionalised – he couldn’t move, couldn’t do anything, but our house didn’t even have a downstairs toilet! He hadn’t slept properly for a year. I was up and down all night seeing to him. We had the odd carer in but help was patchy.

“My mother has Alzheimer’s and at the time she had the most marvellous social worker. She could see us all struggling and she used her knowledge of navigating the social care system to help us sort out the paperwork so we could get regular carers in to help. She also mentioned LOROS, and got the GP to refer us to Day Therapy.

In March 2019, Paul started going to Day Therapy. “I didn’t know much about LOROS but when the driver came to pick him up, he spoke to Paul just how I do. It impressed me and made me realise they were treating him well. Paul went to Day Therapy for 8 weeks, which gave me time to myself for the first time in years.

After his 8 weeks was over Alex started going to the drop-in sessions at LOROS together with Paul.

“It was then that I realised just how amazing LOROS was. Paul struggles with his hands but the staff and volunteers there put him completely at ease.

“Everyone has a terminal diagnosis, everyone is in the same boat. It creates a bond between everyone. It’s like a really lovely club of people.

“Paul could see I was interacting with people and enjoying myself and that really helped him to relax too. We always came back feeling tip top!

“I’ve met some wonderful people at LOROS, and kept in contact with lots of them. Talking to people gives me strength. There’s always somebody who is going through something worse than you, and I like to help others too.

“Some people have become real friends. One lady I kept in touch with whose husband died sent me some cake and pink champagne on the anniversary of his death, to celebrate his life. She dropped off chocolates to all the LOROS shop volunteers and gave gifts to the Hospice. That’s how important LOROS was to her.

“COVID-19 has made this past year so difficult. We’ve been enjoying the virtual Day Therapy sessions – Paul particularly likes the quizzes. He was on Fifteen to One before his illness.

“We’ve missed our grandchildren so much though. Hopefully we’ll both get the vaccination jab and life will improve. At least we’ve got each other – and the cat!

“We’ve come a long way from Paul’s diagnosis. Before his illness he was a policeman for 28 years as well as a school governor and a town councillor. With family, good food, support and love we’ve got some of the old Paul back.”



## What others say about us

### Care Quality Commission (CQC)

Due to the Coronavirus pandemic the CQC paused routine inspections in March 2020 and are using the Transitional Monitoring Approach (TMA) to monitor services. The TMA focuses on safety, how effectively a service is led and how easily people can access the service.

This is not an inspection, therefore services are not rated. LOROS had a TMA online conversation with our inspector in February 2021.

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

### Annual Patient Satisfaction Questionnaire report

Due to COVID-19, the Annual Patient Satisfaction questionnaire was not undertaken in 2020. It is hoped it will be undertaken in Autumn 2021.

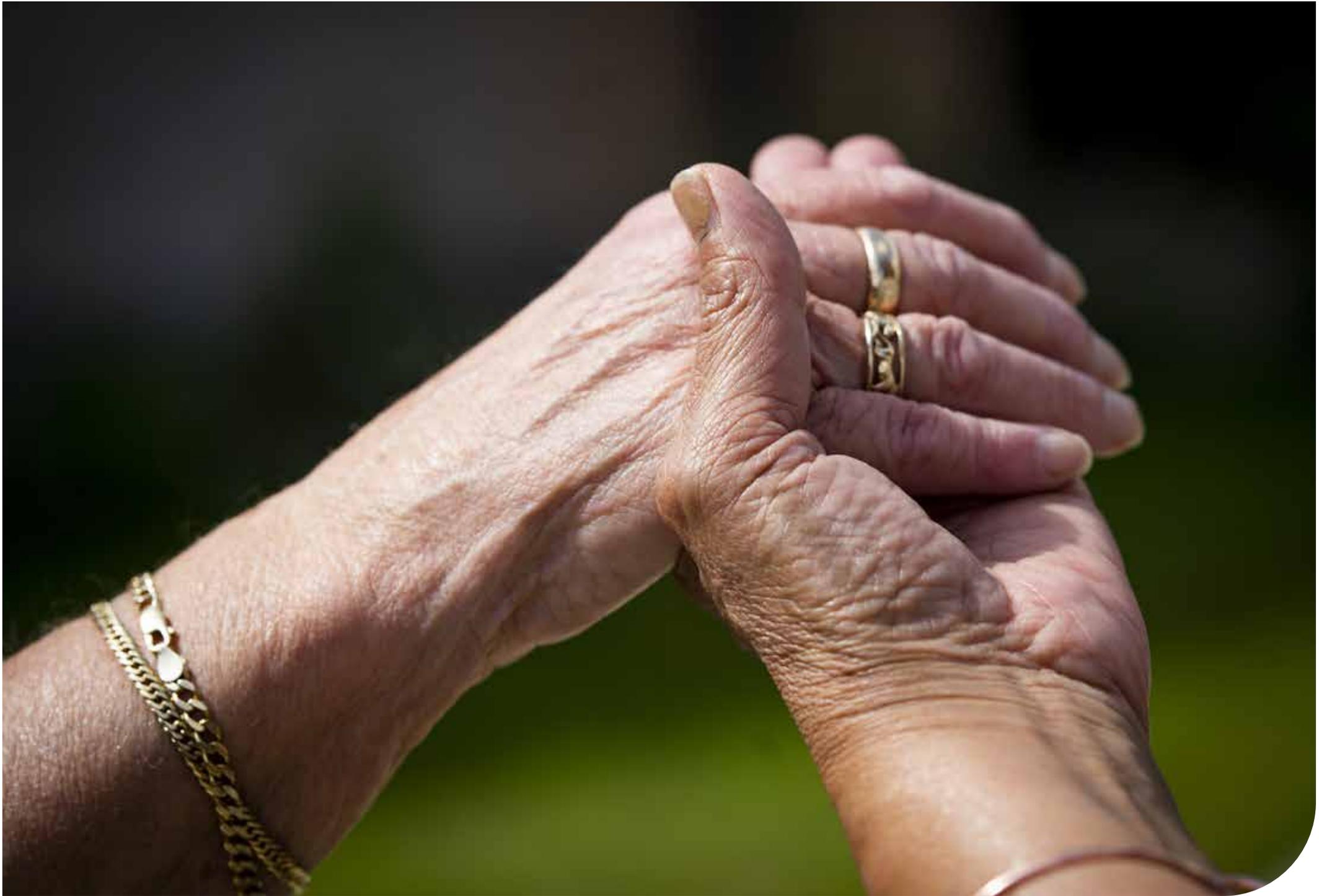
### Feedback from Day Therapy Virtual Sessions

'I really liked the very informal nature of the session, it felt like a proper chat and good that staff didn't give a sense of wanting to move things along just because that might have suited their agenda.'

'Limiting the call to 6-8 participants works well and enables everyone to contribute.'

'I really enjoyed the session, fun, exciting. I felt so happy doing crafts with other people. I loved the company.'

'Would like to see more of the exercise sessions as I find it quite enjoyable doing the seated exercise in a group. It is more motivating than being alone.'



# Responses to LOROS Hospice Quality Account 2020-21

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

Members of the group wholeheartedly approve the priorities for the forthcoming year. It was felt that they are achievable, focused and a positive way forward during a time of so much change. We will continue to look forward to making their contribution and supporting LOROS as they continue to improve the experience of patients and their families.

## **Healthwatch**

The local Healthwatch organisation 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.

## **Clinical Commissioning Group (CCG)**

LOROS is required to share the draft quality account with our local commissioners, Leicester, Leicestershire & Rutland Clinical Commissioning Groups, and to include any comments made in the published report (as determined by the NHS (Quality Accounts) Amendment Regulations 2012). At the time of publishing this Quality Account, no feedback had been received from our local commissioners.





# 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.





Hospice Care for Leicester, Leicestershire & Rutland

Being there for *you*  
and *your family*

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