QUALITY ACCOUNT
2025-2026

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Introduction

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

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

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

Vision and mission

Vision - Our long term aspiration for our society

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

Mission - Our goals and activities in working towards our vision

LOROS is a charity whose aim is to enhance the quality of life of adult patients with cancer, progressive neurological conditions and end-stage organ failure for whom curative treatment is no longer possible.

Patients are treated at the hospice and in the community based upon clinical need, regardless of background and the ability to pay.

LOROS specialises in holistic, multidisciplinary care, focused on the whole person and including family and carers. The care given takes into account the 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 volunteers. The charity is also committed to research in order to improve the understanding and practice of palliative care.

Values and behaviours

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

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

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

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

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

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

Strategic priorities

LOROS remains focused on delivering compassionate, high-quality care while responding to growing demand and a changing health and care landscape. A key priority is ensuring that we are financially sustainable so we can continue to support our communities now and in the future. We are also committed to extending our reach and increasing the impact of our services so that more people can benefit from our care.

Our strategic priorities are:

- To strengthen our financial sustainability so we can maintain and develop our services for the population we serve.
- To deliver high-quality, patient-centred care that reflects individual needs and preferences, including supporting people to be cared for in their preferred place.
- To actively address health inequalities by ensuring equitable access to high-quality palliative care, targeting underserved and marginalised groups, and using data and community partnerships to reduce gaps in access, experience, and outcomes.
- To reach more people who need us, improving access to palliative and end of life care across our communities.

- To work closely with partners to provide more joined-up, community-based care.
- To use data, insight and digital approaches to improve care and the experience of patients and families.
- To provide clear, trusted information and support for patients, families and carers.
- To support and develop our staff and volunteers, recognising the vital contribution they make and building an organisation where people feel valued.
- To be a strong and trusted local charity, recognised for the difference we make to the health and wellbeing of our community.
- For the LOROS Centre for Excellence to continue to lead and contribute to research, education and innovation to improve care now and in the future.

Part one

Statement on quality from the Chief Executive

This has been a year of significant challenge and change for LOROS. Like many organisations across the health and care sector, we have faced sustained financial pressures alongside growing demand for our services. In response, we have taken difficult but necessary steps to strengthen our financial sustainability and ensure that we can continue to provide care for the people of Leicester, Leicestershire and Rutland both now and into the future.

During the year, this has included a substantial organisational restructure. We recognise that these changes have had a direct impact on how services are delivered and, on the capacity, we are able to provide. Throughout this period, our unwavering focus has remained on maintaining patient safety and delivering high-quality, compassionate care. I am proud that, despite the challenges, the quality of care provided to patients and families has remained a priority across all of our services.

Alongside this, we have continued to strengthen our relationships with partners across the wider health and care system. Our collaboration with NHS colleagues and other providers has deepened, enabling more joined-up, community-based support for people at the end of life. LOROS continues to play a valued and important role within the local healthcare system, and we are committed to working in partnership to improve access, reduce inequalities, and ensure that more people can benefit from high-quality palliative and end of life care.

None of this would have been possible without the extraordinary commitment of our staff and volunteers. I would like to express my sincere thanks to them for their dedication, professionalism and compassion during what has been a difficult year. Their ability to remain steadfast to our mission, while also supporting one another with kindness and respect, reflects the very best of LOROS.

I would also like to thank our community, supporters and donors. Their unwavering generosity has been vital in helping us navigate this period of financial challenge. Without their continued support, achieving financial stability and sustainability would not be possible. The strength of this support reinforces the importance of LOROS to the communities we serve.

As we look ahead, we remain focused on ensuring our long-term sustainability, extending our reach, and continuing to improve the experience and outcomes for patients and families. We will continue to use data, insight, and innovation to guide our work, while staying true to our core purpose, to provide outstanding care and support to those who need us most.

Our Centre for Excellence continues to grow in the depth and reach of its work across research, education and advocacy. Its influence is increasingly felt at both a national and international level, helping to shape and improve palliative and end of life care beyond the walls of LOROS, ensuring that our impact extends far beyond the services we deliver directly.

Camilla Barrow, Chief Executive
LOROS Hospice

Part two

Priorities for improvement 2026-2027

Patient safety

Priority one – Introduction of safety huddles to the inpatient unit

Why was this identified as a priority?

This was identified as a priority because inpatient care is often dynamic and can change quickly. Introducing structured safety huddles will strengthen shared situational awareness across the multidisciplinary team, support early identification of clinical risks or deterioration, and improve communication about patient safety concerns, staffing pressures and operational issues. This will help create a more proactive and coordinated approach to managing risk on the inpatient unit.

The aims

The aim is to introduce a regular, brief and structured safety huddle on the inpatient unit that brings staff together to review key safety issues, anticipated risks, patient complexity, staffing matters and any immediate actions required. The huddle will support timely escalation, shared decision-making and clearer communication between members of the ward team.

What we hope to achieve

We hope to achieve more consistent communication about risk, earlier recognition of patients who may need additional review or support, and stronger team coordination throughout the day. Over time, safety huddles should help to reduce avoidable delays, support safer care delivery, improve staff confidence in escalating concerns, and contribute to a positive safety culture on the inpatient unit.

How will progress be monitored?

Progress will be monitored through implementation of an agreed huddle process and documentation, regular review of staff feedback on usefulness and consistency, and oversight through relevant governance and ward meetings. We will also consider trends in incidents, near misses, escalation of concerns and other local safety indicators to assess whether huddles are helping to strengthen risk recognition, communication and learning.

Effectiveness

Priority two – Development and implementation of a clinical dashboard

Why was this identified as a priority?

This was identified as a priority because timely, accurate and meaningful data is essential to improving clinical effectiveness. While information is available from

different systems, it is not yet consistently brought together in a way that supports real-time oversight, trend analysis and informed decision-making. Developing a clinical dashboard will strengthen visibility of key indicators, support earlier identification of variation or emerging concerns, and provide staff and leaders with a more accessible evidence base for service improvement.

The aims

The aim is to design and implement a clinical dashboard that brings together agreed quality, safety and activity measures into a clear and usable format for routine review. This will include identifying priority metrics, improving data quality and consistency, establishing reporting arrangements, and ensuring the dashboard is accessible to relevant teams to support operational, clinical and governance discussions.

What we hope to achieve

We hope to achieve a more robust and transparent approach to monitoring clinical performance, enabling teams to identify patterns, respond to issues more quickly and use data proactively to drive improvement. Over time, the dashboard should support stronger assurance, better understanding of demand and outcomes, and more consistent use of evidence in service planning, quality review and clinical governance.

How will progress be monitored?

Progress will be monitored through delivery against an agreed implementation plan, including confirmation of the dashboard specification, testing and rollout milestones, and regular review of data completeness and accuracy. Ongoing evaluation will include feedback from clinical teams and governance groups on usability and relevance, alongside evidence of routine use in meetings and decision-making. Further development priorities will be identified through this review process.

Patient Experience

Priority three – Accessible Information Standard

Why was this identified as a priority?

Accessible information is essential to safe, person-centred care. We identified this as a priority to strengthen compliance with the updated NHS England Accessible Information Standard, improve how we identify and record communication needs, and reduce the risk that patients, families and carers do not receive information in a format they can access, understand and use. This work will support equitable access, informed decision-making and better patient experience across all services.

The aims

To review and strengthen organisational processes for identifying, recording, flagging, sharing, meeting and reviewing information and communication needs; to improve staff awareness and confidence in making reasonable adjustments; and to ensure key patient information is available in accessible formats and supported by appropriate communication aids or services where required.

What we hope to achieve

We aim to achieve a more consistent and reliable approach to accessible communication across LOROS, so that patients, carers and families have their needs identified at the earliest opportunity and receive information in a way that works for them. This includes improving documentation, reducing avoidable communication barriers, increasing the availability of accessible resources, and embedding regular review of communication needs as part of care delivery.

How will progress be monitored?

Progress will be monitored through audit of patient records, spot checks on whether communication needs are identified and flagged, review of complaints, concerns and patient feedback relating to information accessibility, and oversight through relevant governance groups. We will also monitor completion of staff training and awareness activity and use findings to inform further improvement actions and annual self-assessment against the Accessible Information Standard.

Board of Trustees statement on quality

The Board is committed to ensuring that LOROS is performing to the standards set by the Care Quality Commission (CQC) to deliver the highest quality of care to patients and their families throughout Leicester, Leicestershire and Rutland.

Our mission extends beyond core hospice provision to assisting healthcare professionals in the community with the Centre for Excellence supporting research to seek improvements in palliative and end of life care to enable patients to have a "good death".

Trustees attend regular full meetings of the Board and sub-committees which focus on particular areas of the work of LOROS.

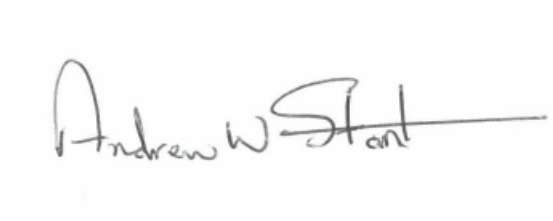
Members of the senior leadership team and other executive directors attend all board meetings and relevant sub-committees to ensure that Trustees have the opportunity to obtain information and exchange views to fulfil their obligations to monitor and develop the service provision.

Trustees are encouraged to visit departments to meet staff, volunteers, families and carers to gain insights into the quality of the services provided.

The Board is particularly mindful of the fundraising challenges facing LOROS and hospices in general and is grateful for the tremendous support for our community.

The Board is proud of the fact that the Charity is held in high regard by service users, our valued partners and are confident that the quality of care given to patients and their families continues to be of a very high standard.

On behalf of the Board of Trustees, I hereby certify that I believe that the contents of the LOROS quality account to be a true statement of fact.



Andrew W Stant

Acting Chair, Board of Trustees

Statements of assurance

Overview of services

During 2025-2026 LOROS has provided hospice services across Leicester, Leicestershire and Rutland (LLR) for the local Integrated Care Board (ICB) as follows:

- Inpatient ward providing 24hr specialist palliative and end of life care.
- Day Hospice services providing a varied programme of goal focussed activities and support to promote well-being.
- A range of outpatients and domiciliary consultant visits for symptom management, face to face and virtually via clinic-co.
- Community palliative care by our community nurse specialists, which is part of an integrated community specialist palliative care service with Leicestershire Partnership Trust.
- Lymphoedema out-patient clinic services are provided face to face and virtually by our specialist nurses, providing assessment and treatment for cancer patients.
- Home Visiting service providing support and respite for patients and carers in their own homes by staff and trained volunteers.
- Face to face and telephone counselling and bereavement services for adults and children provided by our specialist counsellors.
- Support via community bereavement hubs provided by trained volunteers.
- Complementary therapy service for patients (and if appropriate carers) on the inpatient ward and in Day hospice provided by our specialist staff and volunteers.
- Education and training for our staff and the wider healthcare community face to face and virtually.
- Undertake research with the aim to improve care for patients and their families.
- Chaplaincy / spiritual care to support patients, their families and friends as well as our staff and volunteers to meet their spiritual and religious needs whether they are of any or no faith.
- Motor Neurone Disease (MND) team provide holistic care to people living with MND both in the hospice and in the community.
- Enablement team including occupational therapists and physiotherapists support patients in fulfilling their potential for maximum independence and functioning in daily life and helping them to achieve their goals as appropriate.

- Social work service providing holistic insight into patients and their families using advanced communication, interpersonal skills, knowledge, and experience.

Income/ Financial

As a charity, LOROS does not generate any income from its services, as they are provided free of charge to patients and carers. The grant income provided by the NHS in 2025-2026 totalled £2,653,610. In addition, LOROS received £112,225 to fund the cost of junior doctors on rotation and £432,363 to train medical undergraduates. The remaining funds needed to run LOROS services are generated through a portfolio of donations, legacies, fundraising, retail shops, cafes and the LOROS Lottery.

Participation in clinical audit

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

The hospice participates in external benchmarking audits:

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

Local clinical audits

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

Infection prevention audits

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

The domestic, facilities and infection prevention teams continually work together to audit the building, including clinical and non-clinical areas to enable a priority programme of remedial works to be completed. The remedial works are reported to the Operations department for completion.
The audit tools have been reviewed and aligned with the Infection Prevention audits undertaken at UHL (University Hospitals of Leicester NHS Trust) with some alteration for the hospice environment. The hospice has a Service Level Agreement with UHL for support from their Infection Prevention team.

Doctors' audits

Antimicrobial re-audit

A retrospective case note audit was undertaken in December 2025 and the aim was audit compliance with the following:

- Review if allergy status was documented
- Signs and symptoms recorded
- Impresses/diagnosis documented
- Culture samples sent off
- Discussion with patient documented
- Review within 48-72 hours
- Management plan documented
- Appropriate indication
- Appropriate dose/frequency/duration

Findings from the audit

- 18 patients were audited
- 100% documentation of allergies
- High rates of documentation of indication/symptoms/impression (94%)
- 100% appropriate antibiotic choice
- 100% accuracy in dosage/frequency/duration
- 48-72hr review was inconsistent and not always documented
- Culture sampling - many antibiotics started prior to admission
- Management plans and patient discussions could be improved – discussions may take place within the team or with the patient, but not always formally documented
- Pharmacy antibiotic list not been discussed at handover as per suggestions of last audit outcome

Recommendations

- Reinforce 48-72h review documentation

- Appoint a person to be responsible for the pharmacy antibiotic list for this, e.g. pharmacist
- Add patients on antibiotics to handover list
- Modify resident doctor teaching session on antimicrobial guidance at LOROS to include:
    - Have the teaching earlier on in the rotation
    - Details of documentation requirements
    - Results of previous audits
- Need to have a clear policy with regards to testing for oral thrush, or just exclude these from future audits
- Clear guidelines for when to test for respiratory viruses
- Improve documentation of indication, particularly for antibiotics continued from hospital/community prescriptions
- Re-audit in 6 months

Research *(Mandatory Statement)*

LOROS continues to lead the development of a strong evidence base for palliative and end of life care, and the care that the hospice provides for patients and their families. LOROS continues to work closely with the National Institute for Health Research (NIHR), the East Midlands Research Delivery Network and continues as an active study for a number of clinical studies on the NIHR Portfolio.

The LOROS Centre for Excellence in Palliative and End-of-Life Care is currently in the fifth year of a grant from a local charitable foundation which has been extended for a further year. This supports a focussed programme of research and improvement activity. The hospice is a strategic partner of the University of Leicester and, our academic team provides supervision for PhD students, Academic Clinical Fellows and others.

All research is conducted in alignment with the frameworks and standards governing research in the NHS in the UK. Our research is overseen by the Research Committee which reports to the LOROS Board of Trustees.

We aim to ensure high standards of research governance and to encourage hospices to become research active. We have established with the support of the NIHR East Midlands RRDN a Hospice Research Facilitation Network to enable wider research participation across our region.

Patient and Participant Involvement (PPI) continues to be a strength at LOROS, and we support active involvement of patients, service users and the wider community throughout our research. In addition to LOROS PPI research consultee meetings (chaired by Dr Zoebia Islam) there is an active programme of development for

Community Researchers who provide links with community groups (particularly in underserved communities) and contribute to more inclusive research.

The research that we develop is focussed on the following themes which are led by three theme leads as identified in the Centre for Excellence Strategy:

1. Palliative and end of life care in the community – led by Dr Linda Birt.
2. Inequality and inequity in palliative and end of life care - led by Dr Zoebia Islam.
3. Palliative and end of life care in frailty and morbidity - led by Dr Chris Williams.

We integrate these themes with a commitment to delivering high quality hospice-based research within our clinical services; to 'evidence into practice' through impact-related, knowledge translation, influencing and advocacy activities; and to training and workforce development. As a local charity, we have a particular emphasis on work that benefits our local communities in Leicester, Leicestershire and Rutland.

<u>Brief highlights from across the LOROS Centre for Excellence:</u>

- Our Sawubona Forum is now firmly established as the leading national body for promoting equity and equality in palliative and end-of-life care, enabling new collaborations and partnerships. 250 people attended our most recent conference (in June 2025) and we have more ambitious plans for the coming year.
- Frailty and multimorbidity: Working with system partners, we have developed and evaluated the Leicester Pre-transfer Clinical Discussion and Assessment (PTCDA) project which now supports over 450 patients per month at times of clinical deterioration for patients with frailty, dementia, or life-limiting illness, backed by further NHS investment. In parallel, we have supported the development of a community intravenous antibiotic pathway to enable intravenous treatment at home. This will improve patient experience and reduce the risk of hospital-related harms; and supported the establishment of a medication delivery service for symptom-relief medications at the end-of-life.
- Research Delivery Network Collaboration: Strengthened ties with NIHR East Midlands RRDN, securing significant funding to establish the Hospice Research Facilitation Team, which now supports hospices across the East Midlands. We are also seeking involvement in MND Smart, positioning us among the few hospices engaged in clinical trials.
- We have secured additional research grant income, NIHR infrastructure investment, funding support from NHS partners and other sources, to sustain and expand our impact.

- We have developed closer relationships with Rainbows and are working together on research delivery and capacity-building. We will begin our first collaborative evidence synthesis project in early 2026.

Care Quality Commission (CQC)

LOROS is required to be registered with the CQC, to provide care for adults for treatment of disease, disorder or injury. The Director of Care Services is the Registered Manager.

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

Data quality

Tableau remains the hospice's primary platform for developing dashboards. We continue to improve data quality and reliability to ensure our insights are accurate and support informed decision-making across the organisation.

LOROS will support the implementation of a digital ReSPECT form through the LLR Care Record, ensuring a single, accurate and up-to-date record of an individual's care preferences is accessible to all relevant professionals.

Information Governance

LOROS considers maintaining an effective Information Governance (IG) assurance programme that enables it to handle information lawfully and responsibly, a key part of delivering the best possible healthcare service for its users.

In an ever-changing digital landscape, we also remain alert to make responsible use of new technologies, such as AI-related products, to help improve our service delivery efficiency and effectiveness.

For the 2026-2027 cycle, the IG programme will continue to focus on ensuring that personal data and information are protected appropriately in line with current risks but can also be used responsibly to deliver high quality care.

Safeguarding

In 2025, both the Safeguarding Adults and Safeguarding Children policies were updated and approved. LOROS' safeguarding referral flowchart was also updated and displayed in clinical and non-clinical offices, and a public facing information poster was created which reiterates the organisation's commitment to safeguarding.

It has been made mandatory for all staff to complete both Level 1 and Level 2 Safeguarding Adults and Children training delivered via E-learning, prior to this some groups of staff were only required to complete Level 1 training. A Level 3 training package was developed by the Designated Safeguarding Lead and is delivered to registered staff; compliance figures have steadily improved across 2025 and are being maintained.

A new safeguarding champion forum has been introduced which includes staff members from across all areas of the organisation, with face-to-face meetings continuing to be held on a quarterly basis.

Safeguarding is a standing agenda item on the Clinical Governance and Development Committee meeting, with attendance by the Designated Safeguarding Lead and a quarterly written report is submitted to the committee.

A Safeguarding Assurance report is submitted annually to the ICB.

Equality, Diversity & Inclusion (EDI)

In 2024, LOROS introduced a fixed-term Equality, Diversity and Inclusion (EDI) Lead role to help shape and develop the organisation's EDI Strategy. The work focused on increasing understanding and awareness of EDI, reviewing services through an inclusive lens, promoting diverse and inclusive leadership, and strengthening relationships with the diverse communities across Leicester, Leicestershire and Rutland.

Although the post holder has since left the organisation and the role has not been replaced, the commitment to Equality, Diversity and Inclusion continues across LOROS. EDI continues to be an important part of LOROS' commitment to delivering compassionate, high-quality care that is inclusive, accessible, and representative of the communities it serves. The organisation remains committed to:

- Eliminating discrimination, harassment, victimisation, and any behaviour prohibited under the Equality Act 2010.
- Advancing equality of opportunity for people with protected characteristics.
- Fostering positive relationships between individuals and communities from diverse backgrounds.

LOROS continues to review its policies, practices, and services to ensure they are fair, inclusive, and accessible to all. Ongoing work includes promoting inclusive practices across the workforce and volunteer base, supporting EDI learning and awareness, and listening to the needs and experiences of patients, families, staff, volunteers, and local communities.

Part three

Review of the priorities identified for 2025-2026

<u>Patient Safety:</u>

Priority one: Nutrition and Hydration

Our aim was:

- To review all aspects of patient's nutrition and hydration on offer at the hospice.
- Update policies and procedures to ensure evidence-based practice is maintained.
- Review the current nutritional screening and risk assessment processes to ensure the patient is at the centre and involved in their assessment throughout their stay.
- Review current menus and choice involving patients and their carers, families, and staff.
- Review current practices of meal ordering for patients. Recording and monitoring of patients' food and hydration intake is undertaken.
- Current staff and volunteer training and education programmes.

What we have achieved and progress

A task and finish group has been set up to review current practices and policy. A new nutritional risk assessment tool is being trialled with a plan to go live following an audit on the efficacy of the tool has been completed.

A working group has also been established to review the current menus offered to patients and the quarterly catering satisfaction survey for patients is being re-

introduced in quarter one of 2026/2027 with results being presented to the Nutrition & Hydration task and finish group.

The Nutrition and Hydration training provided is being reviewed to ensure it is fit for purpose, and this is work in progress.

The current Nutrition and Hydration policy is under review and will be updated once the task and finish group have completed any relevant actions.

Priority two: Learning Exchange

Our aim was:

- To develop a learning exchange to create a positive culture and environment where staff have the opportunity to openly share reflections on incidents, complaints and concerns and feedback to help shape and inform changes to practice collaboratively.

What we have achieved and progress

A learning bulletin is produced to share any lessons learned and areas of good practice following receipt of a complaint or when a significant event occurs. The bulletin is circulated to all clinical services and the education team. In addition, a separate Patient Safety and Quality newsletter is produced on a quarterly basis which includes information on new clinical initiatives, workstreams, survey results and learning from other clinical events which again is shared with all the clinical teams.

Clinical Effectiveness

Priority one: Clinical supervision

Our aim was:

- To explore and address the barriers to the utilisation of Clinical Supervision, including access to appropriate training, and to inform the development of a revised Clinical Supervision policy that promotes increased engagement, supports staff wellbeing, builds supervisory capability, and fosters a culture of reflective practice across the organisation.

What we have achieved and progress

A multi professional task and finish group has been convened to review current practices and policy. The policy has been updated to reflect the decision to focus on a reflective model of supervision at LOROS going forward; with the aim to address some of the barriers of supervision such as identifying supervisors and engaging staff. There will be a pilot project launched in 2026 to recruit a core group of clinical

staff to commit to regular supervision and help shape the organisation's approach to Clinical Supervision through feedback of their own experiences.

Patient Experience

Priority one: Patient information

Our aim was:

- To prioritise key patient information resources that need updating to accurately reflect the services provided by LOROS, ensuring these resources are reviewed and made available within an appropriate timeframe.

What we have achieved and progress

Following service changes, a full review of leaflets and factsheets have taken place to ensure they reflect the service changes and are streamlined. All but six of the leaflets were replaced by factsheets. Information from the leaflets were transferred to factsheets with a QR code so that patients and families can download any of the factsheets they want. Patients and families who are not familiar with using QR codes can request for a paper version of the factsheet.

Who we involved and engaged with

Patient and carer experience

Compliments received in 2025-2026

A total of 780 written compliments were received in 2025-2026.

Tell us what you think – digital survey

LOROS received 806 responses in 2025-2026. Compared to 761 for the previous year this is an increase of 45 responses.

Clinical services have agreed to aspire to set targets for responses in 2026-2027.

What did we do well?

To be given the time to discuss my needs without being hurried meant everything. I was treated as an individual. Thank you so much. ***Doctor's clinic***

Words cannot describe how amazing the counselling has been. This has been an awful journey to be on, especially as a young widow. Navigating so many unknowns, yet I was provided the care, the empathy and valuable techniques to help me.

Counselling

My time at LOROS has been a truly fantastic experience. When I first arrived, I was quite apprehensive. I had always thought a hospice was only for people who were nearing the end of life, but the staff and fellow service users showed me that the Day Hospice service is a lifeline, not an end of the line. The friends I've made here are wonderful, and the staff treat us with respect and professionalism, while still being warm and human. You don't realise just how important the Day Hospice service can be until you need it. ***Day Hospice***

The single point of contact is very important to us - having someone that understands my son's situation and follows us through the ups and downs of his diagnosis makes us feel supported in a way we cannot get anywhere else. Thank you!

Young Persons and Transition

It would have been better if ….	**Responses**
The food in the cafe. Need some healthier options please. Bit less ham and cheese focused and more salad houmous and vegan options.	Salad and vegan options are available upon request as they are not routinely displayed as they don't always sell very well. Please speak to a member of the catering team for further options.
The walking route from the visitor's car park is not always safe due to large lorries delivering to the hospice. This breaks the pavement just before reception.	This may relate to catering delivery vehicles. There are plans for car park modifications and refurbishment and we will include this break of pavement in that scheme. Unfortunately, this is funding dependant, so it is not possible to put a timescale on this.
Nobody has asked me about my spiritual religious needs. I would like to talk about this.	The Chaplaincy team don't routinely attend Day Hospice. It has been agreed that if anyone particularly requires Spiritual/Religious support Day Hospice will task the Chaplaincy Team. This seems to be working well.

Hospice User Group

The Hospice User Group (HUG) continues to play a vital role in strengthening patient and carer voice, shaping services and supporting co-production across the organisation. Members of the group have supported:

- Mock CQC inspections aligned to the standards of the Care Quality Commission.
- Joined the nomination panel for the Daisy award (Foundation Award, recognising nurses nominated by patients and families).
- Provided feedback on admission and discharge letters.

- Participated in 15 Steps assessments and 5 senses surveys.
- Co-produced their Terms of Reference.
- Contributed to ideas to improve hospice signage.
- Joined the hospice's Systems-Focused Event Investigation and Analysis Group.

Priorities for 2026 is to strengthen co-production across clinical areas.

Patient listening events

Listening events were held across the inpatient ward and Day hospice to gather direct feedback from patients and carers about their experiences of care.

On the inpatient ward, overall responses were extremely positive, with no significant concerns identified. Patients described care as exceptional, holistic and individualised, praising staff for their compassion, positivity and responsiveness. Pain and symptom management were highlighted as strong, and many valued the attention to small but meaningful aspects of care. The environment was described as peaceful and immaculate, with outdoor spaces particularly appreciated. Food was rated good to excellent.

At Day hospice, patients reported very positive experiences. Patients valued the welcoming atmosphere, peer support and opportunity to talk openly. The service was described as uplifting and providing purpose to the week, while also offering respite for carers. Volunteer drivers were commended for their reliability and courtesy.

Overall, feedback across both services demonstrates high levels of satisfaction, with compassionate staff, a supportive environment and person-centred care consistently identified as key strengths.

Patient and carer stories

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

Patient's story

Sophie is 55 and was cared for at LOROS inpatient ward.

"I started dancing at the age of 4, and immediately fell in love with it. It was the only thing I was really any good at. I went to a performing arts school to train, then to a college, and then, aged 16, went to London to continue to train and study dance.

It was very tough and sometimes they were really mean and put you down. I hurt my back, but they pushed me through the injury and made me train which made it worse. It was a difficult time.

So I changed colleges and moved on. I got my Equity card and started to work acting, singing and dancing. I worked with some big names; Brian Conley, Danny La Rue, and I understudied Britt Ekland in panto at the Birmingham Hippodrome. I did cruise ships and lots of voice over work. I got a part in Starlight Express in London which was amazing. Sadly I sustained a spinal injury during a fall and needed spinal surgery.

I moved out to Barbados, got married and had a family and returned to England. I set up my own dance school, which was very hard as a single parent. I was teaching children dance in mainstream schools and absolutely loved it.

Then in 2016, I started to get severe pain in my coccyx and down my legs. Because I'd had spinal surgery before I presumed it was related to that, but actually my doctor had missed a diagnosis of anal cancer. In 2018 I was finally diagnosed. I was in Kettering hospital and I'd been told it was constipation. I was kept in for 4 months as I couldn't seem to get well. I couldn't eat and lost more and more weight. They didn't know what to do with me. 4 months felt like a long time. I came out and had a few weeks to try and put some weight on so I could have radiotherapy.

Eventually I got referred to two consultants, one of whom was an expert in this type of cancer. What a relief. I had more radiotherapy but only 10% of it worked. I had to stay in again because I couldn't eat and wasn't mobile, I was just too ill. I think I've been lucky that my dancer's mentality has meant I've kept pushing, kept fighting and not given up. I was on TPN which I call bag food.

In 2019, my consultant performed a 12 hour operation and luckily it worked. He removed the anal cancer, anal cavity, vaginal back wall in a major operation.

Finally went home and after I'd recovered covid started. Just as normal life might resume! Unfortunately, I had just over a year of things being a bit more normal until the cancer returned, spread to my lymph nodes so there was nothing they could do. It travelled to my neck. I've had treatment, surgery, chemo, radiotherapy every year for the last 10 years. It's been really, really hard.

The way LOROS works is brilliant, I'd take it every time. The difference here is that they are so kind, so caring, they go above and beyond what is necessary. The struggles the hospice is facing, they don't deserve to be facing. They deal with everything immediately. If you ask for a cup of tea you get one straight away. I wish I could give them back the money and the staff they need, because we'd be lost without them, we really would. LOROS has really helped me. I think it's very important that people know how good it is. I've never known anything like it. I can only ever thank them. I'm one of the lucky ones.

Throughout all this my poor mum has been in a real state of anxiety and needed something to do. She suddenly started making all these little dolls out of wooden pegs. She made 300 and they were all sat on the coffee table. She didn't know why she was making them, I said, 'mum, what are you going to do with them all?' She

had no idea, she just felt the need to create these little angel dolls. We've decided to ask for a £5 donation for each one and give them all to LOROS to raise some cash.

It started off as a joke with friends really. I gave 'Soph's Angels' to my mates and asked them to take them somewhere I can't go and take a picture of them. It could just be Sainsburys, as I can't even go there as I'm so tired. But they've also been to Machu Picchu, Cyprus, the Taj Mahal, Paris, all over! It's been great to see. This is the second year mum has been making Soph's Angels and I think she's made around 2,600 in that time. She's absolutely committed to it. Dad helps too, by cutting down the pegs. They are both so important.

Lots of celebrities have posted selfies with #SophsAngels too – including Darcey Bussell and Peter Andre. I've got a lot of great contacts from my dance colleagues and I'm making the most of them!

We've just done a beautiful Soph's Angels t shirt too, which is available online (https://sophs-angels.teemill.com/), with profits going to LOROS. It's designed by a friend of mine, and comes in lots of colours.

I've never been anywhere as phenomenal as LOROS. It's been a long, long journey but I couldn't have done it without LOROS. I've never known anywhere like it. That and the support from my family and friends - that's what matters most."

My Dad, Mark by Ava Paul

"When I was 17 and my sister Florrie was just 13, our world changed completely. Our dad, Mark, was diagnosed with a rare blood cancer called Myeloma. He was only 46.

Dad had been a single parent for most of our lives. My mum struggled with alcoholism and borderline personality disorder, so from the age of seven, Dad was the one who raised us. He did everything — school runs, packed lunches, late-night talks — all while working as a graphic designer. He gave us the best life he could, and we were so close.

We used to live in Peterborough, but when Dad met his girlfriend Cate, we moved to Market Harborough. Even after they split up, she stayed in our lives and was there for us right through his illness.

In 2021, Dad started to feel constantly run down. He'd always been fit and active — he even boxed to keep in shape — so at first, we thought he just had COVID. But when the GP ran some blood tests, we got a call to come into the Royal Infirmary. That's when we heard the diagnosis: Myeloma. Treatable, but not curable.

We were optimistic at first. Dad was strong and healthy, so we thought he'd have a good chance. But the cancer was aggressive, and even after a stem cell transplant, it came back within six months.

In 2022, I started university in Leeds, leaving Florrie at home at just 16. It was hard being away, knowing how much Dad was struggling. He tried a few clinical trials, but the Myeloma kept progressing. Dad always said he didn't want to die at home or in a hospital, so we looked into other options and found out about LOROS, a hospice that felt peaceful and caring.

In February 2024, Dad caught COVID again and became really unwell — he had frequent nosebleeds and was getting confused. He was admitted to hospital but, being Dad, he discharged himself to go for a pint with his friends. The next day he was back in hospital, and he never came home again. At the time, we didn't realise quite how close to the end he was, so we didn't push to get him into LOROS sooner.

When he finally went there, he only had three days left — but those three days meant everything. The nurses were incredible, especially Tracey, who was so honest and kind. She told us gently that he didn't have long and helped us make handprints with him. That honesty gave us the chance to say what we needed to say, and we really grateful for it.

Dad's room at LOROS felt like a little Airbnb, not a hospital. It was peaceful and opened onto the gardens. We could stay close to him the whole time. It felt calm — almost normal — which was such a comfort.

Because Dad and I were so close, he'd already talked to me about what he wanted after he was gone. That made it a little easier to make decisions on his behalf.

After he passed, I still had a year left at uni. My aunt moved in to help with bills so I could finish my degree, and thanks to Dad's planning, we were able to buy our own house in February 2025. Now I just cover the bills and work as a teaching assistant. One day, I'd love to work for a charity that supports young people. I've encouraged my sister to go to Uni too, and she's enjoying it like I did.

University was a lifeline for me. It gave me space to breathe, and having my best friend Bonnie there helped so much. In addition I had my amazing house mates and tremendous support network of my home friends from Market Harborough who all pulled together for me and were there every step of the way, the bad and the good. They really made the difference.

Money was tight — Dad couldn't support us anymore — so I worked through an agency alongside my studies. I had to grow up fast, but I think that's what Dad prepared me for.

I had an amazing dad. If I'm dealing with his death now, it's because he made me and my sister the people we are. Everything I am — everything Florrie and I have become — is because of him. He made sure we'd be okay, even after he was gone."

Complaints

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

During 2025-2026, there were 21 complaints/concerns relating to care services at LOROS; 2 complaints and 19 concerns.

All complaints/concerns are closed and have been dealt with in line with the hospice complaints policy. Any actions identified and included in response letters are addressed via feedback at relevant meetings mainly by the Director of Care Services, Matron and Head of Community & Outreach Services and by appropriate changes in practice to prevent similar occurrences happening again.

Workforce

LOROS currently employs 320 paid colleagues, fulfilling just over 240.8 full time equivalents, across the main hospice site, community-based services, retail functions and the research and education departments.

Clinical 95.71 FTE

Enterprises 55.61 FTE

Lotteries 4.65 FTE

Non-Clinical 84.83 FTE

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

Workforce engagement

The DAISY award was launched at LOROS in December 2025, and along with the Director of Care being recognised for lifelong contributions to nursing, multiple nominations were received, supported by the visibility of signage across the hospice encouraging staff, patients, and families to submit nominations. The first recipient was announced in April 2026.

In March 2026, the hospice hosted an Eid celebration event to bring colleagues, Trustees and workforce partners together and recognise the diversity of our workforce.

Alongside this, we will continue to maintain open communication through regular all staff meetings, management meetings, and Head of Department meetings, ensuring staff remain informed, involved, and able to contribute to ongoing improvements across the hospice.

As part of the hospice's continued focus on workforce engagement, we will be entering the Birdsong Survey in 2026. Having participated previously, this will allow us to compare results with past years and monitor progress in staff experience and engagement across the organisation.

Community engagement

2025-2026 saw significant growth in both the scale and impact of community engagement activity. Through targeted programmes, partnerships, and outreach initiatives, LOROS has:

- Expanded engagement across schools, community groups, and public events.
- Strengthened relationships with existing supporters while reaching new audiences.
- Increased participation across youth and family-focused programmes.
- Piloted new engagement approaches in informal settings.
- Achieved substantial growth in income, particularly from faith groups.

A key driver of this success has been open communication around organisational change and funding challenges, which has strengthened trust and motivated increased community support.

A total of 33 presentations were delivered during the year and these activities improved awareness of:

- Hospice services
- Volunteering opportunities
- Funding needs

Infection Prevention and Control

In the last year 12 infection prevention incidents were reported.

There were two cases of Clostridium difficile (C-Diff), which upon investigation were found to be hospice acquired as symptoms developed more than 48 hours from admission. Both patients had been transferred from hospital. Antibiotics were commenced appropriately; however, both patients had a recent medical history of extensive antibiotic use which made them susceptible to developing C-Diff. Additionally, there were also two cases of C-Diff which were inherited; one patient developed loose stools within 24 hours of transfer from hospital, and the other had loose stools on admission from the community which had not been tested. All four patients were isolated and treated with vancomycin as per the C-Diff protocol. The ward did not have more than one patient with C-Diff at any time, and there was no re-infection to patients utilising a single room once an infected patient vacated.

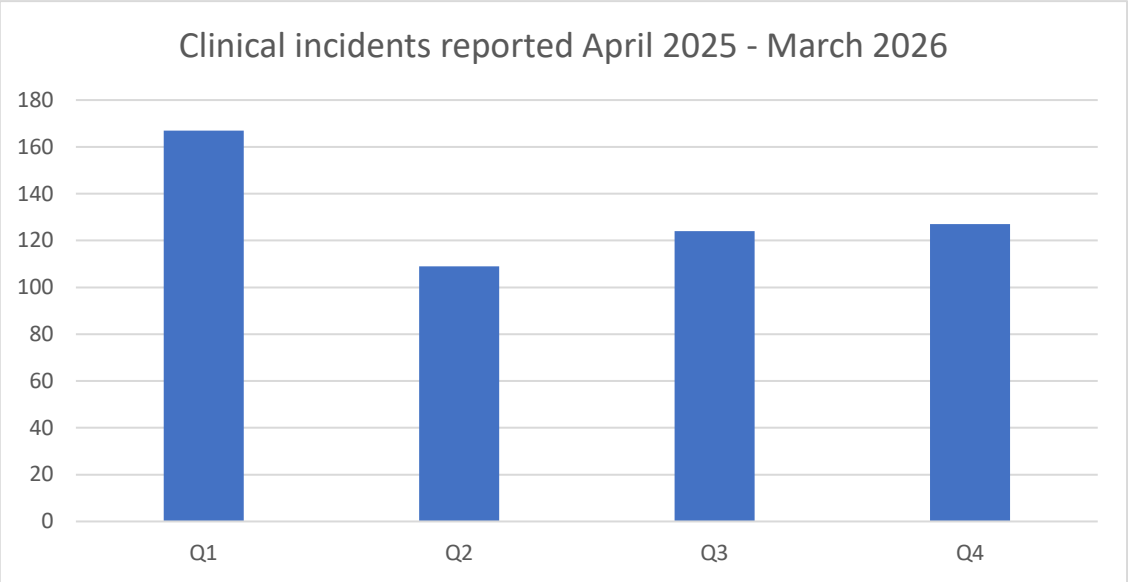
There was one outbreak of Covid involving three patients who had initially been cared for together in the same bay. Staff acted promptly upon the first symptoms being displayed, ensuring that lateral flow tests and viral swabs were taken appropriately. The second patient tested positive 48 hours after the first, and the third patient 48 hours after the second. Patient 1 was admitted from the community with a cough and breathlessness associated to their normal baseline for their condition of COPD. As part of routine observations, they were found to have reduced oxygen levels which prompted the initial lateral flow test. All patients were isolated and the bay was deep cleaned. No further patients, or any staff were infected. The infection prevention team at University Hospitals Leicester (UHL), were informed and were satisfied with our response.

The other infection prevention incidents involved patients who were admitted to the inpatient ward with notifiable infections which were not recorded on their referral forms. The information regarding their infection status was contained within their electronic records, and in three cases their status was identified when the CQC documentation upon death was completed. In all cases, there was escalation back to the referrer for educational purposes. UHL infection prevention team initiated investigation into two of the cases as the patients had not appeared on their system, despite documentation of status from the infection prevention team. As a result, for LOROS a prompt has been added to the infection prevention risk assessment tab, directing staff to check the relevant areas where an infection status could be recorded on their electronic record.

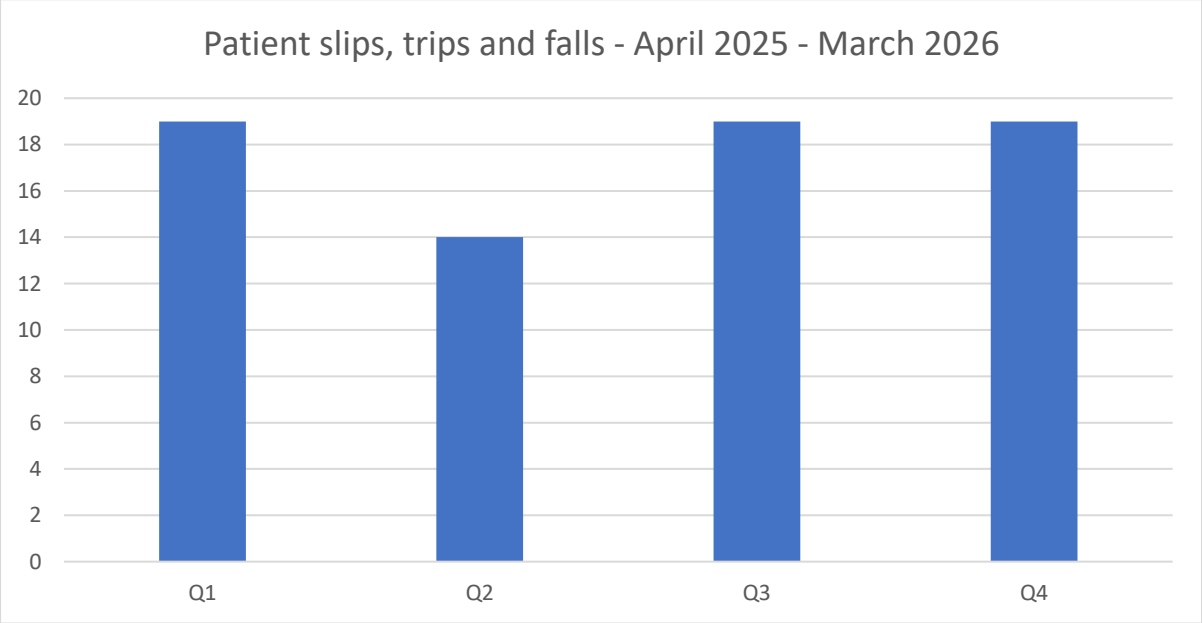
Medical devices management including MHRA alerts

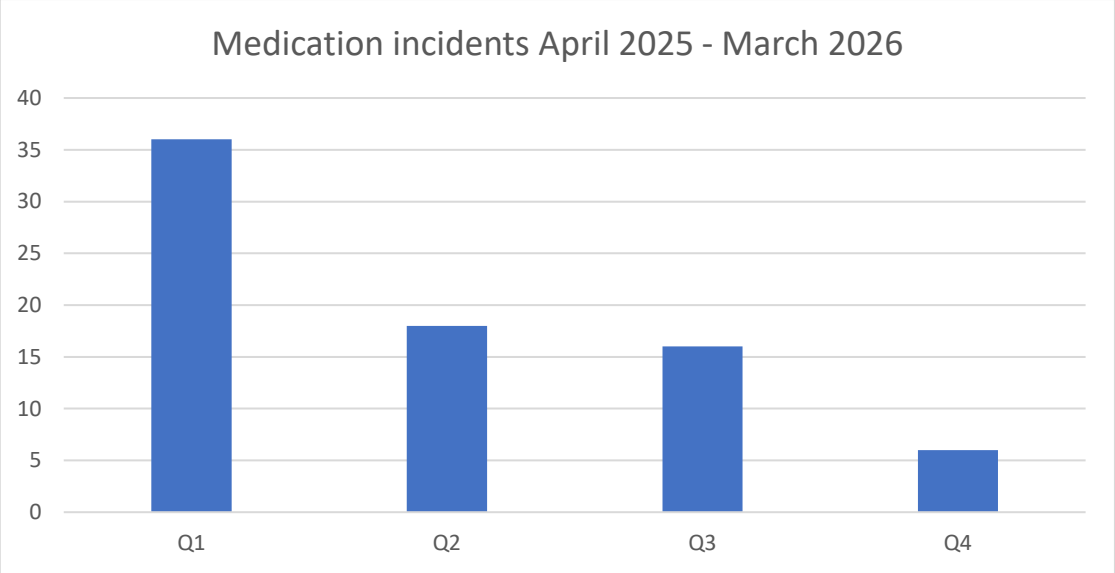
All relevant alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) have been logged and cascaded for appropriate action.
Action plans are created for those requiring action and progress is monitored at the weekly significant events meetings to ensure all relevant actions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

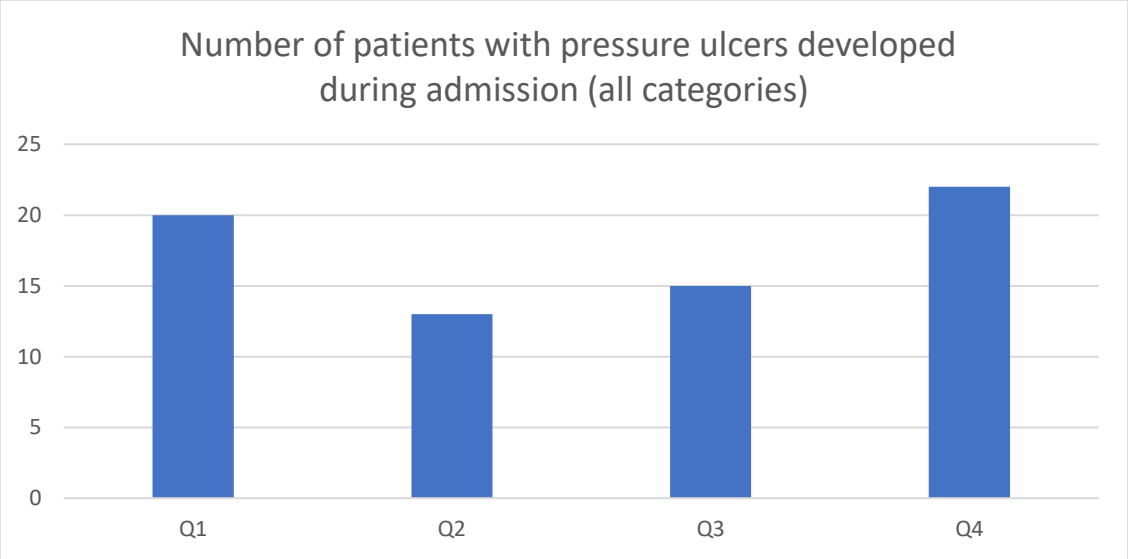
Patient safety indicators



527 clinical incidents were reported in the year.







Serious/ Significant incidents

There were four serious incidents reported to the CQC and ICB in 2025-2026.

Quarter 1 **April – June 2025**	**April – Unwitnessed fall which resulted in the patient fracturing the right neck of femur.** Patient was admitted to LOROS for symptom control. Patient had an unwitnessed fall which resulted in a fracture to the right neck of femur. The incident was reported to the ICB and CQC. A patient safety incident investigation (PSII) was completed, and an action plan produced and was submitted to the ICB and CQC. A learning bulletin was produced, and this was shared internally with all clinical services across the organisation.

	The report and learning bulletin were presented to the Clinical Governance & Development Committee. All actions were implemented and progress monitored.
	June – Unstageable pressure ulcer which had debrided, and the resulting wound was a category 4 pressure ulcer. Patient admitted with an unstageable pressure ulcer with probable significant tissue damage under the necrotic tissue which was visible on admission. Once the wound had been debrided the resulting wound was a category 4 pressure ulcer. The incident was reported to the ICB and CQC. An internal investigation was completed and an action plan produced.
Quarter 3 **October - December 2025**	**November – A patient was involved in a car accident at the hospice.** An accidental road traffic collision involving an inpatient who had been off site and was being dropped off in the car park. The incident was reported to the ICB, CQC and the police. An investigation was completed by the Health and Safety Officer and an action plan produced.
Quarter 4 **January – March 2026**	**January - Unwitnessed fall which resulted in the patient fracturing the right neck of femur.** Patient was assisted to the toilet by night staff and was found on the floor next to the toilet when checked. Patient lost their balance when trying to mobilise. The incident was reported to the ICB and CQC. An investigation was completed and an action plan produced and was submitted to the ICB and CQC. The incident was reported to the ICB and CQC. A patient safety incident investigation (PSII) was completed and an action plan produced and was submitted to the ICB and CQC. A learning bulletin was produced, and this was shared internally with all clinical services across the organisation. The report and learning bulletin were presented to the Clinical Governance & Development Committee. All actions were implemented and progress monitored.

Clinical supervision

Clinical supervision is strongly recommended for all clinical staff which changed from being mandatory this year due to a review of the policy. It is recommended that staff attend at least four sessions in a 12-month period and that three of these will be individual sessions and one group session. Each staff member has an allocated supervisor, managed by the Senior Practice Development Practitioner and the Designated Safeguarding Lead. The group sessions form part of the clinical training days.

In 2025-2026 the uptake of one-to-one clinical supervision was low, although, group supervision was completed by all clinical staff that attended mandatory training and clinical development.

A member of the Practice Development team has completed training on resilience based clinical supervision.

There is currently a review of the policy to determine how clinical supervision can be realistically implemented.

Service improvements

Inpatient ward - The hospice has continued to support the progression of its staff. One Health Care Assistant is on course to complete their nursing associate programme in January 2027, and two Registered Nursing Associates (RNA) are working through an apprenticeship to become a Registered Nurse, one due to graduate in July 2026 and one in July 2027.

From December 2025 to March 2026 the ward has been funded by the ICB (Integrated Care Board) for four additional beds to help with winter pressures faced by UHL (University Hospitals of Leicester). These beds were for patients thought to be in the last few weeks of life and the ward worked closely with senior staff at UHL to develop a referral process that their discharge team could use to refer to LOROS for the first time. These beds were very well utilised and the feedback received from patients and families was superb.

Below is some of the feedback received:

'Amazing. Staff extend their care to the family and look after us too so well. Welcome on arrival is reassuring. Family room - really helpful enabling us to stay over, it's so comfortable to be in a proper bed as opposed to a pull out bed. Finding our way around is easy - signage good. Staff responsive when we need symptoms managed and medicines. The flowers and plants are uplifting.'

'Been great. Staff amazing, incredibly kind, helpful and responsive when we need anything.'

'Excellent. Kind staff. Dignified care. Comforting, welcoming environment.'

Work continues with Establishment Genie to improve our acuity tool and make it more user friendly for the ward staff so that they can record the complexity of the patients and how comparable the staffing levels are to ensure safe staffing levels.

Enablement - The enablement team have been working on developing a new way of working following the restructuring of their team. They are working closely with the discharge team to try and streamline the discharge process in order to maintain patient flow on the ward.

Chaplaincy and Family Support - The Spiritual Care Chaplain and Chaplaincy volunteers have continued to support patients and families and continue to lead Thanksgiving and Remembrance services which are always well received.

To try to maximise the number of volunteer chaplains the team have fostered a relationship with 'Someone Cares' who will help with finding and training chaplaincy volunteers.

Day Hospice - The service operates Tuesdays – Thursdays and the patients attend for 8 weekly sessions. Referrals and attendance continue to increase, with referrals being received from various clinical areas and after an initial attendance patients can self-refer back after a period of time. Within Day hospice, medical procedures are also performed, these include, but not restricted to; blood transfusions, iron infusions, paracentesis and nerve blocks on instruction from the doctor. All procedures are carried out by a nurse or doctor with relevant medical training and are supported by LOROS policies and guidelines.

The patients attending Day hospice enjoy activities such as, laughter yoga, drum fit, falls prevention, connecting with nature and skin care.

'The Wellbeing Hub' is open on the last Tuesday of the month. The focus remains on a well-being/social theme with a café and is led by volunteers. Patients who attend must be self-caring or attend with their carer. There is good attendance at these sessions, with numbers regularly exceeding 20 people.

The Young Person and Transition key worker - The role supports patients between the ages of 18-40, and their families with the transition between children's and adult's hospice services.

This role was externally funded until August 2025, however, the post is now substantive as we prioritise this growing group with their specific and diverse needs. The key worker also works alongside other hospice professionals to ensure the needs of this group are understood and provides education for people both in the hospice and in the wider healthcare environment on specific disorders and symptoms the patients may encounter which can be different to the other palliative patients.

Lymphoedema Service - The service provides care and support for patients who develop lymphoedema secondary to a cancer diagnosis or those known to other LOROS services. The clinic offers face to face appointments and treatments, and

telephone reviews where appropriate. The team also offers advice to community practice nurses and general practitioners as required.

Teaching sessions and source of information are provided for health care professionals at LOROS and other clinical specialist areas for patients that are known to be at risk of developing lymphoedema as a result of their cancer and/or its treatments.

Current caseload exceeds the WTE Lymphoedema Clinical Nurse Specialists contracted hours; priority is to discharge those patients whose lymphoedema is stable and well controlled and ongoing development and support of a novice lymphoedema team.

Treatments for severe and complex cases to be prioritised – Limb Volume Measurements and International Society of Lymphology (ISL) Lymphoedema Staging, alongside adopting the British Lymphology's 5 S Scoring will assist the Practitioners in identifying and prioritising these cases. Collaborative working with our Clinical Systems and Data Lead to review and design a Lymphoedema Template that captures this data.

Complementary Therapies – Following the restructure, the Complementary Therapy Service was reduced to one Lead who works over three days; the service is supported with qualified volunteer Complementary Therapists, who provide treatments to the Day hospice patients. Ward patients and their carers are also able to access Complementary Therapy, and we offer a small number of sessions to outpatients referred by LOROS doctors.

Face to face group Mindfulness sessions continue with a top up session every month for patients and carers.

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

Telephone advice for professionals can be sought through the Co-ordination centre from 8am-10pm daily. Patients can call in via Single Point of Access (SPA).

The CNSs and wider ICSPCS are supported by two community consultants who facilitate:

- a daily advice line for community professionals

- domiciliary visits
- after death review

There is an audit plan in place to ensure continued improvement and development in the service. We have just introduced an audit of the non-medical prescribing activity in the team to ensure standards, quality and safety. Our priority this year is the development of new team members as staff turnover has led to a junior team.

Motor Neurone Disease (MND) Specialist Team – With the support of the LOROS medical team and wider hospice services, the dedicated MND team provides coordinated care for patients from diagnosis through to end of life. Acting as a central point of contact, the team ensures care is proactive, responsive and tailored to individual needs whilst also offering guidance, emotional support and practical advice to families and carers.

Every two weeks, a multidisciplinary team (MDT) meeting brings together NHS partners and local representatives from the Motor Neurone Disease Association (MNDA). These meetings focus on patients with complex needs, enabling shared decision-making and clear, coordinated plans for ongoing care and support. Families benefit from this joined-up approach, with improved communication, anticipatory planning and access to specialist advice when it matters most.

In addition, Opcare runs a satellite clinic at the hospice on the same day as the MND MDT and outpatient clinic. This alignment has streamlined access to powered wheelchairs, ensuring people living with MND receive essential equipment more quickly and efficiently, reducing stress for both patients and those who care for them.

Counselling - The Counselling and Bereavement service offers support to those who have a palliative diagnosis, their families, friends and those closest to them. The service offers outpatient face to face/telephone or virtual counselling. Counselling and psychological interventions are offered to patients on the ward and as outpatients, including their families including children from the age of five upwards.

The children's and young person's counsellor offers family systemic work and supports schools in the community on an educational basis to help teachers and other staff to support children in bereavement or who are anticipating grief. The children's counsellor offers an after-school club regularly (The Chance Club) and twice a year family events are held on a Saturday, and these events are supported by other staff who volunteer their time.

There is a waiting period for outpatients' services, however, there is a triage service in place, this means people who are referred will be contacted within two weeks of that referral and they are informed of the next stage. Priority can be given when appropriate and, on a case-by-case basis dependant on the severity of need. This decision is made by the Counselling Manager.

Three counsellors are qualified clinical supervisors and offer clinical supervision to nurses and volunteers within LOROS.

The children counsellor is also qualified in EMDR therapy which is specialised modality in working with trauma.

The Counselling Manager has written and delivers a psychological support course for clinicians and volunteers working at LOROS, LPT and UHL. This is run twice yearly and consists of six days. This is in line with the level two NICE guidelines for psychological intervention and support.

There is also a one-day course that runs twice a year which covers bereavement theory and self-care for new volunteers for the bereavement service.

Bereavement support – The service has two part time co-ordinators who manage the following:

- 14 Bereavement Hubs across LLR, which are run by trained volunteers who offer alternative support in a group setting.
- 1:1 Bereavement support with trained bereavement volunteers.
- A closed bereavement support group held at LOROS which offers 10 sessions. The same people attend each week and is an alternative to 1-1 support or 1-1 counselling. All members are assessed and asked if this is an option they would like.

Clinical supervision is offered to all volunteers on a group basis and for those who offer 1-1 support we offer 1-1 clinical supervision.

The Volunteer Home Visiting Service - The service has approximately 80 trained volunteers who visit patients in their own homes. These volunteers offer respite for carers and befriending for housebound patients who otherwise have little social interaction. Following restructuring the service is now coordinated by one member of staff which presents challenges. The hospice is exploring options to combine this service with another to provide seamless support to the patients and volunteers.

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

Integrated Care Board (ICB) response to our Quality Account

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB)

Chief Nursing Officer Statement on LOROS Hospice Quality Account 2025–26

LLR ICB welcomes the opportunity to review and comment on LOROS Hospice's Quality Account for 2025–26. The report provides a clear and transparent overview of service quality and demonstrates an ongoing commitment to delivering safe, effective and compassionate care.

LOROS continues to play a vital role across Leicester, Leicestershire and Rutland, delivering specialist palliative and end of life care across a range of settings. The breadth of services and strong partnership working highlight its valued contribution to integrated, person-centred care and system priorities, including improving access and reducing health inequalities.

The ICB acknowledges the significant operational and financial challenges faced during the year. It is important that providers continue to balance quality with sustainability, ensuring care remains safe, effective and equitable. LOROS' continued focus on maintaining quality in this context is recognised, and the ICB will continue to work with the organisation to support improvement and alignment with system priorities.

We welcome the continued focus on patient safety, including the introduction of safety huddles and development of a clinical dashboard to strengthen oversight and learning. The strong emphasis on patient and carer experience is also evident, with positive feedback and meaningful engagement reflecting a culture that places people at the centre of care.

We also recognise the organisation's commitment to equality, diversity and inclusion, accessible information and community engagement, supporting equitable access and improved outcomes.

Overall, the Quality Account demonstrates a well-established approach to governance, improvement and learning. The priorities for 2026–27 are appropriate and aligned with system priorities. The ICB values its partnership with LOROS and looks forward to continuing to work together to support high-quality, compassionate palliative and end of life care for local people.

Maria Laffan
Chief Nursing Officer
Leicester, Leicestershire and Rutland Integrated Care Board