



Patient safety incident response plan

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Contents

Introduction	3
Our Services	3
Defining our patient safety incident profile	8
Defining our patient safety improvement profile	9
Our patient safety response plan: national requirements	10
Our patient safety incident response plan: local focus	11

Introduction

This patient safety incident response plan sets out how LOROS Hospice intends to respond to patient safety incidents over a period of 12 to 18 months. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

Our services

LOROS Hospice is a local charity and every year we care for more than 2,500 people across Leicester, Leicestershire, and Rutland. We deliver free, high-quality, compassionate care and support to terminally ill patients, their family and carers.

Inpatient Ward

The aim of our Inpatient Ward is to provide safe, high-quality care to patients, their families and friends, addressing physical, psychological, emotional and spiritual needs. The focus of this care is to enhance quality of life.

The team of doctors, nurses and wider multidisciplinary team, promote dignity, individual choice and strives to improve the patient's care experience.

The average length of stay for patients on our ward is 12 days.

Enablement

A skilled and experienced team of occupational therapists and physiotherapists work collaboratively as a multi-disciplinary team to enable patients to progress towards their personalised goals. The team support with non - pharmacological management of symptoms such as pain, fatigue and breathlessness to promote function, comfort, safety and independence in activities of daily living.

Social Work

Our specialist palliative care Social Work Team offer a wide variety of support to both the person, their families and carer. This includes sourcing practical help at home, accessing other services, advice around debt or income maintenance and help with housing and advocacy.

We undertake work around helping people to prepare for the end of their lives.

Counselling and psychological support

A specialist confidential counselling service is available for patients who are terminally ill, their families who are anticipating grief and the bereaved. Counselling gives people the opportunity to talk through their experience with trained counsellors who enable patients and families to make more sense of their feelings. The services include specific support for children aged 5-18 years where a family member is or has been cared for by LOROS.

Bereavement Support

We have a range of bereavement support options. We operate bereavement hubs across LLR that are open to anyone that has been bereaved. These are 'drop-in' sessions, and no referral are needed.

Spiritual and Cultural Support

The Spiritual Care team cares for the pastoral and spiritual needs of the whole Hospice community – patients, their families and friends. Pastoral and spiritual care is for everyone. Not everyone has a religious faith, but we all have a spirituality which is unique to us and represents all that is important in our lives. The team helps people to explore what are their sources of strength, hope, comfort and peace and support them in whichever way they can. The team provide the opportunity for individual prayer and facilitate and support

patients and their families to observe religious practices and rituals. They can arrange for representatives from a variety of faith communities to visit as appropriate.

Chapel/Prayer Room

This is a multi-faith space, open for anyone to use day or night and is used regularly by patients, their families, staff and visitors as a place of quiet, prayer and reflection.

Volunteer Home Visiting Service

Our highly trained Volunteer Home Visiting volunteers provide companionship, practical and emotional support to patients in their homes. This may also enable relatives and carers to leave the home with peace of mind or to have some time to themselves.

The service is tailored to meet the needs of patients, relatives and carers and our volunteers are able to adapt themselves to how patients are feeling on the day. We can also offer a blend of volunteer visits and telephone befriending to suit the needs of the patient.

Day Hospice

LOROS Day Hospice is a nurse-led service. Patients are assessed by a Registered Nurse following their referral. Day hospice activities may include complementary therapy, advice on maintaining wellbeing, diversional / creative activities such as arts and crafts. We also have themed weeks. The focus of the care is to enhance quality of life, promoting dignity and individual choice.

Wellbeing Hub

The Wellbeing Hub is available on the third Tuesday of the month from 10am – 3pm in the Day Hospice and is led by volunteers. People with a palliative condition and their carers can attend. They do not need to be referred.

There is a café available to purchase drinks and refreshments.

There's no need to book, and you don't need a referral from a healthcare professional.

Clinical Nurse Specialists (CNS)

The LOROS CNS Team work collaboratively with nurses from Leicestershire Partnership Trust to provide specialist palliative care and advice to patients and families mainly in their own homes. This Team is called the Integrated Community Specialist Palliative Care Team (ICSPCT).

The care is achieved through direct patient contact and liaising with other health and social care providers.

ICSPCT is supported by two LOROS Community Consultants, available daily to advise the nurses, provide home visits if required and liaise with other Health Professionals as appropriate.

Lymphoedema Service

The nurse-led lymphoedema service provides specialist care for patients with lymphoedema (a build-up of tissue fluid that causes swelling in any part of the body) caused by cancer or cancer treatments and for palliative patients known to other LOROS services.

Lymphoedema is a long-term (chronic) condition. It cannot be cured, but it can usually be well controlled. The service offers specialist advice on Lymphoedema causes and management to the patient, their carers and health professionals.

Complementary Therapy

A range of complementary therapies are offered to patients and relatives primarily to enhance well-being and quality of life, this is provided both to Inpatients and in the Day Hospice.

Medical Outpatients

LOROS provides a palliative medical outpatient service at the Hospice, offering support and advice around difficult symptoms and an opportunity to discuss future care. Patients will be seen by a palliative medicine consultant or specialist registrar following a referral from hospital, community team or GP. There is also a Living with Breathlessness clinic supporting patients with cancer and interstitial lung disease, and a palliative neurology clinic supporting those with progressive supranuclear palsy and multisystem atrophy.

Young Person and Transition Service

LOROS has a Young Person and Transition Key Worker to support patients and relatives aged 18-40 while accessing our services and to make the transition to LOROS from children's services as smooth as possible. This includes identifying individual needs, ensuring that age-appropriate services are available, signposting to other organisations if required and providing a main point of contact for young people and their families.

Telephone Befriending

We also offer a volunteer telephone befriending service. Volunteers can provide a weekly telephone call to patients and their family carers, to offer a listening ear and emotional support.

Family Support

The Family Support team helps bereaved families following the death of a loved one in the early days, weeks and into the future. They provide both practical and emotional support as well as signposting to further sources of help if needed.

Motor Neurone Disease (MND) Service

Patients who are diagnosed with MND are referred for ongoing support with our MND team. The specialist nurses and healthcare assistant arrange regular reviews either at home or in clinic with patients, coordinating support from the wider MND team including dietitians, ventilation specialists, therapists, social workers and our medical team. The team works very closely with volunteers from the Motor Neurone Disease Association.

Defining our patient safety incident profile

LOROS has always had patient safety as a central focus of its operations and is committed to being open and honest with patients and their families when things go wrong. In order to ensure that all incidents are properly prioritised the Hospice has a Management of Incidents and Accidents Policy which clearly maps out its approach.

The management of incidents are overseen through the weekly Significant Events group meeting, which is chaired by the Director of Care Services. Membership of the group includes:

- Matron
- Medical Director
- Head of Community & Outreach Services
- Ward Manager / Deputy
- Day Hospice Manager
- Clinical Quality & Patient Safety Lead
- Designated Safeguarding Lead
- Health & Safety Officer

Patient safety incident response plan

In addition, the incident data is shared at the quarterly Clinical Governance & Development Committee, and the medication incidents are discussed at the quarterly Medicines Management Group.

Incident data

Between 1st April 2024 - 31st March 2025, 535 clinical incidents were reported and three were serious patient safety incidents which were reported to the Integrated Care Board and the CQC - see breakdown below of the serious incidents:

Category 3 pressure ulcer developed in our care	June 2024
Patient sustained a fracture following a fall - Inpatient ward	June 2024
Patient sustained a fracture following a fall - Inpatient ward	November 2024

Defining our patient safety improvement profile

LOROS continues to review the clinical data, clinical audit and incident reporting practices to ensure they are as efficient and effective as possible. The Hospice will continue to focus on the three key areas: Falls, Pressure Ulcers and Medication.

Our patient safety incident response plan: national requirements

Patient safety incident type	Required response	Anticipated improvement route
Incidents meeting the Never Events criteria	Patient Safety Incident Investigation	Create local organisational actions and feed these into the quality improvement strategy

Death thought more likely than not due to problems in care (incident meeting the learning from deaths criteria for patient safety incident investigations (PSIIs))	Patient Safety Incident Investigation	Create local organisational actions and feed these into the quality improvement strategy
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LOROS will continue to share the outcomes from serious patient safety incident investigations with the patient or family, with any learning and actions for improvement.

Our Patient Safety Partners will also be involved in specific patient safety improvement projects and service design/change. Any significant changes to services will be shared wider with stakeholders.

Our patient safety incident response plan: local focus

Patient safety incident type or issue	Planned response	Anticipated improvement route
Deep dive into falls Incidents	<p>Sentinel incidents</p> <p>Review falls checklist on Sentinel (Vantage)</p> <p>Update falls prevention policy.</p> <p>Review falls factsheet and information</p>	<p>Identify any themes and learning. Create local safety actions and feedback on the improvements through the Clinical Governance & Development Committee & Senior nurse meetings, learning lessons bulletins - ongoing.</p> <p>Develop an enhanced falls risk assessment which will identify what extent of care is required and referral triggers.</p> <p>Ensure staff are using up to date procedures and guidance.</p> <p>Patient information, leaflets and website - this action is one of our Quality Account priorities for 2025/2026.</p> <p>PSIRF sharing at PSIIN (Patient Safety Incident Investigation Network), ongoing</p>
Staff training	Key staff have completed Patient Safety Level 1 & 2 modules.	<p>Increase in best practice and patient safety champions.</p> <p>Key clinical roles have completed Level 1 & 2</p>

	<p>Key staff to complete SEIPS training.</p> <p>Clinical development programme to include falls prevention /management and neuro observations</p>	<p>Key clinical staff have completed SEIPS training (delivered by the ICB).</p> <p>Staff are becoming more familiar with using the SEIPS model</p>
Deep dive into pressure Ulcers Incidents	<p>Sentinel incidents</p> <p>Individual incidents may require a PSII (Patient Safety Incident Investigation) which will be agreed at the weekly Significant Events meeting.</p> <p>Review of pressure ulcer data</p> <p>Update pressure ulcer management policy</p>	<p>Identify any themes and learning. Create local safety actions and feedback on the improvements through the Clinical Governance & Development Committee & Senior nurse meetings, learning lessons bulletins - ongoing.</p> <p>When a PSII is completed, actions and progress on implementation monitored at the weekly significant events meetings.</p> <p>Ongoing – reporting to Clinical Governance & Development committee quarterly</p> <p>Policy has been reviewed; however, the Hospice is waiting for the publication of the National Wound Care guidelines to incorporate any updates.</p>

		Review Pressure Ulcer equipment and introduce the Purpose T assessment tool. Looking to introduce Purpose T in Q4 of 2025/2026.
Medication Incidents	<p>Sentinel incidents</p> <p>Individual incidents may require a PSII (Patient Safety Incident Investigation) which will be agreed at the weekly Significant Events meeting.</p> <p>Review of medication incidents data</p> <p>Update medicines management policy and processes</p>	<p>Identify any themes and learning. Create local safety actions and feedback on the improvements through the Clinical Governance & Development Committee & Senior nurse meetings, learning lessons bulletins - ongoing.</p> <p>Ongoing, however, themes identified and action plan in place which is monitored weekly at Significant Events</p> <p>In progress due for completion September 2025</p>
Patient and Carer engagement	Patient and carer engagement on patient safety	Hospice user group members (Patient Safety Partners): participation in surveys, review patient information literature, interview panel members for senior clinical posts - ongoing

		Future plan is for Patient Safety Partners to be involved in complaint reviews.
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LOROS is keen to disseminate key learning themes across the organisation, and this is done through:

- Learning from clinical incidents
- Team meetings
- Multi-Disciplinary meetings
- Learning lessons bulletins
- Lunch & learn.

Patient, family and carer engagement is a vital element of service improvement and development for LOROS. Feedback is currently received via 'Tell us What You Think' questionnaires. A digital survey in collaboration with the University of Leicester commenced in April 2024.