QUALITY ACCOUNT

2024-2025

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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 patient’s 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

Last year, LOROS published its five-year strategic priorities.

They include:

- Continuing to provide exceptional inpatient, Hospice-based and community services.
- Helping to tackle health inequality for people at the end of their lives.
- Maximising new and existing funding strategies to enable us to sustain and develop even better services for local people.
- Harnessing data insights and digital innovation to drive improvements in patient and family experience and the charity’s wider activities.
- Establishing a trusted and supportive information and advice service.
- Equipping healthcare professionals with the skills they need to support people effectively at the end of their lives.
- Building our reputation as a centre for excellence in innovation, teaching and research.

Part one

Statement on quality from the Interim Acting Chief Executive

As Interim Acting Chief Executive of LOROS, I am proud to present our Quality Account, reflecting our commitment to providing compassionate palliative and end of life care across Leicester, Leicestershire, and Rutland. The report sets out key achievements, areas of focus and improvement. Each year, we support over 2,500 patients, and our services are free and accessible to all, made possible by the dedication of our 450 staff and 1,200 volunteers.

Patient safety is a top priority for us, and we continually innovate to minimise risk and improve patient outcomes. Through robust safety protocols, risk management, and staff training, we ensure care that is both safe and effective. Our ongoing work also focuses on addressing health inequalities, with a designated lead who has been developing the Equality, Diversity, and Inclusion (EDI) strategy. This strategy aims to improve access to care and foster professional curiosity in understanding the diverse needs of those we serve.

Education and research are central to our strategic priorities. In line with this, we have launched our **Centre for Excellence** strategy, focusing on improving palliative and end of life care in the community, particularly for patients with multimorbidity and frailty, and addressing health inequalities and inequities in palliative and end of life care. This initiative will help us advance knowledge and drive meaningful improvements in care, ensuring we can better serve the most vulnerable in our communities.

Safeguarding remains integral to everything we do. With a dedicated Safeguarding Lead and ongoing staff training, we are committed to ensuring the safety and wellbeing of everyone in our care. We work closely with the NHS and other partners to deliver core services, with funding from our Integrated Care Board (ICB) covering less than 30% of our total expenditure. As a result, over 72% of our funding is generated through fundraising and income generation, highlighting the importance of our supporters in sustaining our mission.

At LOROS, we strive for excellence in all we do and driven by our values. I would like to express my heartfelt thanks to all our staff, volunteers, partners, and donors for their continued support, and to the team who has contributed to compiling this extensive report. To the best of my knowledge, the information provided in this report is accurate.

Camilla Barrow, Interim Acting Chief Executive
LOROS Hospice

Part two

Priorities for improvement 2025-2026

Patient Safety

Priority one – Nutrition and hydration

Why was this identified as a priority?

Adequate nutrition and hydration are a fundamental part of patient care. Optimising nutrition and hydration for patients with specialist palliative care is ensuring that it is right for the patient at their stage of life.

The aims of good nutrition and hydration is to:

- Provide strength to help individuals cope with the physical and mental demands of illness and treatment.
- Improve overall wellbeing and quality of life to support patients achieve their goals.
- Help to maintain a strong immune system and reduce the risk of infection. Increase tissue repair and wound healing.
- In palliative care the focus of nutrition should be on improving quality of life and reducing any anxieties around food and eating.

LOROS Hospice has a track record of providing choice and high-quality nourishing food and drink to patients. We would like to build upon existing good practice and promote this further.

The aims

To review all aspects of patient's nutrition and hydration on offer at the Hospice.

This review will include:

- 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 patient's food and hydration intake is undertaken.
- Current staff and volunteer training and education programmes.

What we hope to achieve

The outcome being the Hospice meets and maintains all standards in relation to food and nutrition including impact on our environment, waste, and sustainability.

Our catering team meets the diverse needs of our patients to support their physical health and improve their quality of life.

Staff and volunteers receive regular high-quality training in nutritional and hydration care and patient support.

Regular feedback from patients, carers, families and staff regarding nutrition and hydration will be received via the regular feedback mechanisms and audit.

These will inform changes to practice where necessary.

How will progress be monitored?

A Nutrition and Hydration Task and Finish Group will be established, with clear Terms of Reference. Healthcare professionals and patient representatives from within the Hospice will be invited to participate, actively contributing ideas, sharing experiences, and making recommendations for changes in practice. The group will monitor progress and the implementation of recommendations, drawing on patient feedback, audit outcomes, and training initiatives to evaluate impact.

Priority two - Learning Exchange

Why was this identified as a priority?

The Hospice recognises it is important to promote a culture of open learning and to share all lessons learnt from incidents, complaints and concerns and feedback, including good practice across all clinical teams.

The aims

The aim to developing a learning exchange is to create a positive culture and environment to provide staff the opportunity to openly share reflections on incidents complaints and concerns and feedback to help shape and inform changes to practice collaboratively.

What we hope to achieve?

A forum will be established with clear Terms of Reference. Health care professionals from all clinical settings within the Hospice will be invited to attend and actively participate in presenting and sharing learning and themes arising from any local or external investigations and feedback.

How will progress be monitored?

The monitoring of progress will be shaped by the forum to collectively agree ways in which to share the learning with the wider Hospice workforce and to also ensure that any recommendations to change and influencing of practice have been implemented drawing on patient feedback, audit outcomes, and training initiatives.

Patient Experience

Priority one - Patient information

Why was this identified as a priority?

Recent changes to the care services we provide, including our models of care, mean the Hospice must ensure that patient and carer information and resources are kept up to date to accurately reflect these changes.

The aims

The aim is 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 hope to achieve?

That priority patient information resources are streamlined and accurately reflect the changes to care services we provide by September 2025.

How will progress be monitored?

The clinical leads with care services will be responsible for reviewing patient information resources in line with the clinical standard operating procedure changes by the September 2025.

Progress will be monitored by the Clinical Quality and Patient Safety Lead.

Effectiveness

Priority one – Clinical Supervision

Why was this identified as a priority?

Feedback from staff has indicated that the current Clinical Supervision offering is underutilised. With the existing Clinical Supervision policy due for review in 2025, this presents a valuable opportunity to engage with staff to better understand the barriers to uptake and explore ways to enhance and promote the use of clinical supervision across the organisation.

The aims

The aim will be 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 hope to achieve?

- Increased uptake of Clinical Supervision across all relevant staff groups.

- Improved access to and availability of training for both supervisors and supervisees, to build confidence, competence, and consistency in the delivery of clinical supervision.
- A revised Clinical Supervision policy that is informed by staff feedback, aligned with best practice, and embedded within the organisation's clinical governance and support structures.

How will progress be monitored?

- Establish a working group to review progress quarterly, identify gaps, and adjust actions as needed.
- Use focus groups and supervision reflections to gather insights into staff experiences, perceived improvements, and ongoing challenges.
- Audit compliance with policy standards.
- Monitor the number of staff completing supervision training and compare it with role-based expectations.

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 and the Centre for Excellence strategy will support research to seek improvements in palliative and end of life care.

Trustees are fully engaged with the mission of the Charity, attending 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 attend events at the Hospice and to make visits to departments to meet staff, volunteers, families and carers to gain insights into the quality of the services provided.

The Board cherishes the fact that the Charity is held in high regard by service users, our valued partners and the community 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

ANDREW W STANT

ACTING CHAIR, BOARD OF TRUSTEES

Statements of assurance

Overview of services

During 2024-2025 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 Therapy 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 service are provided face to face and virtually by our specialist nurses, providing assessment and treatment for cancer patients.
- Home Visiting serviced 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 both in the Hospice and a person's own home.
- Support via 12 community bereavement hubs provided by trained volunteers.
- Complementary therapy service for patients (and if appropriate carers) on the Inpatient Ward and in Day Therapy 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 2023-2024 totalled £2,458,611. In addition, LOROS received £287,267 to fund the cost of junior doctors on rotation and £518,528 to train medical undergraduates.

The remaining funds needed to run LOROS services is 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 Stewardship re-audit

The re-audit was undertaken in October to November 2024 and the aim was to:

- Review types of infections treated at LOROS with antibiotics.
- Review antibiotic prescriptions in LOROS.
- Review if the antibiotic prescriptions are in line with local guidelines.
- Review if appropriate culture samples are taken before antibiotic administration.
- Assess if antibiotics prescriptions are appropriately reviewed after 48-72 hours.

Findings from the audit

- 19 patients, representing 32 antibiotic scripts, were audited.
- 64% of scripts were reviewed in the allocated time. This is an improvement from the January 2024 cycle but overall is not as high as previous cycles (top 87%).
- 50% of prescriptions either followed local guidelines or were informed by specialist microbiology input.
- The majority of reviews (60%) resulted in the antibiotic being continued. With 11% discontinued following first review.

Actions following discussion at the antimicrobial stewardship meeting:

- Given the variable data from repeated cycles it would be beneficial to increase the audit to being three times per annum (once per rotation).
- There was an appreciation that scripts started on a Friday or Saturday may not be reviewed given the working patterns of the Hospice. This should be included in the data collection proforma during the next cycle i.e. how many scripts started Sunday through Thursday are reviewed.
- Further attempts should be made in future data cycles to explore why non-guideline antibiotic use is high including factors like route and drug availability.

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 2024-2025, continuing to work closely with the East Midlands Research Delivery Network who in return financially support the active research on the National Portfolio.

The LOROS Centre for Excellence in Palliative and End-of-Life Care is currently in the fourth-year a of five-year grant from a local foundation which has increased our research activity and collaboration with the University of Leicester, with LOROS research studies sponsored by the University, PhD studentships further binding the partnership.

Having gone through a recent restructuring of leadership since the retirement of Professor Christina Faull in December 2024, we have a new Associate Director (Research) (Dr Chris Williams) and LOROS Research Lead in Social Equity Impact and Strategy (Dr Zoebia Islam) who work closely with the Centre Director. LOROS research is managed by our research manager (Tara Maitland) with support from our LOROS Research Support Officer (Katie Bourne). Our research is overseen by the Research Committee which, reports to the Centre for Excellence Committee and in turn to the LOROS Board of Trustees.

All research is conducted in alignment with the frameworks and standards governing research in the NHS in the UK. These include:

- UK Policy for Health and Social Care Research 2020
- UK GDPR and the Data Protection Act 2018
- Common law duty of confidentiality
- Clinical Trials Regulations 2004, (SI 2004/1031)
- Legislation on Adults Lacking Capacity
- Human Tissue Act
- IR(ME)R 2017
- Caldicott Principles (2020)

We aim to ensure high standards of research governance and to encourage Hospices to become research active. Tara Maitland, Dr Chris Williams and Dr Zoebia Islam all work closely with the NIHR RRDN to support this, providing advice and guidance related to all stages of the research lifecycle.

Patient and Participant Involvement (PPI) continues to be a strength at LOROS and is integral to the research department. Dr Islam chairs and convenes PPI research consultee meetings in which a small group of volunteers including patients, carers and bereaved family carers with lived experience meet regularly to ensure that the projects that we develop at LOROS have consultation and collaboration with patients and families. We will continue to pro-actively recruit to this group during the coming year. There are also many other community groups and partners who input and collaborate in LOROS research activity.

The research that we develop is focussed on the following themes which are led by three theme leads as identified in the 2025 Centre for Excellence Strategy:

1. Palliative and end of life care in the community – led by Dr Linda Birt (LOROS Associate Professor of Palliative Care and Frailty).
2. Tacking 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 aim to integrate these themes with a commitment to delivering high quality Hospice-based research within our clinical services; to 'evidence into practice' through a range of 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.

Our work in 2024-2025 included:

- MND Register: The Motor Neurone Disease register for England, Wales and Northern Ireland. A project designed to set up a population register and collect information about every person who has a MND diagnosis. A multi-centre study led by Kings College London.

- Opticals: 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.

- CHELsea II: The study is a cluster randomised trial of clinically assisted hydration for patients in the last days of their life. This study is being led by Royal Surrey County Hospital NHS Foundation Trust.

- Virtual peer-to-peer support: A randomised control trial of an online peer-to-peer support programme for family and friend carers of individuals with motor neurone disease requiring significant assistance in the home. Led by Kings College London.

- Communication and Decision Making (CADM): A qualitative study of patients' and clinicians' experiences and co-design of professional development and patient information materials. Study aims to improve patient and carer involvement in decision-making in uncertain situations and to reduce the negative consequences of these situations. This study is led by the University of Leicester.

- TV Life: A qualitative study aiming for an understanding of living with tracheostomy ventilation for Motor Neurone Disease (MND) and the implications for quality of life for people with MND and their close family members and the perspectives of health and care professionals on the use of TV for people with MND and the implications for treatment and care. This study is led by the University of Nottingham.

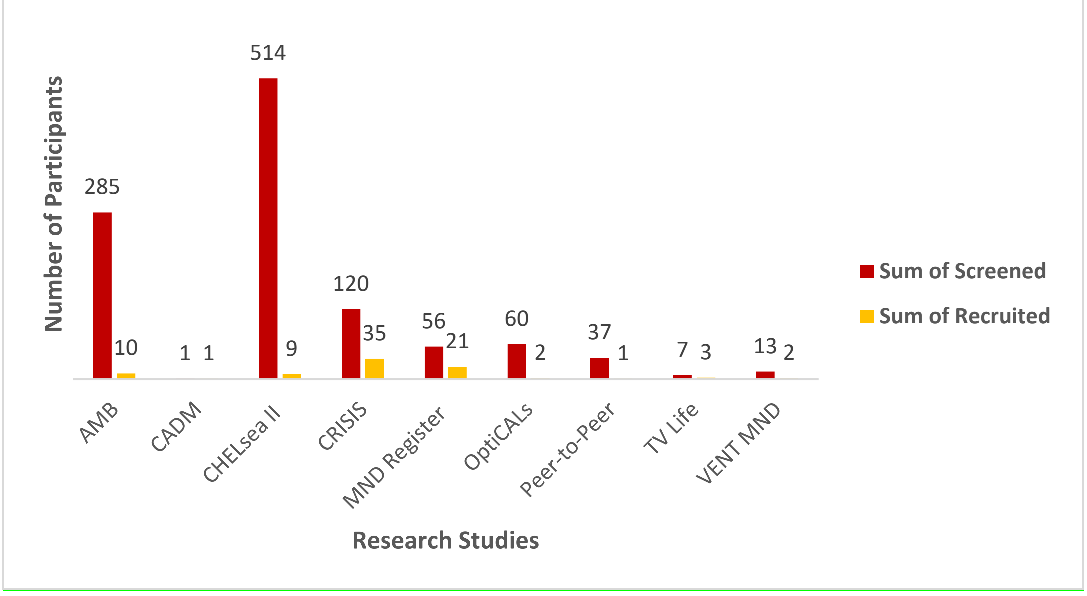
- CRISIS: A qualitative study aiming to provide a deep understanding of the experiences of Black Asian and Minority Ethnic (BAME) people in regards to discussing deterioration and dying in the context of COVID-19, and how services can be improved to provide better support and care. It will examine how end-of-life care (EOLC) discussions have been carried out during this crisis, and make comparisons with patient expectations of care. This study is led by LOROS.

- Anxiety Management in Breathlessness (AMB): A qualitative multi-site study aiming to explore the acceptability and tolerability of using Cranial Electrotherapy Stimulation (CES) as a potential treatment for anxiety in patients who experience breathlessness due to advanced chronic respiratory disease. The study also aims to assess the feasibility and inform the design of a future study to evaluate clinical effectiveness. This study is led by LOROS.

- Equitable Bereavement Care for All (EBCA): An inclusive, qualitative study to improve bereavement services for those from ethnic minority groups. Evidence demonstrates that few people from ethnic minority communities use bereavement help services. The study aims to understand why this is the case, and what services can do to better, or differently, meet their needs. This study is led by King’s College London.

- Pre-transfer Clinical Decision Assessment (PTCDA): The qualitative research aims to explore what are the views, experiences and recommendations of patients and family carers (including bereaved family carers) of their experience of the PTCDA model. This study is led by the University of Leicester.

Figure: Patients recruited to research at LOROS during this reporting period:



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

- In April 2024 we held our first Sawubona (We See You): Promoting Equity through Research in Palliative Care Conference. This was held in partnership with Hospice UK and Good Grief Festival. Here the national Sawubona (I see you) promoting equity in palliative care for all research forum members discussed the research currently being undertaken to tackle inequality and inequity in palliative and end of life care. This included a presentation by Dr Zoebia Islam (Chair of national Sawubona forum) which focused on Promoting Equity through Research being undertaken at the LOROS Centre for Excellence.

- Dr Zoebia Islam was invited to present work around promoting equity through research in palliative care at the Hospice UK Clinical and Workforce leaders conference programme forcing on Raising the Bar: Leading in Quality and Safety. April 2024.

- In May 2024 we held our LOROS Centre for Excellence, Spring Summit focusing on Working Together to Develop Race Equity in Palliative Care.

- Dr Lucy Bleazard delivered an Oral presentation – ‘withdrawing assisted ventilation in motor neurone disease at the request of a patient’ at the prestigious European Society of Palliative Medicine Annual Conference, Barcelona. May 2024.

- Dr Zoebia Islam discussed the challenges and benefits of recruiting, training and supporting community researchers as part of the EBCA study at the Marie Curie conference. This was part of a Spotlight session: Addressing inequities in palliative and end of life care. February 2025.

- Dr David Wenzel delivered an Oral presentation at the Palliative Care Congress (Belfast) focusing on: A national review of end-of-life care withdrawal guidelines for non-invasive advanced respiratory support using document analysis. March 2025.

- The LOROS annual open lecture was presented by Dr Libby Sallnow, Associate Professor and Head of the Marie Curie Palliative Care Research Department at University College London. Dr Sallnow is a palliative medicine physician and a pioneer in public health approaches to end of life care, compassionate communities, and social responses to death and loss. Her expertise and leadership have shaped international perspectives on these critical issues. She was also the lead author of the Lancet Commission's landmark report, *The Value of Death: Bringing Death Back into Life.*

- Dr Sallnow discussed **t**he Value of Death: Implications for Palliative Care, exploring thought-provoking findings of The Lancet's Commission on the Value of Death (2022). The Commission examined how death, dying, caregiving, and grieving intersect with global social and cultural systems.

The Hospice sector faces significant financial and workforce pressures, but we remain committed to developing our role as a leading research active Hospice and academic centre in palliative and end of life care.

Care Quality Commission (CQC)

LOROS is required to be registered with the Care Quality Commission (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

During 2024-2025 LOROS introduced the LLR Care Record (LLRCR) which is part of the National Care Records (ShCR) programme. THE LLRCR brings together separate health and care records in a structured and easy to read format which enables care professionals to access the most up-to-date information, 24/7.

Dashboards continue to be produced using Tableau software, a visual analytics platform, and we continue to build on improving the quality of the information on the dashboards.

Information Governance

LOROS' Information Governance (IG) and data protection framework enables the Hospice to handle information and personal data in a lawful, secure and responsible manner to help us deliver the best possible healthcare and services for our users.

In an ever-changing digital landscape, we also endeavour to remain alert to identify and harness the opportunities offered by new technologies, such as AI-related products, whilst acting responsibly to minimise their potential risks. In addition to protecting our data, ongoing efforts are made to gain insights from it that support our ongoing efforts to deliver high-quality care.

For the 2025-2026 cycle, the IG programme will be focused on streamlining the overall governance and risk management structures to ensure it remains adaptable, resilient and effective to help us meet our compliance obligations.

Safeguarding

In 2024, LOROS appointed a Designated Safeguarding Lead who since being in post has reviewed current policies and practices including developing a Level 3 training package for clinical staff. A safeguarding assurance report is submitted quarterly to the ICB. The Designated Safeguarding Lead has designed a process for reporting quarterly to the Clinical Governance and Development Committee via written reports.

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 & patient safety.

Deaths are selected for their potential for learning as identified by members of the MDT.

During 2024-2025, case reviews have resulted in identification of learning, leading to actions being taken to improve practice and care of patients.

Equality, Diversity & Inclusion (EDI)

A new Equality, Diversity and Inclusion (EDI) Lead role was created and appointed to in February 2024. Since then, a new EDI Strategy to take us to 2026 has been created, alongside a SMART action plan. The focus of the Strategy is:

1. Developing knowledge, understanding and professional curiosity.
2. Seeing the service offer through an inclusion lens; assessing how inclusive that offer is and working to make services representative.
3. Embedding diverse and inclusive leadership; striving to ensure the workforce and volunteer base reflects the communities LOROS serves.
4. Building trust within all Leicester, Leicestershire and Rutland communities.

EDI is integral to the Hospice's overall aim of providing the best care to patients and their loved ones, and delivering this in the most inclusive way possible.

LOROS strives to ensure it pays 'due regard' to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

LOROS is working diligently and creatively to ensure its culture internally and its approach externally are as inclusive as possible. This includes in person EDI training and ensuring prioritisation according to our workforce's and our communities' needs.

LOROS is reviewing its policies and practices with an inclusion lens, looking inwards and outwards to ensure the culture and service provision is fully inclusive and accessible to all.

Part three

Review of the priorities identified for 2024-2025

Patient Safety:

Priority 1: Tissue viability and pressure ulcer management

Our aim was:

- To minimise the risk of patients sustaining pressure damage as much as possible and ensure we manage them effectively and in a timely manner.
- To implement the use of 'Purpose T' as a risk assessment tool in line with the local acute NHS Trust and review our current practice, equipment and training.

What we have achieved and progress

The SSkin bundle documentation was reviewed and updated in collaboration with the nursing team to ensure that it is user friendly. Weekly audits were undertaken on the SSkin documentation and where information was found not to be recorded nurses were reminded at the time of the audit the importance of accurate and timely documentation. Random audits of the SSkin documentation continue to be undertaken.

The implementation of Purpose-T will take place in quarter three of 2025-2026 once training has been delivered.

Priority 2: Pain assessment tool

Our aim was:

- To produce an effective pain assessment tool to support a reduction in patient's pain and increase symptom management.

What we have achieved and progress

A tool has been designed for the patient's initial pain assessment and ongoing reviews.

Education on the use of the new tool has been delivered and work continues to take place to ensure that the changes are embedded into daily practice when new staff are onboarded.

Clinical Effectiveness

Priority 1: Implementation of Patient Safety Incident Response Framework (PSIRF)

Our aim was:

- To identify themes from Patient Safety Incident Investigations.
- To utilise new tools/templates for investigations.

- Involve Patient Safety Partners (PSP), members of the Hospice User Group in patient experience initiatives.

What we have achieved and progress

Clinical staff involved in conducting investigations into complaints and serious incidents completed the basic levels 1 and 2 patient safety training and Systems Engineering Initiative for Patient Safety (SEIPS) training.

Investigations are completed using the SEIPS framework and learning lessons bulletins are produced which are shared with all clinical teams and at the Clinical Governance and Development Committee meetings which are held quarterly. Learning is also shared with the Integrated Care Board at the monthly Patient Safety Improvement Network meetings.

Next steps: The Hospice is working with Vantage (incident reporting system) to launch the Learning from Patient Safety Event (LFPSE) module in the Autumn of 2025.

Patient Experience

Priority 1: Bereavement service review

Our aim was:

- For the review to highlight if practice is consistent across all hubs and allow for reviewing the original model and make any recommendations from this.
- To establish the need for any additional resource/hubs (including funding) where they are reaching maximum numbers for support.
- To understand how the hubs have supported people over the longer term and if this meets their needs currently.
- To consider what might be next for a person attending a group over a longer period of time, sign posting on, different type of support eg: peer rather than volunteer led.
- To consider the volunteer model and if any changes are required with regard to numbers per group, support, advice, concerns and supervision.

What we have achieved and progress

Activity data was sought regarding numbers of attendees at each hub but there was acknowledgement that there was no data collection around Equality, Diversity & Inclusion information or the reason for attendance.

Each hub and the closed group were observed. The observation not only considered the volunteers and their interactions but also the venue. Each venue was found to be accessible, offer parking, were close to bus routes and had adequate kitchen and bathroom facilities.

The volunteer observation noted the hubs were:

- very welcoming.
- respected individuality.
- signposted to other support.
- gave assurance that confidentiality would be maintained.
- inclusive of all and did not discriminate.

It was noted however that 'ground rules' and the purpose of the group was not iterated regularly as the volunteers had some discomfort around this. An action was put in place to develop a contract to be talked through with all newcomers. As the coordinators observed and engaged in the hubs their use of language was picked up on by some volunteers, this prompted a request for further training in this area which has since been undertaken.

User feedback was sought through a questionnaire, 31 responses were received and the feedback was resoundingly positive and the free text was themed as below:

- The positivity in the group and total inclusion in a relaxed atmosphere.
- A place of safety, comfort and information sharing.
- Able to talk freely without judgement and common understanding of the journey of grief.
- Not feeling alone and the warm welcome received week on week.
- Allowed people to manage their new life and function without their loved one.
- Group sizes getting bigger so less time for talking.
- New members bringing fresh stories of loss, can be difficult to hear but appreciation that the group remains positive and limits regression to raw grief.

Support, supervision and training of volunteers was also reviewed. Supervision was redesigned to enhance uptake; mandated sessions were also implemented. A mechanism to monitor compliance with training was introduced and engagement with volunteers on this helped increase compliance.

A summary of actions/recommendations are listed below:

- Collect other information such as gender, ethnicity, age and reason for attendance to the groups so the service can ensure it develops in response to target audience and need - this action is in progress.
- Review and reiterate the criteria for referral - action completed.
- Bereavement volunteers to be equipped to reiterate at the start of each session the purpose of the "informal drop in hub" - action completed.
- Continue to monitor what attendees come for support with and the service will continue to work with its partners to ensure the right referral to our service and look to formally reviewing the criteria for referral - ongoing action.
- Facilitate a workshop day with teaching on communication, top tips for communication in grief and role play learning to be included - action completed, workshop was held in November 2024.
- Develop and introduce electronic feedback using a QR code system by end of 2024 - action completed.

- Develop and implement a process to ensure the service standards document is given out whilst onboarding volunteers and ensuring its completion at the three-month mark then annually with one to one meeting between coordinators' and volunteers - action completed.
- Review and develop supervision offer for volunteers, making attendance required as part of the bereavement volunteer role - action completed.
- Develop and implement a mechanism for required ongoing training that mirrors the mandatory training for the Hospice non-clinical paid staff - ongoing.

This review also contributed to the updating of the Standard Operating Procedure for the Counselling and Bereavement Service. Where possible, the service is working with partners to secure free spaces for the Bereavement hubs, but it is acknowledged and budgeted for payment to utilise appropriate spaces and achieve the best coverage across LLR.

Who we involved and engaged with

Patient and carer experience

Compliments received in 2024-2025

A total of 698 written compliments were received in 2024-2025.

Tell us what you think

LOROS implemented phase 1 of a new digital patient survey with the clinical areas in April 2024. Phase 2 which relates to community services was launched in October 2024.

Through the above new digital scheme and the old voluntary feedback scheme 761 cards were received in 2024-2025, an improvement from 2023-2024 (486 cards received).

What did we do well?

I cannot fault LOROS in any way. The care was excellent, the staff looked after my wife and myself with kindness. Even the cleaners were friendly with us. I felt I could leave my wife in the safe and caring hands of the MND staff, I had no concerns for her safety or the level of care given to her. ***Motor Neurone Disease***

Wonderful care. It's so different to hospital. Surrounding area outside calming. My complementary therapy has helped me to cope. I feel each time a great weight has been lifted. Staff are so professional and kind. ***Complementary Therapy***

We stayed here one night. Staff were amazing. Fantastic help and support. When we need them, immediately come and help and resolve problem. Very kind and polite. Very helpful and maintained dignity and respect while they do personal care. I appreciate all staff like nurses, doctors and HCA. ***In-Patient unit***

The team paired me up with a volunteer and treated me with kindness. I can't thank them enough for the service provided, they were there in my time of need.
Volunteer Home Visiting

You said (examples)	**We did**
Confidentiality is very important to me if I'm talking to someone about my illness.	Staff have regular training and are aware about the importance of maintaining patient confidentiality and there are spaces away from the main day therapy area that can be used for one-to-one discussion if necessary. Will remind staff to be mindful of maintaining confidentiality at all times.
As a first-time visitor I found parking awkward not being sure which spaces were for staff and where the clinic was. Maybe make outdoor signage more explicit.	We have reviewed the car park signage and agree it could be improved. We are planning a car park refurbishment when funds allow, but will make interim improvements to make the signs clearer.
Dishes and used cups removed sooner from bedside tables if possible.	The catering team always collect crockery and cutlery periodically throughout the day after lunch and evening meals. Occasionally the catering team may leave

	some items behind if they feel patients have not finished.

Patient and carer stories

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

Patient's story

Emma's story – LOROS brought light into the darkness

"In March 2017 my husband Chris was diagnosed with stage 4 oesophageal cancer. He was 42. Our children, Annie and Hugo, were 10 and 9 at the time but right from the beginning, we always talked to the kids about what was happening. That was really important to me.

"Chris didn't want to know his prognosis and he didn't want to know he was dying. It was hard. I was trying to plan ahead so I could cushion the kids as much as possible as well as support Chris and deal with the here and now of appointments, tests, treatments.

"For a while things looked hopeful. Chris was doing so well on the chemo. He didn't lose his hair and everything was stable. Then in March 2018, it seemed like things changed.

"Chris had a seizure the day before he was due to start the radiotherapy. We went to A&E and they scanned his brain and found it was full of tumours. They kept him in and it was then we knew that this was it, he was deteriorating rapidly.

"Chris was desperate to go home but I just couldn't care for him there. He was getting up 12 or 13 times a night so I knew that going home wasn't an option for us. They looked for a bed at LOROS for him, and he agreed to go.

"So we came to LOROS. He had a room of his own and a view of the garden. Later that day he said to his brother, 'this is my room now', and I was so relieved he felt relaxed here. I'd persuaded him to come to LOROS to give all of us the right choice.

"We were here constantly for those two weeks and got to know the amazing staff. They fed us and made us cups of tea all the time.

"LOROS is brilliant because there were things that could distract the children. The fish became a big part of their lives! They enabled them to be part of Chris's final days, when otherwise it might have been too difficult. The children were even allowed to feed them. Little things like that made their experience less traumatic, and knowing they were okay helped make me okay.

“On 23rd August it was my son’s birthday and the nurses threw a party for him, decorating Chris’s room with banners and the catering team even made him a special birthday cake. Chris died three days later.

“I cannot say enough about the difference being in LOROS made to our saying goodbye. Quite simply it gave us a window to be a family again. LOROS completely changed what could have been a terrible ending, and we now have such fond memories and we’re able to see the good times that we spent together.

“On Chris’s stone we’ve had engraved ‘his light shines on’ and that’s what LOROS did for us, bring light to the darkness.”

Victoria

After having cancer twice within a few years, Victoria, 41 from Narborough, came to LOROS for massage therapy.

“In 2023 after having breast cancer, a mastectomy, chemo and radiotherapy, I found I’d got cording, which is a tightness resulting from breast cancer surgery, and I couldn’t lift my arm up properly. I was referred to a physiotherapist and together we did some work to soften out the cords and also on my mastectomy scar too which was very productive and helpful. The physio said she could refer me to a team that have experience of massage on people who have been through treatment and have got vulnerable bodies like I have. When she said it was at LOROS, I thought straight away, ‘oh no, I can’t go there.’ After that I thought, well I trust them so if they think this is a good idea I will give it a go, I shouldn’t just dismiss it.

"And now, months later, I feel so at home here at LOROS. It feels like everyone who works here has to go through a friendly test because everyone is so kind and welcoming. It's such sensitive work and so humbling.

"Now I know LOROS is not just end of life care. I've had 8 rounds of chemo and 29 rounds of radiotherapy so my body has really been through it. I've got two types of cancer – lymphoma in my eyelids which can't be cured but can be managed well. I also have breast cancer. My body won't recover from a lot of what it's been through so I do need an expert in massage to help me feel comfortable now and help my recovery. It's been a real privilege to come into LOROS and I know it's nothing to be frightened about.

"I've had 6 sessions of massage altogether and because of my pain I hope to have another 6. When you have cancer, life stops as you know it, and you have to find a new way of living. Having the appointments with Mani to look forward to really help. I was working full time as a hairdresser, looking after my son, cooking, cleaning, washing. Then suddenly I couldn't do anything, couldn't walk up the stairs even. My family, friends and community really stepped up and helped me get through a difficult time.

"I can't believe that this complementary therapy is available to me. It's such a wonderful add on. I'm going to hospital appointments, doctors in white coats, all the time. But I come here and feel like I've been put back together again.

"When I first started about 6 months ago the first session seemed to alleviate my pain. I was so relaxed I slept without the painkillers and it didn't return until the following day which was amazing.

"I've grown a really nice rapport with Mani. There's a lot of trust and some time I nod off and snore which shows the level of relaxation I can get to! There's things she's pointed out to me too, like knots in the muscles in my back, which I'm not aware of but your body takes on stress when you're not aware. There's such medicinal qualities in massage that sometimes get overlooked and labelled as just a luxury past time, but it's so much more than that.

"Every month I make the next appointment with Mani and leave feeling on a cloud. In my first appointment I had a back massage and my mind was so clear, it was like I was meditating. I could see these different colours, it was magical.

"I've had difficult episodes in my life and had bad relationships and felt low and depressed. But when my son was born I worked really hard to give up bad habits, toxic people and live a more wholesome lifestyle. I'd reached a point where I'd got there. Then all of a sudden I got lymphoma and then within a year, I got breast cancer as well. I just decided there and then that I didn't want cancer to be a turning point where everything went wrong. It was just a little blip. Just part of life. And I have done that. I'm not giving cancer an inch.

"My body is so brilliant. It's given me a healthy baby. It's let me do all the things I want to do. It's taken a pounding from cancer but is still okay. I want to celebrate it and feel good about myself. Cancer creates an image of misery but actually it’s made me realise how amazing my body is.

“I’m just living my best life. Cancer can take my breast, it can take my hair but it’s not taking me.”

Complaints

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

During 2024-2025, 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 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.

Hospice User Group

This is an informal open forum for people who are currently using or have recent experience of any of our services provided by LOROS. This includes, patients, carers, family members and representatives from health/ social care providers.

In 2024-2025 some members of the group participated in the 5 Senses Survey and 15 Steps Challenge. These initiatives will continue to take place in 2025-2026.

Patient Listening Events

Recognising that our Hospice User Group membership is predominantly made up of carers, as a group, a decision was made to pilot a patient listening event. The main aim for holding the event was to engage directly with patients and listen to their experience and feedback. A simple format of questions was used which focused on:

- What has been good
- What has not been so good
- Staff attitude and behaviour
- Food
- Hospice Café

The conclusion was that these events were successful and will be incorporated into the annual work plan for 2025-2026. Staff will be given the opportunity to participate in these listening events as part of their development and any actions will be shared with the education team to identify how any learning can be shared across all clinical teams as opposed to specifically dealing with this at an individual and local level.

Workforce

LOROS currently employs 418 paid colleagues, fulfilling just over 320 full time equivalents, across the main Hospice site, community-based services, retail functions and the research and education departments.

Clinical 139.1 FTE

Enterprises 64.3 FTE

Lotteries 5.1 FTE

Non-Clinical 111.5 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

Following the Colleague Opinion Survey in 2024, a working group with representatives from across the organisation was formed to analyse key themes within the survey and create an action plan to address these areas.

The themes (and aims) identified that were within the group's remit were:

- Recognition - to enhance positive feedback on recognition-related questions in upcoming Colleague Opinion surveys.
- Wellbeing - to continue to deliver and promote a series of wellbeing events/initiatives, to enhance positive feedback on wellbeing related questions in upcoming Colleague Opinion surveys.
- Environmental Sustainability - to promote the actions that LOROS are taking to make the Hospice more environmentally sustainable with the aim of increasing awareness, measured in the next Colleague Opinion survey.
- Communication - to establish a consistent approach with communication across the organisation.

An action plan is associated within each key theme.

The group identified already established initiatives that currently aim to reward and recognise the workforce. These were:

- Shine a Light cards.
- Long service awards.
- Staff and volunteer BBQ.

The group also researched what other healthcare providers/hospices do to reward and recognise their workforce and discovered a recognition programme used within UHL and other healthcare settings worldwide called the DAISY Award.

The DAISY Award is a recognition program to celebrate and recognise nurses by collecting nominations from patients, families, and co-workers. It is run by organisations as a way to thank nurses for the care and kindness they provide.

The nominations are sent to an internal committee at the participating organisation. The committee scores the nominations using criteria that focus on compassion and fit the mission and values of each organisation. Honourees are selected throughout the year to provide continuous celebration of extraordinary nurses.

LOROS is establishing the DAISY Award within the Hospice and will be developing a second award that is for non-nursing roles across the organisation. The aim is to launch the awards in December 2025.

Staff health and wellbeing

LOROS recognises that fostering and supporting positive wellbeing is crucial to empowering colleagues and volunteers to fully engage with the organisation and deliver their best work. This ultimately benefits patients, their carers, and the communities we serve. Therefore, LOROS remains committed to implementing its wellbeing strategy.

The wellbeing programme covers the entire workforce, with tailored approaches for both staff and volunteers. The LOROS wellbeing strategy is organised around six key focus areas, supported by a yearly calendar of events, awareness days, and informational sessions. To maximise accessibility to wellbeing resources, LOROS partners with the LLR Academy, enabling staff to attend events open to all health and social care professionals across the network. Wellbeing resources are also available for staff to access via the internal intranet.

The strategy is reviewed annually to ensure actions remain relevant and on track.

Community engagement

During 2024-2025 LOROS supported two young people with a one week's work experience placement at the Hospice. The Hospice also visited six schools during their career events reaching over 400 students and supported two schools with Give Back Days. Give Back days is an initiative where LOROS offers schools and colleges the opportunity to give back time to their local Hospice, volunteering for four hours to help complete jobs around the Hospice and helping them to achieve some of their school and college values. Some of the jobs undertaken included window cleaning and repainting benches on the Hospice grounds.

In December 2024 two primary schools attended our Day Therapy sessions, with a total of 40 young people coming to sign to patients and staff.

2024 saw the launch of providing bereavement support groups for children and young people. Throughout the year the Hospice engaged with a total of 60 teachers in an education setting and provided workshops on how best to support their peers and students with grief. Since August 2024 the LOROS has been hosting an after-school club for bereaved children once a month which has proven to be really successful.

The Fundraising team have been working with the prisoners from Gartree Prison where they have chosen to fundraise and support LOROS, and this will continue throughout 2025/2026.

Infection Prevention and Control

In the year up to September 2024 there were two reported incidents, whereby two patients were transferred from UHL to the inpatient unit; and subsequently were found to have Carbapenem Resistant Organisms (CRO). Neither had this documented on their referral forms by the hospital palliative care team. As a result, a CRO screening question was added onto the Hospice referral form, in addition to a verbal request to screen prior to transfer.

In December 2024 there was a vomiting outbreak on the ward involving six patients over a 6-hour period. All patients and cohorts were isolated. No further incidences of vomiting occurred within patients, visitors or staff and no related cause was found.

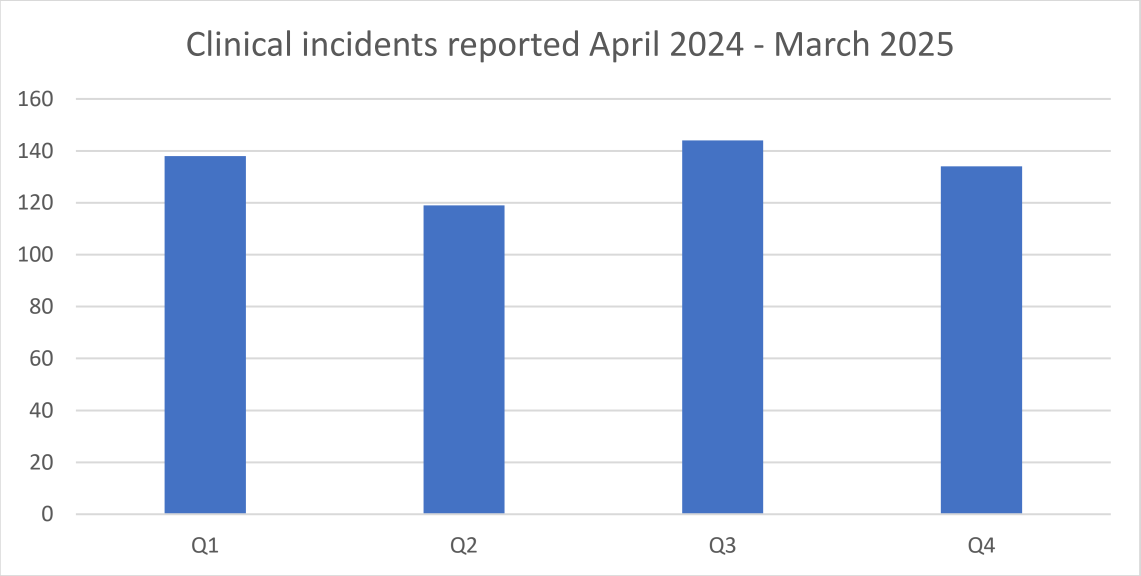
A further incident in December occurred with a patient who had been an inpatient for several weeks., tested COVID positive. The patient was already nursed in a single room, but additional droplet precautions were put in place. At the same time two members of the domestic team, who had not had physical contact with the patient, also tested positive. The resulting investigation revealed that a family member of the patient had been visiting whilst unwell and subsequently tested positive. This was despite health advisory posters being positioned in both, the main Hospice reception and ward reception areas with regards to refraining from visiting if unwell. No further patients or staff members tested positive. The patient made a full COVID recovery and was discharged at a later date.

In March 2025, a patient was admitted from the community, again with CRO not being identified on the referral form. The resulting investigation was shared with the CNS team leader, and was a learning from incidents agenda item in their team meeting.

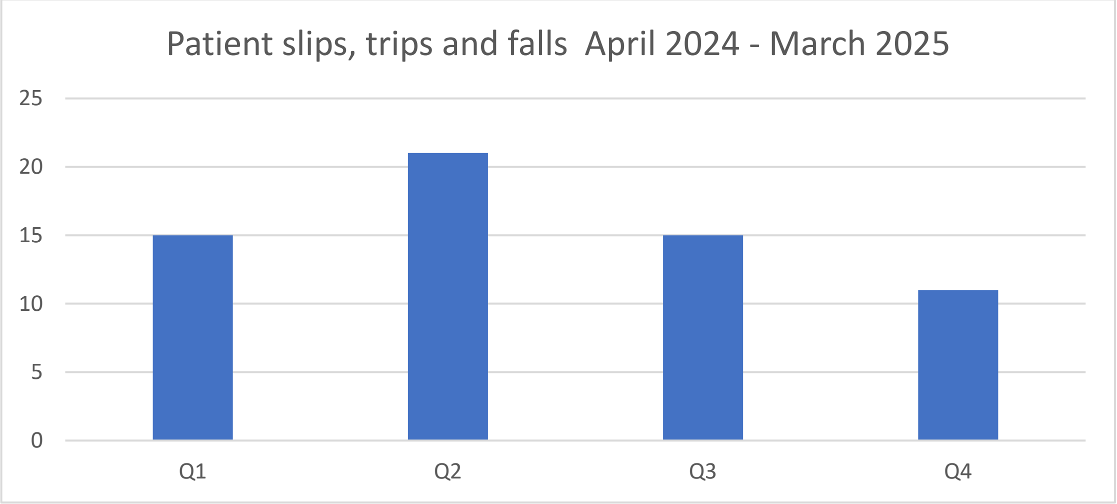
Medical devices management including MHRA alerts

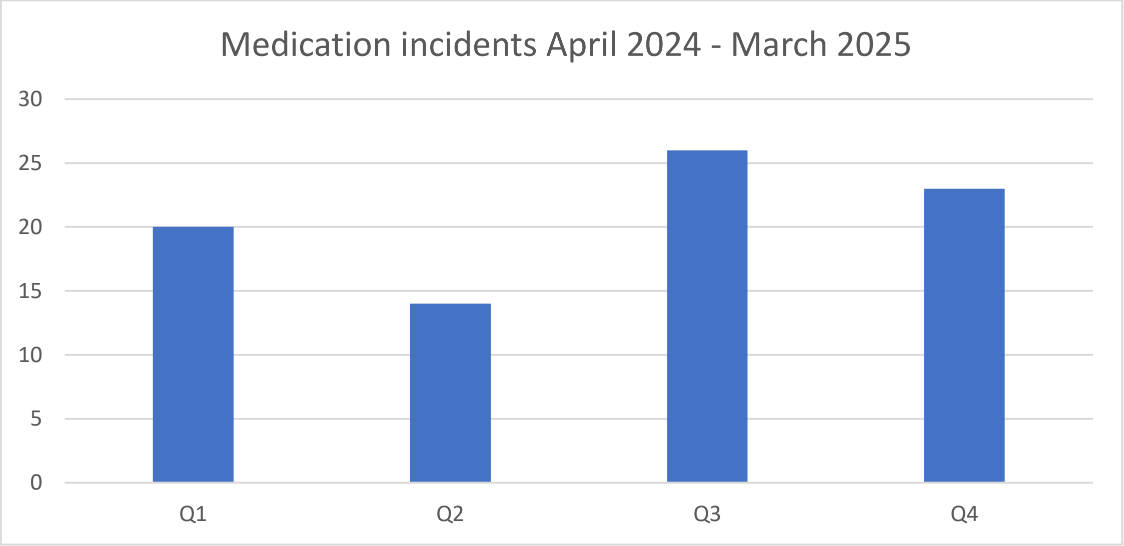
All relevant alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) have been logged and cascaded for appropriate action.
Action plans are created for those requiring action and progress is monitored at the weekly significant events meetings to ensure all relevant actions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

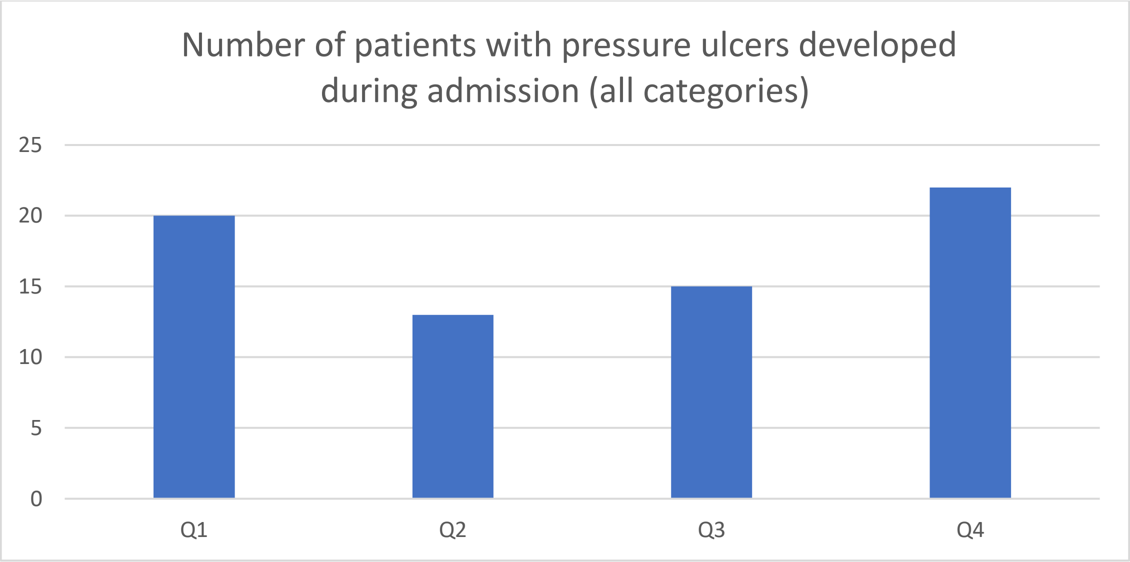
Patient safety indicators



535 clinical incidents were reported in the year.







Serious/ Significant incidents

There were three serious incidents reported to the CQC and ICB in 2024-2025.

Quarter 1 **July - September 2024**	**June - Category 3 pressure ulcer developed in our care.** Patient was admitted to LOROS with a Category 2 pressure ulcer to the sacrum. The pressure ulcer deteriorated to a Category 3 during admission. 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 ICB closed the incident. 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 - Unwitnessed fall which resulted in the patient fracturing the neck of femur. Patient was admitted for symptom management. Patient got up independently to use the toilet at night and sustained a fall. 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 ICB closed the incident. 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.
Quarter 3 **October - December 2024**	**November - Unwitnessed fall which resulted in the patient fracturing the distal humerus.** Patient was admitted for symptom control. Patient was found on the floor in the bathroom. 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 ICB closed the incident. 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 mandatory for all clinical staff and has been for the past four years, it is expected that staff attend at least four sessions in a 12-month period and that two of these will be individual and two group sessions. Each staff member has an allocated supervisor, managed by the Senior Practice Development Practitioner and the Designated Safeguard Lead. The group sessions form part of the mandatory and clinical training days.

Housekeepers have a group supervision session at the end of their team meetings which they find beneficial and have requested that this is ongoing.

A member of the Practice Development team has completed training on resilience based clinical supervision. Further staff members will be attending the training funded through Hospice UK and we will be reviewing how this can be implemented throughout the organisation.

Prior to implementation there will be a review of the policy in 2025-2026 in line with clinical effectiveness priority one.

Service Improvements

Inpatient Ward - The Hospice has continued to support Health Care Assistants to attend the student nursing associate programme and currently two staff members are on the course. One Registered Nursing Associate (RNA) is also being supported to complete an apprenticeship to become a Registered Nurse and another RNA is due to commence their apprenticeship in September 2025.

In 2024-2025 work commenced on improving patient flow. The admission criteria and referral form were reviewed. In addition, a working group looked at possible ways to speed up discharge when a patient is ready to leave the Hospice. As part of this work we continue to work with senior staff at UHL and building on those relationships.

A review of the risk assessments and care plans on SystmOne took place in a bid to try and streamline the documentation process and ensure care plans are personalised and accurate.

The Hospice continues to work with Establishment Genie to ensure safe staffing levels and in 2025-2026 the ward will use some of this work to revise the acuity tool to try to make it more accurate in a palliative care setting.

Enablement - A skilled and experienced team of occupational therapists, physiotherapists, and therapy assistants, continue to work collaboratively as a multi-disciplinary team to enable patients to progress towards their personalised goals.

Chaplaincy & Family Support - The Spiritual Care Chaplains and Chaplaincy Volunteers have continued to support patients and families in Day Therapy and on the ward as well as staff and volunteers at the Hospice. The team have conducted wedding blessings when requested by patients on the ward and pre-wedding blessings when a patient on the ward has not been expected to attend the wedding of a close relative. They have frequently been asked to conduct funeral services for patients who have died on the ward.

During the last year the Chaplaincy Team have organised and led three Thanksgiving and Remembrance services attended by over 250 people and supported by trustees, staff members and volunteers.

Family Support have continued to support bereaved relatives in navigating the Medical Examiner and Death Registration processes, along with ongoing emotional support where required. This support has been provided over the phone and face to face both before and after a death. Over the last year the team has facilitated 'Everything in Place' sessions three times in Day Therapy as well as on-demand with individual patients on the ward, discussing what is most important to them as they approach the end of their lives.

Family support have also worked on updating the policy regarding handling of patients after death following the Fuller report.

Day Therapy - The service operates Tuesdays – Fridays. Referrals and attendance continue to increase, referrals being received from various clinical areas. Within Day therapy, 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 Therapy enjoy activities such as, laughter yoga, drum fit, falls prevention and getting your affairs in order.

Members of Senior Leadership Team and the board of trustees enjoyed Christmas dinner with patients.

'The Wellbeing Hub' is open on the first and third Monday of each month. The focus remains a well-being/social theme with a café and is led by a creative facilitator supported 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. They enjoyed themed activities such as 1940's afternoon tea.

The Young Person & Transition key worker - The role supports patients between the ages of 18-40 (not restricted to this especially if the patient has additional needs). This role was initially funded with lottery funding which was due to end in August 2024, however, further funding was secured to extend the provision of this role until August 2025. Younger people are also referred to and attend Day Therapy and/or attend the Wellbeing hub with their carers.

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 and practice nurses as required.

Complementary Therapies - The team operates a full service on the Ward, Outpatients and in Day Services and also continue to offer a hybrid service of online sessions on Mindfulness and Coaching, empowering our community patients and their families and working holistically to support their wellbeing. Face to face group Mindfulness sessions continue with a Top Up session every month for patients and carers.
The team have worked collaboratively with Occupational Therapy and Day Therapy to deliver the Fatigue, Anxiety & Breathlessness (FAB) Group sessions to empower patients and their 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 CNS's 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 patients/carers and professionals can be sought through the Co-ordination centre from 8am-10pm daily.

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

The ICSPCS set up an audit group with regular record keeping, hand hygiene and uniform audits being undertaken with action plans for areas of low compliance. A ReSPECT audit of end of life care discussions/decisions recorded by the team is planned for 2025 and also an audit of the non-medical prescribing practices of our CNSs.

Motor Neurone Disease (MND) Specialist Team - Working with the support of the LOROS medical team and other LOROS services, the small LOROS MND team coordinate the care for patients from their diagnosis to death. Fortnightly, they bring together a wider multi-disciplinary team, which includes NHS colleagues and the local representatives of the Motor Neurone Disease Association (MNDA) in which the most complex patients are discussed and plans made for ongoing care or support.

Opcare commenced a satellite clinic at the Hospice on the same day as the MND MDT and out-patient clinic which has enabled a more efficient and timely delivery of powered wheelchairs to patients living with MND.
The MND service also received a donation from a local Rotary club of some equipment, namely a 'neater eater' and a spirometer.

The MND team continue to work closely with the MNDA and are going to be featured in the national magazine 'Thumb Print' in due course.

Counselling - The Counselling and Bereavement service offers support to those affected by a terminal diagnosis, and those closest to them. The service offers outpatient face to face/telephone or virtual counselling, and counselling is also offered to patients whilst on the ward.

There is a children and young people's counsellor who supports children and families coping with terminal illness.

Having had a period where the waiting lists were very long we have reviewed the referral and triage process to ensure only those with a clear need of talking therapies are accepted and waiting times are now much lower.

The counselling lead delivers a psychological support course for other health professionals in palliative care - this is based upon level 2 counselling skills training and aims to equip other professionals with tools to provide the psychological support for patients in a timely manner.

Bereavement Support - LOROS provides:

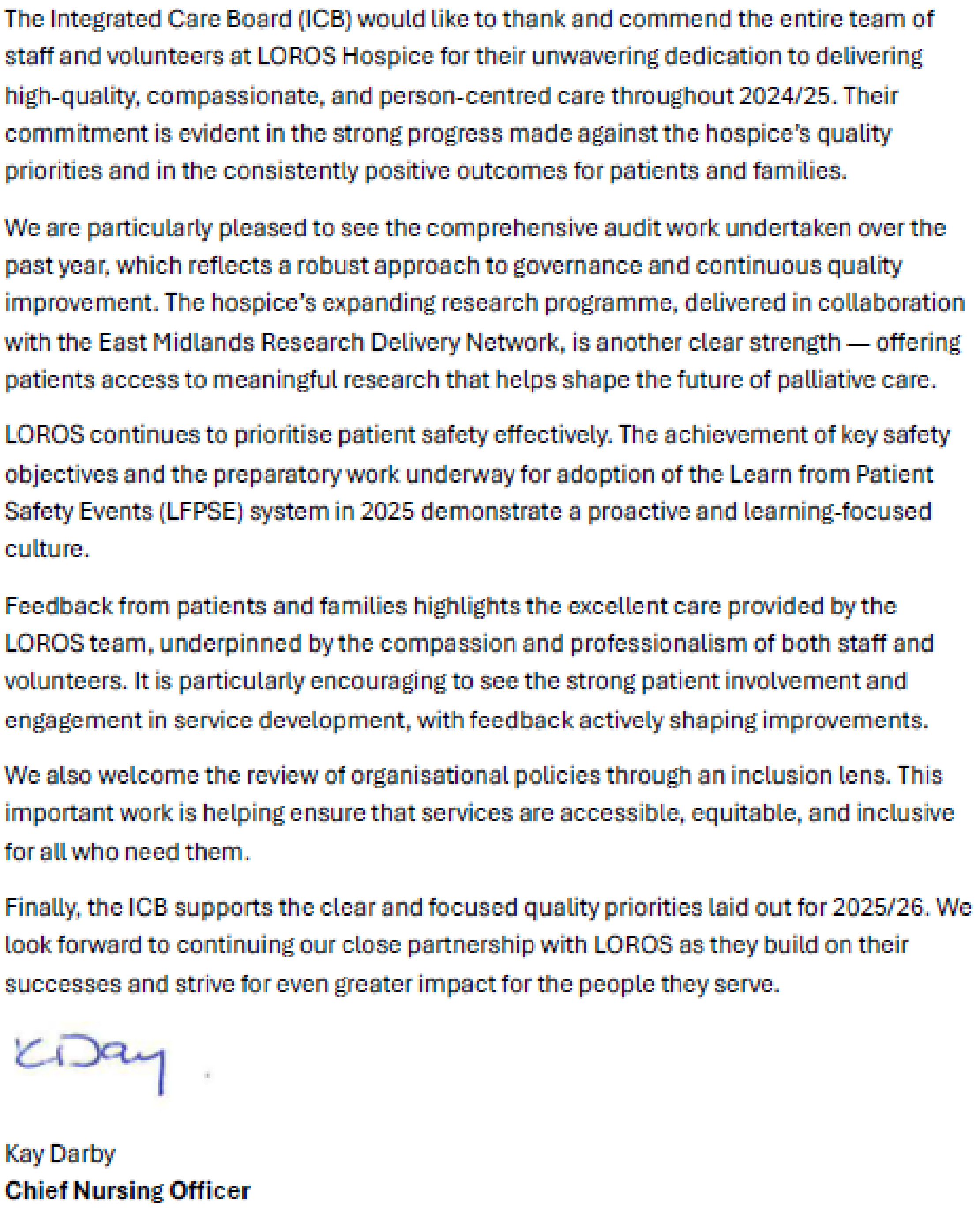
- 10 drop-in Bereavement Hubs across LLR, which are run by trained volunteers who offer alternative support in a group setting. The latest hub opened in Market Harborough in early 2025.
- Two Bereavement Help-points in Rutland which, similar to the Bereavement hubs are where people can drop in. These are run in collaboration with two other local Hospices.
- 1:1 Bereavement support with volunteers.
- Bereavement Support group which people can be referred into.

We are working with another charity to open a Bereavement Support hub in the Melton area in 2025.

Compassionate Neighbours - The service was rebranded as the Volunteer Home Visiting Service to make it clearer what the services offers. The service has approximately 90 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.

On referral in, each patient is visited by a facilitator and 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



The Integrated Care Board (ICB) would like to thank and commend the entire team of staff and volunteers at LOROS Hospice for their unwavering dedication to delivering high-quality, compassionate, and person-centred care throughout 2024/25. Their commitment is evident in the strong progress made against the hospice's quality priorities and in the consistently positive outcomes for patients and families.

We are particularly pleased to see the comprehensive audit work undertaken over the past year, which reflects a robust approach to governance and continuous quality improvement. The hospice's expanding research programme, delivered in collaboration with the East Midlands Research Delivery Network, is another clear strength — offering patients access to meaningful research that helps shape the future of palliative care.

LOROS continues to prioritise patient safety effectively. The achievement of key safety objectives and the preparatory work underway for adoption of the Learn from Patient Safety Events (LFPSE) system in 2025 demonstrate a proactive and learning-focused culture.

Feedback from patients and families highlights the excellent care provided by the LOROS team, underpinned by the compassion and professionalism of both staff and volunteers. It is particularly encouraging to see the strong patient involvement and engagement in service development, with feedback actively shaping improvements.

We also welcome the review of organisational policies through an inclusion lens. This important work is helping ensure that services are accessible, equitable, and inclusive for all who need them.

Finally, the ICB supports the clear and focused quality priorities laid out for 2025/26. We look forward to continuing our close partnership with LOROS as they build on their successes and strive for even greater impact for the people they serve.

KDay

Kay Darby
Chief Nursing Officer