



Quality Account

2017-18

LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you
and your family



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LOROS vision, mission and values

Our 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.

Our mission – our goals and activities in working towards our Vision

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

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

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

Our values

PROFESSIONAL
FOCUSED
COLLABORATIVE
COMPASSIONATE
TRUSTED

We will strive to be

- **Professional** in our attitude and everything we do
- **Focused** on patients, families and carers whilst listening, learning and adapting to their diverse needs
- **Collaborative** in working together and with others
- **Compassionate** in providing care and responding sensitively to requests for support
- **Trusted** within our organisation and by our community







Part one

Statement on quality from the Chief Executive



LOROS is an independent charity that provides care and support to around 2,500 people each year across Leicester, Leicestershire and Rutland. The staff and volunteer team within LOROS are passionate about the organisation and its reputation. Their total commitment is to excellence in end of life care not just through delivering care but also through the education of practitioners and research.

Patients are offered our services based upon clinical need and independent of gender, race, colour, religion or ability to pay. The Trustees firm priorities are that the charity delivers excellence in specialist end of life care and that this is provided at no cost to patients and their families. This is achieved through collaboration with the NHS who provide 22% of the organisation's income, the remaining 78% is fundraised through various activities.

LOROS is highly respected and has an excellent reputation in the community: it has fantastic local public and business support and is well regarded by our external colleagues.

The vision of the Trustees coupled with the strategic and operational energy of the senior team enables LOROS to continue its drive to provide more services both within the Hospice and externally across the community.

Organisational plans which were mobilised in 2016/2017 are now embedded in to daily operation. The Professional Development Centre was opened in October 2017 and work is reaching final stages on Phase Two of the Hospice extension. The new facilities and increased space that this phase creates for both Day Therapy and Outpatients will allow us to increase patient numbers and offer services in the very best of environments.

LOROS has further developed its community presence by developing four additional consultant clinics in Ashby de la Zouch, Melton Mowbray, Market Harborough and Hinckley. This expansion and investment by LOROS enables patients to access the very best support and advice close to where they live and negate the need to drive to LOROS which can often be uncomfortable for them and time consuming.

Aligned to the community development work, LOROS continues to develop its links with younger volunteers through its appointed 'Youth Engagement Officer' post. Lowering the average age of volunteers, expanding the activities on offer to patients and embracing the energies of a younger volunteering cohort are all exciting developments for the future of LOROS. This will also support the Transition project with Rainbows the children and young person's hospice this year.

In the period 2018/2019 LOROS will see the site development project finalised and operationalised. Further investments are to be made in to the refurbishment of eight patient bedrooms as well as the Hospice's social and dining areas. Intentions remain to find a suitable location for a 'static' co-ordination hub and through this to pilot a new way of working within our local community, providing the very best care and advice for people and families affected by a terminal illness.

A large number of people have contributed to this Quality Account, most notably the Director of Care Services and Clinical Quality and Patient Safety Lead.

The LOROS Board of Trustees reviewed and approved this Quality Account in July 2018.

To the best of my knowledge, the information contained in this document is accurate.

A handwritten signature in black ink, appearing to read 'John Knight', written over a horizontal line.

John Knight, Chief Executive.



Part two

What we achieved in 2017-2018

Patient Safety

PRIORITY ONE

Electronic Prescribing

Why was this identified as a priority?

This initiative, introduced as part of procuring pharmacy services from a new provider, will support doctors in their prescribing, with medicines management advice being integral within the system and allow regular auditing and feedback.

What we have achieved and progress to date?

There was a very successful transition to electronic prescribing with the support of Leicestershire Partnership Trust (LPT) in September 2017. This innovation has been welcomed by staff and enabled remote prescribing, made it clearer when patients need medication at any time and has reduced the number of medication related incidents. We are continuing to work with LPT to refine the system to best meet the needs of our patients.

Clinical Effectiveness

PRIORITY ONE

Better Care Together - Community Services

Why was this identified as a priority?

This initiative will support the implementation of a co-ordinated 24/7 offer for End of Life patients, carers and their families through a Leicester, Leicestershire and Rutland (LLR) Integrated Community Palliative Care Team (ICPCT)

What we have achieved and progress to date

This extensive piece of work has gathered pace throughout 2017-18. It is a complex change which involves staff from health and social care – University Hospitals Leicester (UHL), Leicestershire Partnership Trust (LPT), LOROS, Marie Curie, staff from the three local Clinical Commissioning Groups (CCGs) and local government social care teams.

The year has been spent collating extensive data to support the development of how the integrated service will be provided, understanding the capacity and demand of the existing teams, including identifying efficiencies within the existing services and gathering information to learn from other organisations who have implemented a coordinated offer for end of life.

The aim is to test elements of the new service throughout the forthcoming year, eventually fully implemented by April 2019.

PRIORITY TWO

Single Nurse Administration of Drugs (SNAD)

Why was this identified as a priority?

This initiative will allow nurses to single check and administer controlled drugs and subcutaneous medications promptly without requiring a second nurse to be available to check. It will empower nurses to respond to patient needs and enhance nursing care by freeing up some time to provide other aspects of care at the standard they aspire to.

What we have achieved and progress to date

Following staff training SNAD has been introduced from July 2017. 61% of the Registered Nurses have undertaken the training and all of the staff trained are practicing SNAD when they feel it is appropriate. It continues to be optional at all times and staff should use this single checking of drugs only when they feel it is safe to do so. A formal audit of the process was delayed due to the introduction of electronic prescribing but this will be undertaken this year. There have been no initial concerns about any increases in errors since the introduction of SNAD.

What we achieved in 2017-2018

Patient Experience

PRIORITY ONE

Day Therapy and Outpatients Extension

Why was this identified as a priority?

This will provide bespoke space to enhance the offering to our patients. It will include a large gathering room, dining room, art therapy room, lounge and hairdressing facilities. It will also include additional consulting rooms, areas for complementary therapies and specially designed assisted living kitchen and bathroom facilities.

Not only will it provide state-of-the-art facilities for our patients, it will also enable LOROS to increase its capacity to meet demand.

What we have achieved and progress to date

Our new Day Therapy and outpatient unit is due for completion estimated September 2018. Patient numbers will be able to be increased by around 25% as Day Therapy now operates 5 days per week.



Day Therapy will continue to take referrals from healthcare professionals and will be able to accept patients who have complex needs, including those who require mechanical aids/hoist to transfer and move them.

In the new build, there will be an open plan lounge/dining area, leading to an area for creative activities. The area will also have a 'group activity' room for those patients choosing to listen to music or who wish to use our electronic play equipment or for a small group of patients to complete group work together. Lastly, a room dedicated to beauty and hairdressing for use by volunteers to carry out treatments with patients.

The out-patients department will increase to eight clinic rooms, for use by the Lymphoedema service and outpatients clinics to support with breathlessness and pain management, as well as neurological clinics. The new facilities will give greater flexibility for clinic times and capacity.



DAY THERAPY ACTIVITIES TIMETABLE	
Monday – Friday	
9-9.30am	Patients arrive
9.30-11am	Assessment of all patients and any new patients by trained nurse
11am-12 noon	Wellbeing sessions: <ul style="list-style-type: none"> managing fatigue managing breathlessness falls prevention mindfulness armchair exercises to music creative thoughts
12 noon	Assessments continue: enablement assessments reviews by medical staff as necessary
12.30pm	Lunch
1.30pm	Relaxation session
2.00pm	Social activity: <ul style="list-style-type: none"> quiz bingo carpet bowls play your cards right music and singing creative activities musical entertainers inc. choirs and singers choir singing story tellers flower arranging beauty pamper sessions inc. facials primary and secondary school projects at various times during the year
3pm	Leave for home

What we achieved in 2017-2018

PRIORITY TWO

Community Engagement

Why was this identified as a priority?

As an organisation we are committed to build on the current work being undertaken around community engagement. Our focus in the next year will be to establish links and connect further with the hard to reach groups within our locality to progress partnership working and ensure our services are accessible to all.

What we have achieved and progress to date

We continued to extend our reach to the existing hard to reach groups that we had already been working with Vista; Action in Deafness; Gypsy and Traveller; Learning Disability; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); and made new links with Leicestershire Centre for Integrated Living (LCIL); Leicestershire AIDS Support Services (LASS) and for mental health, Leicestershire Action for Mental Health Project (LAMP). Resulting in attending team meetings with the invitation to deliver talks to user groups and deliver presentations. LOROS Local has been utilised to assist in engaging with the gypsy and traveller community in the county and at the Emerald Centre, as well as supporting at events for LCIL and East Midlands Ambulance Service (EMAS).

A role with dedicated time given to community outreach/engagement was appointed in May 2017 and since this time, LOROS Local has been placed in the community across LLR on 76 occasions. five were supporting the fundraising team at key events such as the marathon; resulting in our visual message being viewed by 6,450 people and 44 conversations about Hospice services. The remaining 71 visits resulted in 5,548 external reads and 695 diverse conversations. For the majority of these visits, the driver/support worker was supported by volunteers.

'Taster' complimentary therapy sessions were delivered on LOROS Local to test out if such sessions would be viable for patients and carers to access on LOROS Local. This has been positively received, resulting in a weekly complementary clinic commencing in April 2018.

A further 20 clinical events have been attended, either giving a presentation, informal talk or displaying a presentation stand. These have included CCG health and wellbeing events, health road shows, cancer support and Patient Participation Groups (PPG).

Our Cultural Support Officer has continued to maintain existing relationships and build new ones with various communities and groups. Open evenings is the new initiative to invite diverse communities to LOROS. During the last year we have hosted successful Sikh and Somalian evenings.

Throughout the year, campaign boards have been displayed and talks have been delivered to staff on a range of issues such as Black History, Holocaust and Mental Health. Vaisakhi and Gypsy and Traveller months have also been celebrated.

PRIORITY THREE

Engaging Volunteers and other Organisations in Leading Versatile Enablement (EVOLVE)

Why was this identified as a priority?

The Engaging Volunteers and other Organisations in Leading Versatile Enablement (EVOLVE) project will run for 18 months from February 2017. EVOLVE aims to enhance the quality of life for patients with Motor Neurone Disease (MND) and Fronto-Temporal Dementia (FTD) in enabling them, supported by volunteers, to engage in social and meaningful activities.

What we have achieved and progress so far

The EVOLVE project was started in February 2017 and will be running for 18 months with a finish date on 31st July 2018. The project has been supporting people with neurological conditions and cognitive changes to engage in meaningful activities at home.

The project was started to support people with Motor Neurone Disease (MND) and Fronto-Temporal Dementia (FTD) who can find that they are increasingly isolated from society and engagement in everyday activities. The project sought to provide specially trained volunteers to support on a regular basis. However, after seven months it was apparent that other people with neurological conditions would also benefit from this service, so the inclusion criteria were broadened to include other neurological conditions such as Progressive Supranuclear Palsy (PSP), Multiple Systems Atrophy (MSA) and advanced Parkinson's disease.

What we achieved in 2017-2018

The final findings for the project will be available after July 2018, however, so far the project has recruited and trained six volunteers who are able to provide visits. The training on neurological conditions was opened up to other hospice volunteers, which was well received with 28 volunteers in total attending the training. Some of the comments received stated people gained valuable knowledge about the condition and an encouragement to “empower them to carry out everyday tasks”. This increased awareness around the hospice of the challenges faced by people with these conditions and how to support them.

Three patients and their carers have been supported and in total 57 visits have been provided (correct up to 20th April 2018). Once the project is complete, the patients taking part will continue to receive volunteer visits. Supervision and co-ordination will be handed over to the Home Visiting Team at LOROS to ensure the existing care will carry on uninterrupted. The EVOLVE team will support all parties through this transition to ensure a smooth handover.

With support from the research team at LOROS, an evaluation will be carried out based on data collected throughout the project, using questionnaires and interviews. This allows for the volunteers, the patients and the carers to express their thoughts and experiences of taking part. These findings will form a central element of the final project report.



Patient story

“They were like angels who arrived when I needed them the most and offered both practical help, but most of all, care.”



When Alan Stone, dad-of-two, was diagnosed with prostate cancer, life suddenly became extremely difficult for him as he was the main carer of his wife Mavis, who had been diagnosed with Alzheimer’s disease.

Lesley Field, Alan’s daughter, says the care her family received from a LOROS Hospice community nurse specialist was a huge comfort to the family who are from Leicester.

Lesley said: “My Dad had really great support from a LOROS nurse after he was diagnosed with prostate cancer. He would look forward to seeing her as she understood how to get him to talk about the things that were bothering him,”

“Dad had been a carer for my Mum for some 13 years before and so looking after someone else often took priority for him. He struggled with routine things that

we take for granted, doing the garden and walking his dog, Sam.” she added.

Following the death of Lesley’s mum, Mavis, Alan’s health worsened and the family relied heavily on the help provided.

“When my mum died in November 2015, Dad deteriorated rapidly and the nurse visits from LOROS became more frequent. The nurse was a tremendous support for the family and was always there at the end of the phone to answer our questions and offer support.”

Alan, 82, was a grandfather-to-three and had six great-grandchildren. His wish was to die at home, which was very traumatic and upsetting for the family, but Lesley felt that the pain was eased by the continued support from LOROS.

She said: “We had a family rota of staying with my Dad as it was his wish to stay at home for the last weeks of his life and this was a very scary and distressing time for all of us.

“The things that you need the most when caring for a relative do not necessarily cost lots of money; it’s the small practical tasks and care that can make all the difference.

“Recognising when you need a chat, asking you how you are feeling and being able to get an answer to a question that you want to ask but think it may be silly. LOROS nurses were always happy to help.”



Part three

Priorities for improvement for 2018-2019

Patient Safety

PRIORITY ONE

Electronic Incident Reporting System

Why was this identified as a priority?

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

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

How will this priority be achieved?

The system will be introduced across the entire organisation to help improve health and safety in all departments. It provides prompts to escalate incidents appropriately to external stakeholders such as the CCGS and the CQC and includes a robust risk matrix to quickly identify levels of harm and ensure these are escalated appropriately within LOROS.

Training is being undertaken with all staff with an aim to encourage more reporting, particularly in relation to near misses to help prevent more serious incidents occurring. The better reporting function will help to proactively address high risk, high volume incidents and ultimately improve the safety of all patients, visitors, staff and volunteers. Monitoring, review and auditing of the system will be continuous.

PRIORITY TWO

Significant Events Weekly Meeting

Why was this identified as a priority?

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

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

How will this priority be achieved?

Previously, incidents occurred and were usually dealt with in isolation within the areas they occur, without the opportunity for wider discussion and learning to identify actions to prevent future occurrences. By bringing together relevant staff members on a weekly basis all appropriate issues can be raised, discussed and actions agreed. A permanent record will be kept for audit purposes and incidents left open and discussed at each meeting until all associated actions are completed.

Membership of the meetings will include the clinical quality and patient safety lead, the health and safety officer, senior clinical and operational staff and several members of the senior management committee.

Priorities for improvement for 2018-2019

Clinical Effectiveness

PRIORITY ONE

LOROS at Home Service

Why was this identified as a priority?

This initiative is planned to enhance community services currently supporting patients at end of life across LLR.

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

How will this priority be achieved?

It is hoped that by providing an additional team of nursing staff to deliver hands on care to patients, that some of these issues will be resolved. As the team will be managed by LOROS, it is also envisaged that the Hospice inpatient beds will be utilised by those patients with the greatest need, whilst others will be supported to stay in their own homes with additional support. The LOROS Board of Trustees has agreed funding to support this initiative which will begin its planning stage later in 2018.

To ensure success in relation to this and the wider integrated service, it is imperative that all local provider organisations work together to improve patient experience and outcomes. The CCG is overseeing the BCT work and it is hoped will be supportive of this proposed initiative.

PRIORITY TWO

Integrated Palliative Outcome Score (IPOS) Reporting

Why was this identified as a priority?

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

How will this priority be achieved?

LOROS has been implementing IPOS in the majority of its care services over the last few years. On an individual patient basis it is proving to be beneficial at identifying the impact that palliative care services have on patients, but to date it has been difficult to provide evidence of this across time periods and outside of individual patient records.

The Hospice has recently been working in collaboration with St Barnabas hospice in Lincoln, alongside some independent IT consultants who have been helping to develop a system to enable the outcomes to be reported directly from SystmOne, the electronic patient record.

This will allow LOROS to evidence the impact in a more robust way and to produce reports that can be shared both internally to benefit individual patients care but also externally with commissioners and other key stakeholders to demonstrate the impact of care delivered.

Not only will this be of benefit locally, but this reporting system can also be shared with other hospices across the UK to enable IPOS to be fully exploited and clearly demonstrate the positive impact palliative care services have on patients and families at end of life.



Priorities for improvement for 2018-2019

Patient Experience

PRIORITY ONE

Transition Project

Why was this identified as a priority?

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

How will this priority be achieved?

Rainbows Hospice now have a number of young people who are in their mid-twenties and need to start planning their future care provision. Adult hospices are not able to provide the same level and type of care as children's hospices so the project aims to identify what services can be delivered, where the gaps are and how these may be addressed.

A project group has been established with representatives from each organisation and an action plan developed to support implementation. Although planned inpatient respite cannot be offered it is hoped that LOROS will be able to provide more short-term respite via the Day Therapy Service plus supporting young people at home through the Home Visiting and Community Nurse Specialist teams. LOROS can also provide end of life care at the appropriate time if the young person and/or their family does not wish them to die at home. It is hoped to pilot models of care delivery at LOROS over the next couple of years to help develop a potential pathway that can then be rolled out to other adult hospices across the East Midlands. The findings

will also be shared nationally to help support the wider transition agenda.

PRIORITY TWO

Inpatient Ward Refurbishment

Why was this identified as a priority?

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

How will this priority be achieved?

Eight side rooms on Oak, along what is known as the 'North Corridor' are being refurbished over the summer months. It is hoped to complete this work in a 16 week timeframe, which will ensure the beds are reopened before the end of 2018. Closing all the beds together gives us the best opportunity to complete the work as quickly as possible.

The refurbishment will include increasing the size of two of the rooms by adding external ensuite facilities, creating a new bathroom and quiet room for families and removing old carpets and replacing them with modern flooring.

During the closure we will be providing staff with additional development opportunities to help further enhance patient care. We will also be supporting other provider organisations to care for patients with complex symptoms in hospital or at home as our bed capacity will be reduced.

The refurbishment will be carefully managed to ensure it is completed in a timely manner and will result in a much better environment for patients and families moving forward.

PRIORITY THREE

Palliative Care Admiral Nurse

Why was this identified as a priority?

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

How will this priority be achieved?

There are presently no Admiral Nurses within Leicestershire and only one in Rutland. LOROS is working in partnership with Dementia UK who are helping to support the funding of this post for three years. The post holder will be based within the Education team but will also have a clinical remit providing advice and support to clinical teams across the hospice caring for families affected by dementia.

It is envisaged that this post will support both internal and external health and social care professionals to care for patients with dementia at end of life and will help to improve the patient and family experience in other care settings. The hope is that further Admiral Nurse posts will be developed in Leicestershire to support the growing number of people affected by a dementia diagnosis.

Statements of assurance

Overview of services

During 2017-2018 LOROS has provided hospice services across LLR for the local NHS CCGs:

- Inpatient care providing 24 hour care and support by our specialist staff
- Day Therapy Services providing a varied programme of activities and support to manage symptoms and promote wellbeing
- Outpatients and domiciliary palliative care consultant visits providing support for symptom management
- Community palliative care by our community nurse specialists
- Lymphoedema outpatient clinic service by our specialist nurses, providing assessment and treatment for cancer and non-cancer patients, for limb swelling caused by accumulation of fluid
- Home visiting service providing support and respite for patients and carers by staff and trained volunteers
- Counselling service including bereavement counselling by our specialist counsellors
- Complementary therapy service for patients and carers by our specialist staff and volunteers
- Education services to the wider healthcare community

Financial considerations

The income provided by the NHS in 2017-2018 totals £2,328,000 with an additional £246,000 to train medical undergraduates. This currently represents 22.4% of the total income generated by the Hospice.

The total cost of running LOROS in 2017-2018 was £10,035,000 with the remainder of the funds being generated through donations, legacies, fundraising, retail shops and lottery.

Participation in clinical audit

During 2017-2018, LOROS was not eligible to participate in any National Clinical Audits or National Confidential Enquiries. However, in line with the organisation's commitment to continually monitor all aspects of patient care against published standards and guidance, as well as to benchmark our performance, we participated in the following national audit:

- Hospice UK audits - we participate in these audits each year, through which we are able to benchmark our performance for numbers of falls, pressure ulcers and medication incidents, against other similar sized hospices. The results enable us to review our practices and take action to improve our performance.
- Blood transfusion audit - in response to the National Comparative Audit of Red Blood Cell Transfusion in Hospices which took place in 2016, LOROS undertook a retrospective case notes review audit of inpatients and day therapy patients between July – September 2017. Analysis of the results led to recommendations for amendments to policy and changes to practice, with an action plan for implementation being developed.

Local clinical audits

A programme of local clinical audits is undertaken each year as part of the on-going quality and performance monitoring and review process. These

include: medication management, acquired pressure ulcers and healthcare acquired infection.

Reassuringly, the downward trend in the number of patients with hospice acquired pressure ulcers continues, with a 60% reduction in the number of category 3 hospice acquired pressure ulcers in 2017-18, in comparison to 2016/17 figures. Two of the category 3 pressure ulcers that developed under our care were deemed avoidable following investigation, and action plans were developed and fully implemented in response.

Infection Prevention and Control

The numbers of infections diagnosed in patients during their admission throughout 2017-18 remains low, with two in Q2 and one in Q3 (all *Clostridium Difficile*). This equates to 0.4% of total admissions. No patients with infections were identified in Day Therapy.

	Q1	Q2	Q3	Q4	Comment
Hospice acquired infections	0	2	1	0	C.diff in July, August and October

For assurance, audit results are reported to and discussed at the Clinical Governance Steering Group (CGSG) and the Board of Trustees meetings. Recommendations and improvement plans are monitored by the CGSG until completed and signed off.

Further training on Clinical Audit will be provided during 2018-2019, to enhance staff skills and knowledge to further support quality improvement within the Hospice.

Statements of assurance

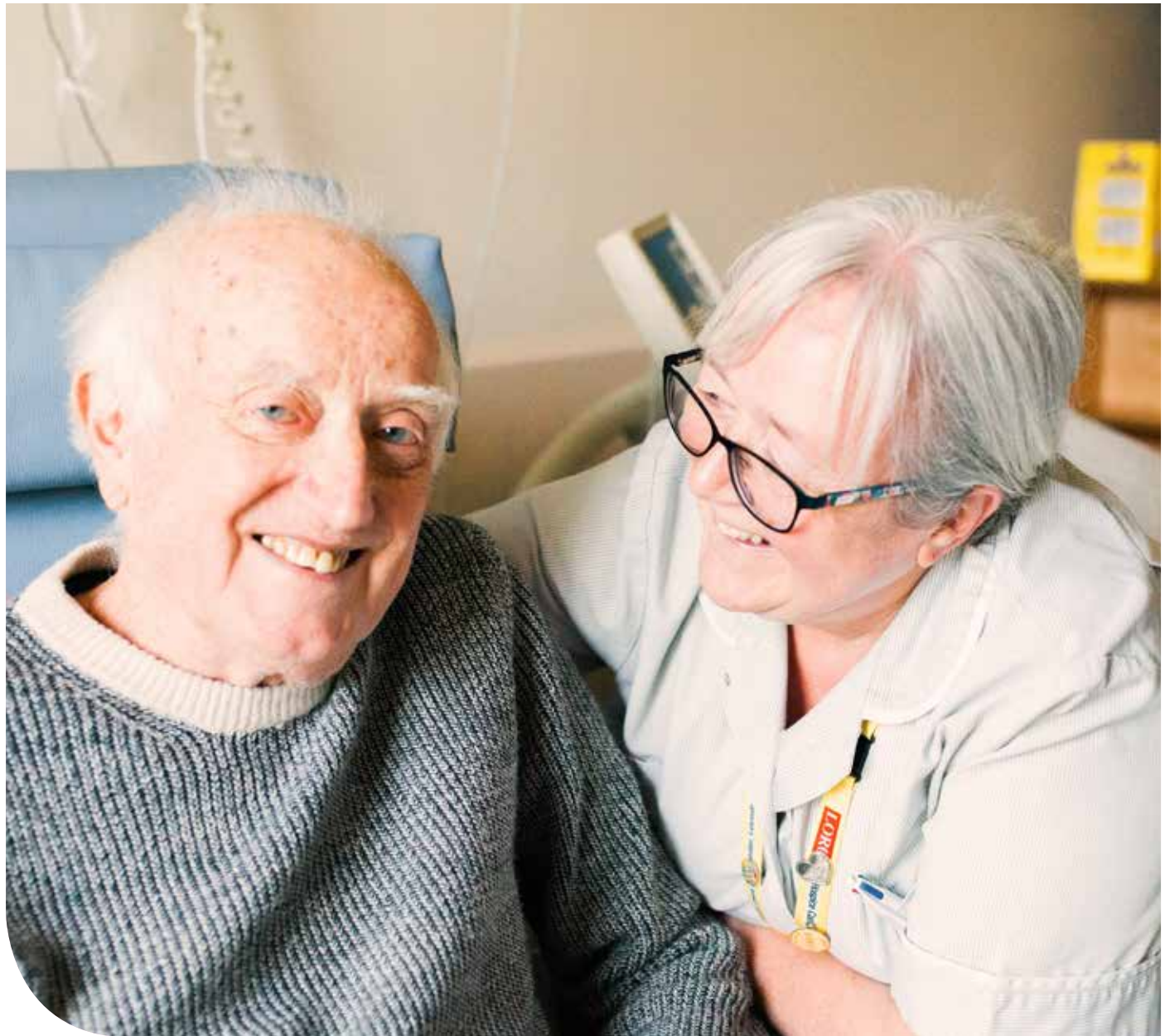
Service evaluation

FAMCARE bereavement audit

In 2017 the Hospice participated in this audit of bereaved relatives satisfaction with end of life care, organised by the Association for Palliative Medicine (APM), and were able to compare support provided by our inpatient and CNS teams, with other similar organisations. 47% response rate was achieved for the CNS team and 44% for the inpatient team.

The results have recently been received and initial review shows feedback from bereaved relatives was very positive. On comparing our findings with the bench mark data we achieved higher results in the “very satisfied” aspect in all the questions. An action plan for areas of improvement was formulated in response to some comments by participants.

Actions taken has included initiation of three monthly meetings with ambulance provider management, to discuss any further operational incidents. Other comments being progressed fall within the Better Care Together initiative, which is looking at an integrated palliative care team.



Statements of Assurance

Some of the positive comments about the inpatient unit

"My wife spent her last 14 days at LOROS. As a family we need to say thank you to the entire team. Everyone was so caring. Dr Feathers and Dr P Smith, all the nurses, the domestic team, the volunteers and the chaplains, excellent! Others we must mention were the ducklings outside the apartment window, the pat dog, the 'old boy' with the drinks trolley and chef who went out of his way to look after me with my gluten free diet. My wife's wishes were for her to end her days in LOROS, thank you for allowing her that."

"I would like to take this opportunity to say thank you for all the amazing care, respect and kindness that my husband received from the palliative care at LOROS. My husband was very happy and relaxed the way everyone took care of him, he said that LOROS was an amazing place for terminally ill patients and he felt at ease. Please keep up the wonderful work that you are all doing."

"The difference between normal hospital care and palliative care was really highlighted when my husband was moved from a general hospital into LOROS."

"Even when my husband was mostly unconscious, the nurses still talked to him and told him what they were doing and encouraged us to do the same. When he passed away, the nurses focused on his family and there was no rush and they did all they could to help us cope with the loss at that time."

"I wish that every area in the UK had a hospice like LOROS so we can understand that although death is sad, it is something that we shouldn't fear when we are cared for in such an amazing way. We all just want the best ending in a peaceful way for our loved ones and LOROS gave my father his wish. Thank you so much from the bottom of our hearts."

"My husband's wish was to pass away at LOROS. The palliative care team bent over backwards to grant that wish. Although it was only 24 hours, he was treated with kindness and dignity and I shall always be thankful for that."

"Excellent care given in a very holistic way. My mother's care I could not fault in anyway, in fact I would be pleased to stay at the hospice myself—excellent in all ways."



Statements of assurance

Some of the positive comments about the Community Nurse Specialist team

“Found that everybody involved was marvellous. Can't fault the way they handled my son's care.”

“The family were all very impressed with the care and kindness shown by all.”

“I would just like to say that you guys at LOROS are amazing and such caring, lovely people. My mother in law was treated with so much care and respect. So a big thank you for that, keep up the good work you do.”

“I found the phone number for LOROS on the internet as I was afraid we weren't going to manage to keep my mum at home in her last weeks. I wasn't confident in the support of our local GP and felt I wanted the support of people who know how to care for the dying without the danger of being rushed into hospital because I was nervous for not having support when mum needed it.

I needn't have worried. There was always someone on the end of the phone and when needed someone came to visit mum and prescribe the necessary medications and mum had a peaceful and quiet death. I will be eternally grateful to LOROS.”

“Not always easy to fit into a particular box. When we needed help/advice it was at the end of a phone. We were very satisfied and happy with the attention we received.”



Statements of assurance

Research

LOROS is actively contributing to the development of a strong evidence base for palliative care and what the hospice provides for patients and their families. LOROS has been an active centre for National Institute for Health Research approved studies in 2017- 2018, working closely with the East Midlands Clinical Research Network and our research includes:

- Continuing Bonds: Exploring the meaning and legacy of death through past and contemporary practice, a joint project between LOROS and Bradford University
- Thinking Ahead about Medical Treatments in Advanced illness: exploring the experiences of health care professionals and the views of the public especially those of minority ethnic communities in Leicestershire
- Prognosis in Palliative Care, a national multi-centre study lead by University College London, recruiting patients who are admitted to LOROS ward
- Goal Attainment Study, evaluating the impact of goal setting for patients receiving support from physiotherapists and occupational therapists. The study is led by Kings College London.
- TONIC: Trajectories of Outcomes in Neurological Conditions which is exploring quality of life with our MND patient and carer participants. The work is led by the academic department of neurology in Liverpool and LOROS is the first hospice to be a research site.
- Managing Medicines at the end of life for patients being cared for and dying at home. Led by Dr Kristian Pollock at University of Nottingham this study is recruiting patients, family carers and health professionals.

- VERDIS: Video-based communication research with allied health professionals, led by Professor Ruth Parry at Loughborough University.
- PROSPECT: Progressive Oupranuclear Palsy Cortico-Basal Syndrome Multiple System Atrophy Longitudinal study UK led by University College London

Research has been disseminated through presentations at both National and International Conferences, including: the Hospice UK Conference, Liverpool, November 2017 and the Supportive and Palliative Care Conference, Harrogate, March 2018. In March 2018 we held our annual open lecture entitled Patients and Researchers in Partnership. LOROS has adopted the Research Governance Framework for the NHS and this is overseen by the Hospice Education and Research Committee and led by the Research Manager Wendy Gamble who joined LOROS in May 2016. Our Research Committee has a lay member and the projects that we develop at LOROS have significant consultation and collaboration with patients and family carers.

Future research continues to be focussed on the following areas:

1. Innovative services in palliative care
2. Diversity and disadvantage
3. Education including communication skills
4. Lymphoedema
5. End of life decision making and advance care planning

Recruitment of participants at LOROS for 1st April 2017-31st January 2018:

Continuing Bonds:	37
Thinking Ahead about Medical Treatments in Advanced illness:	14
Prognosis in Palliative Care:	48
Goal Attainment Study:.....	5
TONIC:.....	27
Managing Medicines:.....	10
VERDIS:	103
PROSPECT:	2
TOTAL.....	246

What others say about us

LOROS employs 341 staff across the main Hospice site, the community based services, retail outlets and the Education team.

In addition, there are around 1,400 volunteers who give their time to the various departments and services across LOROS.

LOROS is required to be registered with the CQC, to provide care for adults requiring diagnostic and screening procedures and treatment of disease, disorder or injury, and has a Registered Manager in place.

Feedback from the CQC

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

Comments from the last report:

"We found the Chief Executive and the Registered Manager had a pro-active approach to promoting people's safety which was discussed and shared and used to ensure the service was safe for people to use. Regular meetings were held to review the practices of the service in maintaining people's safety and reducing risk."

"Staff were appropriately supported in their work. We spoke with staff about the support that was available to them, they told us about 'soul space', which provides a weekly opportunity for them to attend the chapel and reflect and relax. Staff told us they found this a comfort to them when they had dealt

with the death of people, who they had cared for, providing time for them to gather their thoughts and enabling them to refocus so that they could continue to support and care for people. A reverend we spoke with told us this was protected time for staff that provided an opportunity to take time away from their working environment."

"People we spoke with and their relatives were very positive when we asked them whether they were treated with compassion and kindness. They told us how the staff listened and talked to them to ensure their preferences and views were considered when planning their care and treatment. People's comments included: "The most caring and inclusive environment, it's solely about the patient. They [staff] have the time, and do a brilliant job." And; "I didn't know care existed like this, individualised." One person told us; "I was upset the other day and five staff approached me to see if I was ok, so caring."

Data Quality

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

The Clinical Systems Lead (CSL) continues to work with Leicestershire Health Informatics Service (LHIS) to devise a process for community services to refer into LOROS, using the SystmOne electronic referral functionality. LHIS have created a clinical template (containing mandatory fields) that community services will use to refer into the relevant LOROS service. The CSL is piloting the new 'referral in' functionality within LOROS from April for six weeks and if successful it will be rolled out across the Hospice (staff will be trained accordingly).

The Clinical Systems team is producing Integrated Palliative Care Outcome Score (IPOS) reports. All departments whose patients currently complete the IPOS questionnaire are now getting regular feedback on how many patients have completed forms. We will soon be able to show departments the difference they are making as we repeat measuring IPOS and other patient outcomes during treatment.

What others say about us

Information Governance

The Hospice has previously shared information in accordance with the Data Protection Act. However, will now do so in accordance with the new General Data Protection Regulations (GDPR), which came into being in May 2018 and a guidance document has been disseminated across the organisation by the Information Governance Lead.

Information Governance (IG) Toolkit

LOROS submitted our self-assessment against the Information Governance (IG) Toolkit for 1st April 2017 and graded ourselves as compliant at 66%. We are still awaiting confirmation of this from the NHS.

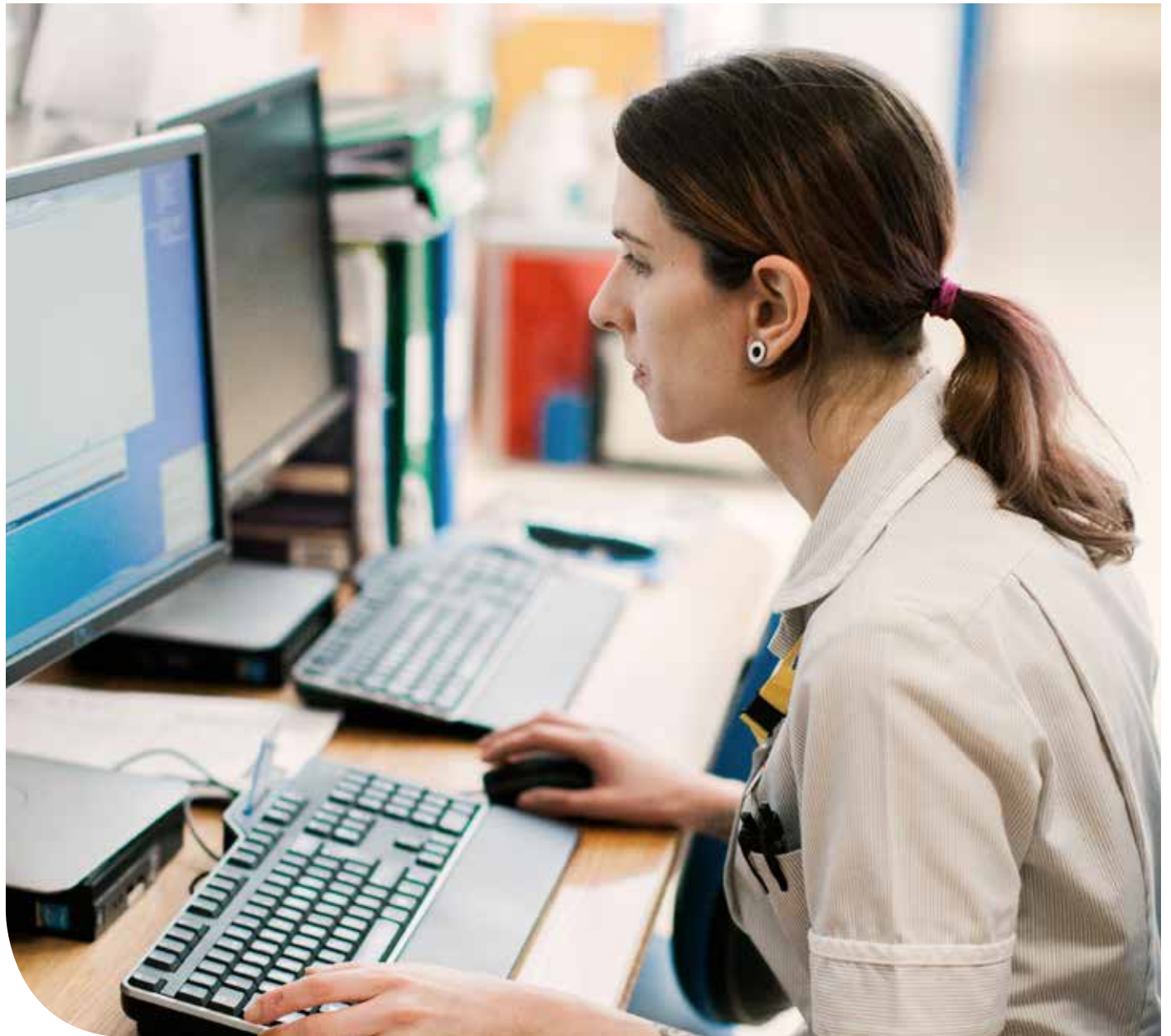
For 2018 the IG Toolkit is being replaced by the Data Security and Protection (DSP) Toolkit.

CQUINs

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

Clinical Coding

LOROS was not eligible to submit data to the Summary Hospital-level Mortality Indicator (SHMI) during the period 2017-2018.



Review of quality performance

Indicator	Q1	Q2	Q3	Q4
Average length of stay (days)	12.24	13.3	15.11	14.3
Average occupancy	79%	88%	89%	90%
Preferred place of death achieved overall	91%	86%	89%	90%
Time to admission if urgent <2 days	100%	100%	100%	100%
Written compliments received	136	127	83	167



Patient safety indicators

Patient Safety Indicator	2017 /2018	Comment
Number of patient slips, trips and falls	156	Numbers slightly higher than similar sized hospices and work continues on the ward to reduce this. Resulting harm levels are lower.
Number of patients who developed category 3 and 4 pressure ulcers in our care	6	Numbers continue to reduce significantly with action plan
Number of patients who developed a healthcare acquired infection in our care • MRSA • Clostridium Difficile	3 (C. Diff)	Numbers remain low

Falls

In response to our performance in the Hospice UK audits and incident statistics, there are on-going reviews of practice to support a reduction in falls during 2018. New sensor mats are being procured to provide additional support on the inpatient unit and Falls prevention has been included in 2018/19 essential for role training for all Nurses and Health Care Assistants.

Serious Incidents

Only two Serious Incidents (SIs) were reported during this year, and they were reported as required to our Commissioners, our Regulator (Care Quality Commission), and internally to the Clinical Governance Steering Group (CGSG) and Board of Trustees. Full SI investigations have taken place and robust action plans to learn from the incidents, improve practice and prevent occurrence have been put in place. Until fully completed, the action plans continue to be scrutinised at the CGSG meetings and monitored at the weekly Significant Events meetings.

Complaints

LOROS also monitors the number of complaints and concerns received by the service as a measure of quality.

During 2017/18, LOROS received eight formal written complaints and all were investigated and resolved following a meeting and response letter. 13 formal concerns were raised and all were resolved with a phone call or a meeting.

No complaints were received by the CQC or CCGs in relation to the care of patients at LOROS.

Compliments received in 2017/18

524 written compliments were received and this included Small Things Make a Big Difference cards. From April 2018 we will include numbers received via the Tell Us What You Think comment card scheme.

Review of quality performance

Patient and carer experience

Patient Satisfaction Questionnaire annual results 2018

This is currently being distributed and results and analysis will be included in next year's Quality Account.

Friends and Family Test

This is part of Patient Satisfaction Questionnaire, therefore results and analysis will also be included in next year's Quality Account.

Patient and Carer Stories

56 stories were completed over the period 2017-2018, which have been used to raise awareness of our services, share the patient and carer voice and promote campaigns. Bereaved carers share their experience of end of life care with fifth year medical students who will soon graduate as junior doctors. These sessions are very well evaluated. Over this past year some members of our Patient and Carer Participation Group (PCPG) have also had training to speak out at events to support LOROS by sharing their experience.

Tell Us What You Think

Cards remain located in key points around the Hospice including areas for patients, carers and visitors to provide feedback. Completion is entirely voluntary. This year we have used members of the PCPG group to proactively assist in the handing out of these both on the Ward and Day Therapy to increase returns and this has proved successful.

Patient Information Group and Readers Panel

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

Patient Information Portfolio

There are currently 37 leaflets and 50 factsheets which are available. A number of these are available on the two information points situated in the Hospice and electronically on the website. We maintain a database of these leaflets and advise authors when their information is due for review and assist in producing new information.

Patient Feedback on information provided

Feedback from our annual patient satisfaction questionnaire for 2017 around patient information is as follows:

Did you receive any patient/carer information from LOROS	84%
If yes, was it given by a member of staff	73%
Or picked up from the point.....	18%
Felt it was given at the right time.....	84%
Felt the leaflet was easy to understand.....	85%
Found the leaflets useful	85%

Patient and Carer Participation Group (PCPG)

This group which was initiated by the Patient Experience Lead five years ago, continues to meet regularly and had its annual report for 2017/18 produced for the first time by the Chair, who is also an ex-carer. The aim of the group is to support LOROS as it strives to improve services and patient experiences both now and in the future.

The group currently meets four times a year to discuss a wide range of issues and help channel new initiatives.

Over this period, the group members' opinion has been sought on proposed new initiatives such as:

- supplemental feeding in advanced malignancy
- bereavement pathway
- telephone befriending (the home visiting service)
- carers information sessions for end of life
- how to support people approaching the end of life and those important to them.

"As Chair of the PCPG I would just like to end by saying that all the members of the group take their role very seriously. We feel it is an honour and privilege to have our ideas and opinions listened to and valued. We all hope that through our work the environment and services at LOROS will continue to develop and improve.

We know what wonderful care and support we have received and see this as our way of displaying in some small way the gratitude we feel to LOROS.

At recent Hospice UK Conference there was a poster displaying the work of the PCPG and one of the comments led me to reflect that the work we do is challenging, emotive but ultimately rewarding."

Sue Fellows, Chair

Review of quality performance

Equality and Diversity

Leicester's ethnicity profile is that 54.9% of the population is from a black or minority ethnic background. For Leicester, Leicestershire and Rutland this figure is 25.10%. Over 100 languages are spoken in Leicester.

Our Cultural Support Officer (CSO) speaks Gujarati and some Hindi. Our CSO is available to support patients and families as well as facilitate language support in Gujarati/English.

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

The Equality and Diversity group has continued to meet regularly over the past year. We have focused on objectives around the workforce and service delivery in particular establishing relationship with the hard to reach communities.

Our achievements over the past year have included the following:

- Staff and volunteer application forms have been revised to capture equality data
- Early discussions with Remploy to explore opportunities for the organisation are underway
- Successful information exchange evenings with key representatives from local communities to raise awareness about our services but also importantly, for our staff to hear firsthand what is important at End of Life Care (EOLC) for these communities. To date we have engaged with the Sikh and Somalian communities and this has resulted in our community engagement team now reaching out to these communities in their own settings
- Implementation of an equality monitoring form for patients which will provide important data moving forward relating to our demographic profile
- Development of an easy read leaflet of our services for the learning disability community
- Celebration of key events from the Equality and Diversity calendar for staff and volunteers to engage with via an information board and attending a lecture to enhance knowledge. To date we have celebrated Gypsy and Traveler's Month, Black History, and Mental health.
- Maintaining links with hard to reach groups to capitalise on any partnership working for e.g. we have secured a grant to provide training for prison staff around end of life care



The Board of Trustees statement on quality



The LOROS Board of Trustees remains committed to ensuring that the organisation achieves its mission: providing of the highest quality of care to patients and their families; supporting professionals in other health and social care settings to do the same; and working to develop better ways of caring for patients and families dealing with the end of life.

LOROS has a well-established governance structure, with members of the Board playing an active role in internal groups, committees and in service development initiatives – something we keep under regular review. Trustees sit on a number of internal groups, notably the Clinical Governance and Education and Research Committees, and regularly attend events at the Hospice, which gives them the opportunity to meet staff, volunteers, families and carers and personally receive feedback regarding the quality of the services provided.

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

The Board has commissioned a major capital scheme, aimed at improving our clinical services – especially our Day Therapy facilities – which is nearing completion. We are confident that the care and treatment provided by LOROS is of a very high standard and is cost effective.

The LOROS Quality Account was approved by the Board of Trustees in July 2018. On behalf of the Board of Trustees I hereby certify that I believe the contents of the LOROS Quality Account to be a true statement of fact.

A handwritten signature in black ink, appearing to read 'Robin Graham-Brown', written in a cursive style.

Professor Robin Graham-Brown
Chair, Board of Trustees

Responses to LOROS Hospice Quality Account 2017/18

Patient and Carer Participation Group (PCPG) comments

At the PCPG meeting held in May, the Director of Care Services reported to the Group, on the progress made in 2017/18 and highlighted the priorities proposed for 2018/19.

Members of the group congratulated LOROS on the significant improvements and developments achieved and whole heartedly approved of the priorities for the forthcoming year. It was felt that they are achievable, focused and a positive way forward during a time of so much change. The Group looks forward to making their contribution and supporting LOROS as they continue to improve the experience of patients and their families.

Sue Fellows (Chair) on behalf of the PCPG



Comments on LOROS Quality Account 2017/18 - Statement prepared by Leicester, Leicestershire and Rutland Commissioning Groups (CCG)

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

ELR CCG welcomes the opportunity to review and provide a narrative on the 2017/18 Quality Account on behalf of the three LLR CCGs and would like to offer the following comments;

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

- The recent refurbishment and building extension to the outpatient and day therapy services, which will support more patients to be seen and access these services.
- Expansion of the LOROS community service with the development of four additional consultant clinics in Leicestershire, enabling patients to receive care nearer to their homes.
- The opening of the Professional Development Centre which will provide training to both LOROS staff as well as regional and national staff alike.
- A strong commitment from LOROS in engaging with the local communities, with attendance at a variety of local community events and hosting of multi-cultural evenings.
- The EVOLVE project (Engaging Volunteers and other Organisations in Leading Versatile Engagement) to support people with neurological problems. This project concludes in July 2018, and the CCG look forward to reading the final project findings and report.

The CCG would fully support the priorities put forward for improvement in 2017/18 particularly around the Electronic Incident Reporting System that will enable more comprehensive and accurate reporting in order to improve patient safety. The proposed introduction of weekly Significant Events meetings will also assist in improving practises and sharing of lessons learnt which will help proactive learning within LOROS. LOROS is working in partnership with Dementia UK to be able to employ a Palliative Care Admiral Nurse. The CCG are pleased to see that this post will support both healthcare professionals, patients and their carers with a dementia diagnosis within Leicestershire.

Responses to LOROS Hospice Quality Account 2017/18

An area the CCG believe would further enhance this Quality Account is to provide information as to how LOROS' participation in the Hospice UK audit has impacted on this year's performance. This would assist in evidencing quality improvements or areas requiring development.

Commissioners were informed of a small number of serious incidents occurring within the hospice earlier in the year, and inclusion of information on these within the review of quality performance would be useful to see. This would provide assurance on how incidents were managed and learnt from across the hospice in order to help prevent reoccurrence.

The CCG are satisfied that the 2017/18 Quality Account provides an accurate account of the quality of services provided by LOROS, reflects the achievement's LOROS have made and look forward to a continued positive working relationship with the service. The CCG will continue to work with LOROS in the monitoring of progress against the priorities outlined in this account, as well as providing continued support in future developments.

Healthwatch

The local Healthwatch organisations have been unable to respond to our Quality Account this year, however, we hope they will be in a position to offer some valuable feedback in the future.





Directions to LOROS and the Professional Development Centre

You can find us just off the Groby Road (A50) in Leicester.

From the East - A46 from Newark

At the Leicester Western bypass roundabout (Hobby Horse pub will be on your left, and is visible from the roundabout), turn right onto A46 North & West (also signed for M1/M69).

Take 2nd exit off A46 signed Beaumont Leys.

At roundabout take 2nd exit (Gynsills Lane).

At A50 roundabout take 2nd exit (first one goes into County Hall) onto A50 towards Leicester City.

At next roundabout take 3rd exit still on the A50 towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

Using Motorways - M1/M69 Junction 21

Take A563 Outer Ring Road.

At the first roundabout, take 3rd exit, following Leicester North & West and continue to follow A563 (north).

At the Groby Road roundabout with A50, take 4th exit onto A50 towards City Centre.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.

Using Motorways - M1 Junction 22

Take A50 towards Leicester and stay on this road.

At 4th roundabout, Glenfield Hospital on left, take 3rd exit (still on A50) towards Leicester City.

Turn left at next traffic lights at Heathley Park pub.

Take first left (Duncombe Road) and follow the road round until you come to the LOROS entrance.



LOROS

Hospice Care for Leicester, Leicestershire & Rutland

Being there for you
and your family

LOROS Groby Road, Leicester LE3 9QE

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