



Quality Account 2023-2024

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Looking back at organisational performance during 2023-2024 and outlining our priorities for 2024-2025.

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A message from the Chief Executive

On behalf of the Board of Trustees, I am very pleased to present the Quality Account for Rennie Grove Peace Hospice Care, covering 2023-2024.

This Quality Account is our annual report detailing the quality of the palliative and end of life care services we offer to patients facing a progressive life-limiting illness and those who care for them.

This is the first Quality Account reporting as Rennie Grove Peace Hospice Care, following the merger of Rennie Grove Hospice Care and Peace Hospice Care which was announced by the trustees of both charities in June 2022 with the merged charity officially operating as Rennie Grove Peace Hospice Care from 1 July 2023.

The purpose of our merger is to reach more people in our community who are living with a progressive life-limiting illness, serve our significant catchment area with a GP population of over 1 million with excellent palliative and end of life care services, and strengthen both our organisation and our voice across the sector.

Over recent years there has increasingly been a national push for hospices to combine resources to avoid duplication and inefficiency in the sector. Our merger has already allowed us to grow the number of services that can be offered locally, extend our reach in the community and ensure efficiencies in the way we operate.

We know that the number of people needing end of life care rises every year and we want to make sure that we are equipped to meet that need and that our resources are used in the most effective way possible.

Throughout the merger process, all current services offered by both charities have continued, with the goal of delivering better outcomes from our combined resources as well as working together on future development and expansion to meet the demands of a population of around 1 million people in our area.

We have consolidated our patient services and now offer 6 core services, each working collaboratively underpinned by the same purpose – supporting patients and those around them, from early diagnosis, every step of the way.

One key early success of our merger has been the launch of our new Coordination Centre – a dedicated single point of access to all of our services with a specialist team to triage and coordinate care into the right service. The team is available 24/7 offering timely access to our services, ensuring patients, professionals and families are supported by the right team at the right time.



A further benefit of our merger has been the extension of our overnight Hospice at Home Service into South West Hertfordshire. This means that more patients registered with Rennie Grove Peace can now access 24-hour care at home.

We were also able to launch a new Living Well programme, following a successful pilot, to help patients in early diagnosis learn to live well with their illness. The 10 week programme is tailored to suit the needs of individual patients.

Recruitment has been one of our key focusses, as in line with most healthcare organisations across the country, this remains a significant challenge. New roles including paramedics and a nurse consultant have been created to provide a wider mix of skills, and we have also championed internal development and promotion to enable us to strengthen the leadership and delivery of our clinical services.

We completed a project to standardise our use of recording patient data with all Rennie Grove Peace clinical services (except Talking Therapies) now using the same electronic patient record system (SystemOne), allowing for clearer communication and sharing of information with other healthcare organisations.

We know there will be a growing number of people who need our services and expect our patient numbers to grow to around 7,500 in the coming years. We will use 2024-2025 to identify more clearly those needs and how we might refocus our services appropriately.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services we provide.



Stewart Marks
Chief Executive, Rennie Grove Peace



Our vision, mission and values

About Rennie Grove Peace Hospice Care

Formally operating as Rennie Grove Peace Hospice Care from 1 July 2023, our Charity is now one of the larger hospice charities reaching an incredible 1 million people through our services across Buckinghamshire and Hertfordshire with a team of over 370 employees and over 1,600 volunteers. Our goal is to serve 7,500 patients a year.

From our **Impact Report 2022-2023** published in September 2023, our statutory funding received was split as follows:

- 11% of funding received by Rennie Grove Hospice Care from statutory sources (excluding our commissioned Rapid Personalised Care Services)
- 19% of funding received by Peace Hospice Care from statutory sources (excluding our commissioned Rapid Personalised Care Services)

We rely heavily on the generous support of our local community to support us through both fundraising and retail and trading income generation, to achieve the £18.2m total income required to run our charity.

While both charities provided people in local communities with care, support and advice, demand for these services has increased, which means many local people could miss out on vital palliative care. By teaming up, we have extended and improved our range of services, giving more people access to support and the very best care. Our multi-disciplinary team help people to live well and receive the support they need, when and where they want, when they need it the most. We are here to help the whole family cope during the most difficult of times. Both during a patient's illness and, if needed, when those around them are dealing with grief and bereavement.

We are committed to providing high-quality local hospice care and have 3 clear aims:



Thanks to our generous local communities, we have already been able to care for thousands of people in the last year.



During the summer of 2024, Rennie Grove Peace will finalise its Strategic Plan for the next period. This will support the clinical ambition and plans as well as prepare the Charity to identify how we can become more efficient and improve our systems and processes to enable us to reach the expected growth in the needs for our services.

Our vision

A future where every individual is empowered to live well and die well.

Our mission

To listen and understand the needs of our community and deliver patient-centred hospice care services that best suit. We will make quality care accessible to all from diagnosis of a progressive life-limiting illness wherever it suits people. Empowering every individual to live well and die well.

Our values

Our Leadership Team have been championing our new values and below are currently being circulated for feedback:

Compassionate	Being compassionate is at the centre of everything we do.
Integrity	Acting with integrity is key to everything we offer our patients, their families, our supporters and our colleagues.
Supportive	Being supportive means looking after everyone around us: our patients, their families and our colleagues.
Inspirational	We endeavour to be inspirational to all associated and in contact with our organisation.
Inclusive	We want to build an inclusive organisation where everyone feels welcome.
Innovative	Being innovative is central to keeping our organisation relevant enabling us to meet the needs of our community.
Collaborative	Working in collaboration with internal teams and partners means we find the best skills for the task ahead.
Receptive	Being receptive is key to understanding what's most important to each and every person.



Looking backwards: Priorities for improvement 2023-2024

Priority 1 Extended Palliative Response Team (PRT) Service to operate 24/7

We planned to seek additional resources to allow expansion of our current community care service model to include the hours of 10pm-8am, providing responsive palliative nursing and care as part of the wider health system.

In January 2024, we began implementing an overnight service in South West Hertfordshire to complement the existing day service and offer 24-hour care. The service currently runs Monday to Thursday (hours of operation: 9.15pm-7.15am). Due to staffing vacancies, we have been unable to offer this service 7 nights a week but plan to offer this service as soon as vacancies have been filled. Outside of the current operating hours of the service, the community district nursing service responds to patient needs. This work will continue to be a priority in 2024-2025.

The community service in Buckinghamshire and North West Hertfordshire has continued to run for 24 hours per day, 7 days a week.

Priority 2 Improved data and outcome reporting

We planned to agree a set of clinical KPIs with both the Clinical Governance and the Development, Operations and Performance Committees, covering activity and performance data for the new organisation. We also planned to explore methods to automate reporting, allowing more time for the analysis of information and reporting of trends.

Whilst we are able to produce monthly KPIs for the commissioners of our services, we have not yet been able to provide all of the necessary internal reports. We have employed a company (LHITs) to develop a series of dashboards using data downloaded from patient record system, SystmOne (S1), and these will be used for reporting purposes. The package is an off the shelf solution and will not be sufficient to provide a full suite of KPI and dashboards, but it is hoped that this will be refined in time so that this can be achieved. Testing is still underway as is training for end users.

Although we have not achieved the aim set out last year, we now have a greater understanding of the reporting needs of the whole organisation, and we are working to improve our use of digital technology which will enable us to automate reporting and will ensure real time data is available. This objective has been carried into 2024-2025 and we will continue to work on this.



Priority 3 SystmOne Patient Record System implemented across clinical teams

Prior to the merger of Peace Hospice Care and Rennie Grove Hospice Care, SystmOne Patient Record System was being used by clinicians at Peace Hospice Care. Following the merger, it was recognised that a key priority was for all clinicians to use the same patient record system and it was decided that SystmOne should be used. Funding was therefore allocated for the implementation project, and it was planned to implement SystmOne by end of March 2023. A project team was set up, with workshops to gather views from clinicians in each of the services to understand what was needed in terms of the system set up. In April 2023, SystmOne went live for all clinical staff (except Talking Therapies).

Benefits have been realised due to clinicians now using the same patient record system. Improvements will be made to the system to ensure that it continues to support the organisation and benefits of any new functionality will be explored.

Other priorities carried forward from previous years:

Priority 4 Implementation of Electronic Prescribing and Medicine Administration (ePMA)

In previous versions of the Quality Account for Peace Hospice Care, it was stated that a priority for the organisation was the implementation of ePMA. This priority was delayed firstly by the COVID-19 pandemic and then by the implementation of SystmOne across the whole organisation in 2022-2023. This priority was therefore carried into 2023-2024.

ePMA was implemented for the Inpatient Unit in July 2023. ePMA has enabled clinicians to save time and it has reduced transcription errors. It also facilitates more robust documentation of prescribing and administration of medications and the out of hours medical team now have access to patients' drug charts remotely improving the timeliness and quality of advice provided.



Looking forwards: Priorities for improvement 2024-2025

We have worked closely with our local Integrated Care Boards (ICBs) and have considered national priorities in determining our own areas for improvement for 2024-2025.

Priority 1 Remodel our Hospice at Home Services to improve clinical effectiveness

We will continue to recruit to and remodel our Hospice at Home Services so that 24/7 care can be delivered to patients in the community setting.

The provision of 24/7 care to patients in the community is a national priority and is also included in the strategy and ambitions of our local ICBs.

This aim was included in our priorities for last year and could not be fully achieved for the South West Hertfordshire area due to staffing constraints and therefore it remains a key priority for this year.

What do we plan to do?

- We will collaborate with Primary Care Networks (PCNs) and GP practices so more patients can choose to stay at home and be supported and cared for by Rennie Grove Peace.
- We will examine how our community model operates – making sure it is aligned to the national palliative end of life care service specification and that it uses a planned, unplanned, and virtual ward approach resulting in the right care given at the right time by the right person.
- We will work closely with other specialist palliative care partners in the area to improve coordinated care that avoids duplication, builds resilience in the system, and makes best use of resource.

How will progress be monitored and reported?

We will report on progress of the service remodelling at our internal Clinical Leadership Strategy Operations and Performance meetings and at the Clinical Governance Committee meetings. We will also continue to work with our local ICBs to ensure that our services remain closely joined up with those in the Primary Care Networks.

Priority 2 Review our patient pathways to improve both clinical effectiveness and patient experience

In order to reach people at an early stage of their illness, we will enhance our current Outpatient & Supportive Care Services provision and review our patient rehabilitation pathways to ensure people with progressive life-limiting conditions are supported and empowered in actively managing their condition and living as fully as they can, enjoying the best quality of life possible until they die.



What do we plan to do?

- We will ensure our services meet the needs of our local population by engaging with our future and current users in the reviewing and remodelling of our Outpatient & Supportive Care Services provision.
- We will remodel our rehabilitative pathways, working with statutory and other agencies to ensure patients are supported appropriately in line with their wishes.
- We will review the effect use of our two Outpatient & Supportive Care Services buildings and explore opportunities to work with partners to provide services at locations within other areas of the community we serve.
- We will ensure that our patient information regarding the services we offer is widely available for the population we serve.

How will progress be monitored and reported?

We will report on progress of the pathway remodelling and patient information review at our internal Clinical Leadership Strategy Operations and Performance meetings and at the Clinical Governance Committee meetings.

Priority 3 Strengthen our own approach to the Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) is the new way the NHS looks at patient safety incidents. This framework replaced the Serious Incident Framework. As an independent provider of NHS services, we were also required to review the way we looked at patient safety incidents and to implement a new approach. This involved moving away from the old approach of Root Cause Analysis where we looked for a main cause and tried to identify blame. Instead, when something goes wrong now, all factors which could have played a part – such as the equipment used, access to IT systems, our policies and the ways of working are investigated. We also spend time listening to the perspectives and reflections of staff and, if appropriate, we involve patients and families.

What do we plan to do?

We will further embed into practice the PSIRF policy and processes and ensure learnings are shared across the ICB system.

- Our new Patient Safety and Experience Lead will steer and manage the processes regarding patient safety.
- We will continue to improve the way the 6 special interest groups operate – these groups are focussed on specific areas of patient safety and monitor patient safety events in their specific areas, providing clinical expertise, advice, and guidance to the Patient Safety Group. The Patient Safety Group is led by the Executive patient safety lead to ensure patient safety is prioritised and embedded in Rennie Grove Peace. This group reports directly to our Clinical Governance Committee to provide assurance that patient safety is prioritised and that learning and improvement is implemented.



How will progress be monitored and reported?

We will continue to monitor the number of clinical incidents at our Clinical Leadership Internal Governance Group. The Patient Safety Group will report to the Clinical Governance Committee – this meeting will provide any challenge to decision making regarding our response to patient safety incidents.

Priority 4 Develop a Carer Strategy to improve patient experience

We will develop a Carer Strategy and resources to support both paid and unpaid carers who are caring for patients who have had an end of life diagnosis. This strategy will describe the transition from carer support to bereavement support and will ensure the service offered is accessible, personalised, helpful and timely.

What do we plan to do?

- We will set up a User Engagement Group which, in conjunction with our local ICBs, will explore and propose the content of our Carer Strategy.
- We will continue to use the carer assessment tool, ZARIT (this carer assessment is part of the OACCS suite of measures) to identify early need for intervention and to explore other areas where longer term support is needed.
- We will implement a new and improved pathway for our pre and post bereavement services.
- We will investigate whether personal budgets and Continuing Healthcare (CHC) funding might be used to help fund this service after the first year (to date we have received a generous donation which has enabled us to improve this support).

How will progress be monitored and reported?

The development of our Carer Strategy and revised pathway for bereavement support will be monitored at the Clinical Leadership Strategy Operations and Performance meetings.

Priority 5 Review our Children & Young Person Services to improve clinical effectiveness (including transition into adult services)

As part of our wider organisational strategy, we will clearly define our ambition to support children and young people. This strategy will also set out how we will support people who are moving between Children & Young Person and adult hospice services. The population of young people who are living with long term conditions is growing and they are living longer with increasingly complex health conditions. The need for adult hospice services to support these young people to live well is therefore increasing.

What do we plan to do?

The findings and recommendations of the review of our Children & Young Person Services will be taken forward and a new model of care, aligned with the strategies and ambitions of our local ICBs, will be implemented with the support of our partners.



How will progress be monitored and reported?

The development of our Carer Strategy and revised pathway for bereavement support will be monitored at the Executive Board meetings.

Statements of Assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to palliative care providers and therefore explanations have been given where appropriate.

Rennie Grove Peace is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new Governance structure was implemented as part of our merger integration in September 2022. The changes formed part of our new Governance framework approach as the merged organisation and more details on the new structure and responsibilities of these Committees and Advisory Groups can be found later in this report.

Board of Trustees

Governance
Committee

Clinical
Governance
Committee

Development
Operations &
Performance
Committee

Risk & Audit
Committee

Investment
Committee

Of particular relevance for this report content, The Clinical Governance Committee meets four times a year and the Risk & Audit Committee meets twice a year. Through discussion, and the reports presented at that meeting, they review the quality of care provided by all clinical services.

The Committees have a standing agenda and review:

- The most serious accidents, incidents or near misses
- The most serious drug errors, pressure ulcers and patient falls
- Safeguarding referrals
- All clinical and non-clinical complaints or concerns
- The risks escalated by the Executive Board
- Recommendations/actions/risks/associated costs identified when carrying out audits
- Assurances about the policies that have been ratified by the organisation
- Safe staffing, outcomes and experience

The Clinical Governance Committee and the Risk and Audit Committee, having received assurance about the quality of services, then provide assurance to the Board.



Our Patient Services

Rennie Grove Peace captures and analyses activity reports on all its services on a monthly basis and has reviewed all the data available to it on the quality of care in all of these partially contracted NHS services. *Please note that, for completeness, all clinical services are listed below, however not all of these are partially/fully funded by the NHS.*

Community Services, including Hospice at Home

Our Community department encompasses our Hospice at Home Service, our Palliative Response Team (PRT) Service and our Rapid Personalised Care Service (RPCS) as well as our volunteer-led Supporting Hands.

Our Community Services are all about delivering the care that an individual patient needs, wherever they need it. Whether it is a scheduled visit at home providing practical nursing care as well as the opportunity to plan, prepare and discuss ongoing needs or an emergency visit to help keep a patient comfortable – our patients, their families or those around them know that we are there. Our services give people the choice to be cared for at home surrounded by the people and things that matter most.



● Hospice at Home Service (partially funded by NHS)

Our Rennie Grove Peace Hospice at Home Service operates two geographical teams: one team covering North West Hertfordshire and the other covering Buckinghamshire, South Buckinghamshire, Wycombe and Ridgeway (Buckinghamshire). Each of these teams comprises senior staff nurses, Clinical Nurse Specialists and Healthcare Assistants (HCAs) as well as access to the full range of Multi-Disciplinary Team (MDT) professionals.

● Palliative Response Team (PRT) Service (partially funded by NHS)

Our Palliative Care Response Team operates in South West Hertfordshire. The team comprises senior staff nurses and HCAs and provides care to patients requiring urgent or unplanned support at short notice. The team works with the Specialist Palliative Care Clinical Nurse Specialists within CLCH (Central London Community Healthcare). This team has access to the full range of Multi-Disciplinary Team (MDT) professionals.

● Rapid Personalised Care Service (RPCS) (fully funded by NHS)

The RPCS team operates across North West Hertfordshire, South West Hertfordshire and Buckinghamshire offering personal care for up to 12 weeks. By providing help with things like meal preparation, washing, dressing and toileting, this service gives people who have been assessed as rapidly deteriorating the daily support they need to stay safe and comfortable at home during their final weeks. RPCS has a team of HCAs with management and support from senior nurses and access to the full range of Multi-Disciplinary Team (MDT) professionals.

In addition to the above, Rennie Grove Peace Supporting Hands is a volunteer service aiming to provide extra support for Rennie Grove Peace patients and those around them, when being cared for at home.



Inpatient Services (partially funded by NHS)

The Inpatient Unit (IPU) is a 12-bedded, short stay unit providing high quality, specialist palliative care which includes symptom control, rehabilitation and end of life care for individuals whose symptoms cannot be controlled at home. The team delivers holistic care for patients with a life-limiting illness and their families, or those close to them, including physical, emotional, spiritual and practical support.



Children & Young People Services (partially funded by NHS)

Our Children & Young People Services are available for those under 19 years old who have a life-limiting or life-threatening illness. The team provides nursing care support as well as play specialist and respite care. It is available in Buckinghamshire and North West Hertfordshire. Patients and families are seen at home or within our Outpatients & Supportive Care Services at Grove House, St Albans, where there are supportive services for patients and siblings to provide play, listening and counselling.



Outpatients & Supportive Care

Holistic care is at the heart of the multi-disciplinary support we offer to those affected by a life-limiting illness or bereavement. Our range of Outpatients & Supportive Care Services, based at Grove House, St Albans and Peace Hospice, Watford, offer support with health and wellbeing to help our patients live well throughout their illness, as well as supporting those around them. We offer rehabilitation across all our services, with the team sitting in the Outpatients department.



Rehabilitation Services (not funded by NHS)

The Rehabilitation Services team provides a range of professional therapies and interventions for patients and adults close to them. They include physiotherapy, occupational therapy, social work service. Some services are provided in a group setting such as our exercise group, breathlessness group or carers group. The service is generally provided within Peace Hospice or Grove House, but some can be provided in the patient's home if necessary.

Outpatient Clinics (not funded by NHS)

The Outpatient Services team provides palliative care support to patients and those close to them within our two Outpatient settings: Grove House and Peace Hospice. Patients will have access to clinics such as the Assessment Clinic, Nurse-led Clinic as well as our 10 week Living Well programme.

Bereavement & Wellbeing Support

Our bereavement support service offers a range of support to people who are coming to terms with the loss of a loved one. Recognising that people grieve differently, we offer many avenues of support. Our adult and children bereavement counselling, group support and telephone line is for the families of our current and former patients. We can also offer services for anyone experiencing bereavement in the local area, via our Compassionate Cafés and live Chat services.



Wellbeing Services (not funded by NHS)

The Wellbeing Services team offers a range of therapeutic interventions including complementary therapies, scar therapy, acupuncture and creative therapies. Patients and adults close to them can access these services in order to maximise wellbeing. Services are delivered at Peace Hospice or Grove House but can be provided at home.

Bereavement Listening & Talking Therapies (BLTT) (not funded by NHS)

The BLTT Service provides listening and counselling support to patients with palliative care needs, family, carers and children. It is available in Buckinghamshire, North West Hertfordshire and South West Hertfordshire. A range of support is available including groups, phone, virtual and face-to-face meetings – all within our Outpatients Services settings or at home. The service is delivered by a team of employed staff and volunteers and runs Monday to Friday, 9am-5pm, although there is limited availability for sessions in the evenings or at weekends.

NHS Talking Therapies Service (funded through tender)

The Talking Therapies Service provides short-term counselling support to patients with mild to moderate depression, and those with generalised anxiety. The service is available in East, North and South West Hertfordshire. Clients access 8 sessions which can be extended up to 16, either at Peace Hospice or virtually with a qualified counsellor. The service is delivered by a team of employed staff and self-employed contractors and runs Monday to Saturday with some availability in the evenings and at weekends.

Compassionate Communities (partially funded through grant applications)

Our Compassionate Communities Services offer community-based support to help beyond a patient's palliative, end of life care and bereavement needs. The support is from diagnosis, working with local partners and volunteers to reach more people earlier. We offer volunteer-led group sessions in the community, as well as 1-2-1 support both at home and out and about. By tackling the loneliness and isolation often experienced by people facing a life-limiting illness or who are affected by bereavement and loss, we can help people feel more connected. We support people through Compassionate Neighbours, Compassionate Cafés and Compassionate Support Hubs.



Medical Services (partially funded by NHS)

Provided by a team of Specialist Palliative Care doctors led by the Rennie Grove Peace Medical Director and includes two further Consultants in Palliative Medicine. The Medical team supports patients, their families and those around them in the Inpatient Unit, Hospice at Home and Outpatients Services settings and work closely with other specialist Palliative Care doctors who support Rennie Grove Peace teams in Buckinghamshire. The team also supports a variety of Multi-Disciplinary Team (MDT) professionals across the region, linking with partners across a range of services. There is a 24-hour advice line for health and social care professionals within Buckinghamshire and Hertfordshire.



Rennie Grove Peace Coordination Centre (not funded)

The Coordination Centre team manages all the referrals into Rennie Grove Peace and ensures that there is a consistent referral screening and clinical triage process to assess for eligibility and suitability. Our number **01923 60 60 30** is the single point of contact for patients, families, clients and healthcare professionals and is staffed by administrative and clinical nurse specialists to ensure that referrals and enquiries are managed in a prompt way.



Participation in national clinical audits and research projects

As a provider of end of life and palliative care, Rennie Grove Peace was not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2023-2024 National Clinical Audit and Patient Outcomes Programme (NCAPOP) or Clinical Outcome Review Programmes (CORPs) were relevant to services delivered by local hospice care. We will also not be eligible to take part in any national audit or confidential enquiry in 2024-2025 for the same reason.

However, Rennie Grove Peace continued to actively participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of pressure ulcers, falls, medication errors, bed occupancy and throughput of patients in the Inpatient Unit.

We also participated in the national self-assessment of the care environment that all hospitals and some other hospices take part in – this is known as PLACE, the Patient-Led Assessment of the Care Environment. The following actions were identified:

- purchase dementia friendly clocks displaying day, year, hour, minutes, am/pm, black background and contrast white display.
- schedule an audit for Q2 2024-2025 on accessibility for patients with physical disabilities to ensure all requirements are being met.

Local clinical audits

Local clinical audits took place within Rennie Grove Peace throughout the year and formed part of the annual audit cycle programme within the overall Audit Plan. Priorities for audit are identified from incidents, policy changes and national guidance and in accordance with the requirements of our regulators. A number of the audits are carried out using national audit tools developed specifically for hospices which have been peer-reviewed and quality assessed.

At the start of April 2023, it was planned to carry out 32 audits across the organisation, 22 of which were planned clinical audits. During the year, 6 clinical audits were postponed or delayed due to service or process changes or resource constraints.

Included in the clinical audit cycle are those which relate to safety areas such as infection prevention and control, cleaning, controlled drugs accountable officer checks, care plans, nutrition & hydration, tissue viability and compliance to identified policies.



Clinical audit findings are reported to the Internal Clinical Governance Group and any issues of concern are reported to the Executive Board, the Clinical Governance and Risk & Audit Committees and, where necessary, would be escalated to the Board of Trustees.

Some examples of actions recommended following the audits undertaken are below:

An audit of clinical equipment made some recommendations, and the following actions were agreed:

- A new audit tool be designed for each area so that the importance of caring for and supporting staff to care for equipment and maintain to the highest standard is fully appreciated.
- The purchase of a set of syringe drivers for the sole use of the community team (currently these are shared with IPU).
- For the teams on IPU to consider whether having an effective equipment library system might be a process that can be workable. The emphasis being on the sign out of any equipment that is to be used for patients care and the sign back in once it is no longer required and has been cleaned.

Following an audit of Nutrition & Hydration on the Inpatient Unit, the following actions were agreed:

- All information from the board in the kitchen should be transferred to SystmOne.
- Nutrition care plans to be updated every Monday as per the risk assessment care plan.
- Rennie Grove Peace will develop a new in-house tool using elements of the Hospice UK tool and the new PLANC tool being introduced (since the last issue of the Hospice UK nutrition and hydration tool was in 2011 and presently there is no plan to review this tool by Hospice UK).

Whilst 100% compliance was noted in the medical gases audit, some further regular checks were put into place:

- Weekly checks now in place to ensure that cylinders are free of rust.
- Daily checks to ensure that outside Cylinder store (Gas cage) is kept clean and free of leaves as potential fire hazard.

Participation in clinical research

There were 10 patients receiving NHS services provided, or subcontracted, by Rennie Grove Peace in 2023-2024 who were recruited to participate in research approved by a research ethics committee.

Rennie Grove Peace is currently a research site for the national CHELsea II study (a randomised controlled clinical research project looking at the effect of artificial fluids on the development of delirium at the end of life. This research project is being run by the University of Surrey). During the year of the report, 10 patients were recruited from our Inpatient Unit. The study is fully supported by the National Institute for Health Research and has full ethics approval. It is anticipated that a further 10 patients will be asked to participate during 2024-2025, bringing the total number of patients to 20. A research clinical nurse specialist from the West Hertfordshire Hospital Trust is supporting the research.

Our Medical Director responded to a survey relating to the practice of vital sign monitoring in specialist palliative care run by Trinity College, Dublin.

In February 2024, we linked with the Palliative Care research champion for the North Thames Clinical Network for the National Institute for Health & Care Research. This means we will hear of potential research opportunities in the future.



Commissioning requirements

Use of the CQUIN (LQR) payment framework

None of the Rennie Grove Peace income in 2023-2024 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN).

The Care Quality Commission (CQC)

Rennie Grove Peace is required to register with the Care Quality Commission (CQC) and is registered to carry out treatment of disease, disorder or injury. Our current registration status is unconditional.

The CQC has not taken enforcement action against Rennie Grove Peace during 2023-2024. Rennie Grove Peace has not taken part in any special reviews or investigations by CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.

We have not had any quality visits by the CQC in the past year. We have however had regular engagement and monitoring calls with our CQC inspector. This has given us an opportunity to discuss issues and provide assurance around our standards.

Rennie Grove Peace make CQC notifications via the online CQC portal. These notifications include death of users of the service where a member of staff is present, serious harm to patients under our care or on admission to our care, referrals made to the local safeguarding board and authorised applications to deprive a person of their liberty.

CQC rating

Our last inspection visits happened in 2016 for each historically separate organisation (Rennie Grove Hospice Care and Peace Hospice Care) and the reports following these visits can be seen on the CQC website. As a new organisation, our rating is inherited from the last inspection with Rennie Grove Hospice Care and those ratings can be seen below).

Overview	
Latest inspection: 12 May 2016 Report published: 9 July 2016	
Overall	Good ●
Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●



Data quality

Rennie Grove Peace did not submit records during 2023-2024 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The Hospice is not eligible to participate in this scheme.

Rennie Grove Peace does not submit data to the Minimum Data Set (MDS) for Specialist Palliative Care Services collected by the National Council of Palliative Care on an annual basis, since the collection and analysis of this data has now ceased. We have, however, used some of the data activity we used to collect in **Part 3 - Review of quality performance**.

Clinical coding audit

Rennie Grove Peace was not subject to the Payment by Results clinical coding audit during 2023-2024.

Environmental strategy incorporating Environmental, Social and Governance (ESG) and Education for Sustainable Development (ESD)

At Rennie Grove Peace, we acknowledge the urgency of the climate crisis. We will work to embed sustainability across our operations and towards reducing our carbon emissions to net zero as swiftly as practical considerations and financing allow.

We are working with an external organisation who are helping us to develop an environmental strategy to cover Rennie Grove Peace operations over the next 50 years and work is likely to involve:

- Establishing our baseline impact.
- Improving the data we hold about our operations so we can identify where the most significant environmental impacts are across the organisation.
- Seeking to reduce costs to the organisation and reduce the utility bills of our clients and tenants.
- Identifying areas where we can act to reduce our impact now.

Data Security and Protection Toolkit (DSPT)

Our Data Protection Officer has led on and populated the Data Security and Protection Toolkit for our new organisation and will update this annually. Our 2023-2024 submission was published with Standards Exceeded.

Duty of Candour

The Duty of Candour is the professional and statutory duty of an organisation or healthcare professional to be open and honest with people using our services, especially when things have gone wrong or had the potential to go wrong. At Rennie Grove Peace, we seek to nurture a culture of openness and honesty and to learn from our experience. We inform the patient and family (if the patient consents to this) of incidents. If the patient does not have capacity, we will discuss this through a best interest conversation or meeting with the family and through open and honest discussions about the patient's conditions and treatment plans. We will also provide a written account of the incident if the incident results in moderate (or above) harm, whilst the patient is under our care, should the patient/carer wish to have it.



Freedom to Speak Up Guardian

The National Guardian's Office (NGO) and the role of the Freedom to Speak Up Guardian (FTSU Guardian) were created in response to recommendations made in Sir Robert Francis QC's report which investigated failures in care at the Mid Staffordshire NHS Foundation Trust.

The purpose of the FTSU Guardian role is to work alongside the leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely. This means that in addition to other identified ways to raise concerns, staff have access to an independent and impartial source of advice at any stage of raising a concern. Staff will be offered the necessary guidance and support and be kept updated regarding what is happening with their concern. The NGO supports the FTSU Guardian in their role.

At Rennie Grove Peace, there is a nominated FTSU Guardian and a named Trustee to support the process. During the next year, it is planned that Freedom to Speak Up champions will be appointed to support the FTSU Guardian and to ensure that concerns can be raised easily.

9 cases were raised in 2023-2024. All of which are now closed.

Number of cases received 2023-2024	9
Number of cases with an element of:	
• Patient safety/quality	4
• Worker safety wellbeing	3
• Bullying or harassment	0
• Other inappropriate attitudes or behaviours	2



Safeguarding

Rennie Grove Peace considers safeguarding to be the responsibility of all clinical and non-clinical staff and volunteers. All staff have a duty of care to share concerns about a patient or member of staff if they believe they are suffering, or likely to suffer harm. Our safeguarding policies and procedures ensure that robust systems are in place, and they set out the framework within which staff and volunteers are required to work to keep people safe.

We have a safeguarding lead in place, who can provide guidance and advice to staff when they raise concerns. We would report any concerns to the local safeguarding board and, where relevant, would notify the CQC that we have done this. We discuss numbers of safeguarding referrals at our internal clinical governance group meeting and at our Clinical Governance Committee meeting.

Learning from deaths and Medical Examiner

Rennie Grove Peace began to take part in the national Medical Examiner system in England and Wales in February 2023.

The Medical Examiner System is a national government program, which has been established in hospitals and is now reviewing deaths that occur outside of the hospital, at home, in care homes, hospices and other community settings.



Part of the Medical Examiner's role is to answer any questions the patient's relatives/carers have about the events surrounding a death and to provide a means of raising any concerns they have about patient care and communication. In addition, the Medical Examiner's role is to scrutinise a patient's last episode of care and confirm an accurate cause of death. A sudden or unexpected death needs to be referred to the coroner. Whilst the Medical Examiner's Office is not directly involved in the coroner's investigations, they will help to answer questions and signpost a family through the steps and procedures involved, should a referral to the coroner be necessary.

West Hertfordshire is also the lead provider for Medical Examiner services out of hours and now runs 7 days per week. This therefore means that scrutiny of death certificates can be carried out for patients who need rapid burial on religious grounds.

None of the deaths reported to the Medical Examiner by Rennie Grove Peace resulted in a more detailed case review.

Shared Care Record

At the end of May 2022, Rennie Grove Peace went through a validation and training process to become one of the organisations contributing to and using the Hertfordshire and West Essex Shared Care Record.

The Hertfordshire and West Essex Shared Care Record joins up information from multiple record systems across health and social care to create an up-to-date, read-only summary about the patients we are providing care for. This makes it easier for services to work together; saves time; and supports safer, more effective care. The record is available to staff via SystmOne – meaning there is no need to log onto a separate system.

Rennie Grove Peace are currently exploring options to joining the Buckinghamshire, Oxfordshire and Berkshire West Shared Care Record.



Review of quality performance

As a recently merged organisation with changed processes and a newly designed patient record system, we are currently working on automating and improving our reporting processes. We are unable to compare data against last year and are using the data from this year as a benchmark for comparison for future years.

Our 2023-2024 impact in numbers

4,611
patients
supported in total



176
patients admitted
to our Inpatient Unit



64,462
visits carried out by
our Rapid Personalised
Care Service



1,647
new patients
supported by our
Hospice at Home Service



13.98 days
average length of
stay for patients in
our Inpatient Unit



14,203
visits carried
out by our Hospice
at Home team



Patient safety incidents

Staff are actively encouraged to report safety incidents and we have a robust electronic incident reporting system. Whilst the number of incidents reported may appear high, they are almost all low level in terms of patient harm.

All incidents are reported to our service line managers and are reviewed at the Internal Clinical Governance Group. Any incident that results in a serious injury to a patient would be notified to CQC following the process defined by them and will be reported to our Clinical Governance Committee and Risk & Audit Committee, who, in turn, would provide necessary assurance to the Board of Trustees. Below is a summary of our patient safety incidents this year (2023-2024), due to being a new organisation we are unable to provide a comparison to prior years – the nature of these incidents includes pressure ulcers, medication, slips, trips, and falls.

	2023-2024
Total falls	29
Total pressure ulcers	333
• of which reported by our Inpatient Unit team	88
• of which reported by our Community team	237
• of which reported by our Outpatient team	7
• of which were new ulcers	159 (48%)
• of which were inherited ulcers (patient admitted/first seen with these)	173 (52%)
Total medicine incidents	62

Quality markers we have chosen to measure

We actively participate in the national hospice (Hospice UK) quality benchmarking reporting for the Inpatient Unit.

This provides a comparison with other similarly-sized hospices on falls, medicine and pressure ulcer incidents with agreed common descriptors and we monitor and measure our performance against this benchmark.

Please note, this benchmarking exercise is only for Inpatient Unit incidents and Rennie Grove Peace falls into 'Category Medium' for these purposes.



*The numbers in the table below for falls, pressure ulcers and medicine incidents are all stated at occurrences per 1,000 occupied beds.

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		2023-2024	
	RGP Avg	Medium Cat Avg	RGP Avg	Medium Cat Avg	RGP Avg	Medium Cat Avg	RGP Avg	Medium Cat Avg	RGP Avg	Medium Cat Avg
Occupancy (%)	84.8	78.2	74.6	76.3	78.2	77.0	88.2	77.2	81.4	77.3
Falls*	4.8	9.1	8.5	9.6	11.2	10.3	7.2	9.8	7.7	9.7
Pressure ulcers – new*	12	10	31.6	11.7	12.8	12	9.5	10.5	29.8	25.9
Medicine incidents*	3.6	11.7	19.4	11.8	22.4	13.2	10.7	12.7	10.5	11.5

Falls

We noted that the number of falls incidents were below average in Quarters 1, 2 and 4 and higher than average in Quarter 3.

All patients are assumed to be at risk of falls on admission to the Inpatient Unit and we have continued to use a Falls Risk Assessment based tool as 1 of our 5 core risk assessment tools. This tool is based on the Sustainability and Transformation Partnership falls risk assessment tool. Unfortunately, some patients, due to the nature of their condition, do suffer falls and may fall on a number of occasions despite a number of preventative measures being in place.

We review all falls incidents individually; our specialist interest group also reviews themes of incidents, and they report to the Patient Safety Group who would put into place any possible measures to prevent more falls. Our falls incidents are reviewed for trends and are presented at the Internal Clinical Governance Group.

In addition, we participate in opportunities to compare numbers of incidents across all patient safety categories (Falls, Pressure Ulcers and Medicine Incidents) with other local hospices either via Hospice UK or at our regional Executive Clinical Leads in Hospice and Palliative Care meeting (ECLiHP), where we can share best practice, learnings and remedial actions.

One fall in IPU initially appeared to meet the PSIRF plan criteria for investigation using the new PSIRF process and is currently under investigation.

Medicine related incidents (patient safety related)

We noted that medicine incidents were below average in Quarters 1 and 4 and above average in Quarters 2 and 3 – none of these incidents resulted in moderate or serious harm to a patient.

All medicines management incidents are investigated, and learnings are identified and shared – we will continue to do this. We will also monitor incidents for trends at our Medicine Management specialist interest group where discussions are held regarding whether further action is needed. Medicine Management incidents are also reported at our Internal Clinical Governance Meeting and our Clinical Governance Committee meetings.



Pressure ulcers (new)

We noted that we were above average in Quarters 1 and 2 of the year, slight average in Quarter 3 of the year and below average in Quarter 4 regarding pressure ulcers developing whilst the patient was under our care in our Inpatient Unit.

At the start of the year, we had internally noted an increase in the number of new pressure ulcers developing in our Inpatient Unit. On reviewing these incidents, it was found that the required assessments were not always repeated at the correct time intervals and staff were reminded about doing this. A training session (at our weekly internal training session for staff) was also used to discuss Pressure Ulcer Prevention – this session was recorded for the staff who were unable to attend. As mentioned earlier in this report, we have also revamped our specialist interest groups, one of which is a Tissue Viability Group, and that group is continuing to review incidents to look for learnings.

On admission, all patients have their pressure areas checked and their risk of developing a pressure ulcer is determined through a risk assessment tool. Patients nearing the end of their life are at high risk of developing pressure ulcers and preventative care plans are put into place to minimise the risk of this happening. These preventative care plans include the use of appropriate pressure-relieving equipment, along with written and verbal information being given to the patient. We aspire to the number of acquired/new pressure ulcers being zero, but this is not always possible. Unfortunately, despite putting all measures into place, some pressure ulcers do still develop. We have close links with the Tissue Viability Nurse in the community and would ask them for advice if we had concerns or questions about how to manage the wounds of any patient.

All pressure ulcer incidents are reviewed individually by the Service Manager to ensure appropriate actions are put into place and numbers of incidents and learnings are presented at the Internal Clinical Governance Group.

Other quality initiatives and service developments

Governance framework

A new governance structure was introduced within Rennie Grove Peace in September 2022 which replaced the previous governance frameworks in both organisations.

The following paragraphs describe the responsibilities and purpose of each of the Committees which are particularly pertinent to the clinical governance of the organisation. Please note only the committees that are pertinent to this report have been described below.

Board of Trustees

The organisation continues to be governed by a Board of Trustees. They are accountable for ensuring the Charity functions within the law in accordance with the Charity Commission rules and complies with the agreed Articles of Association. They also ensure that the organisation delivers care in line with the regulations and fundamental standards set out by the Care Quality Commission, plus other relevant independent regulators i.e. The Fundraising Regulator, The Charity Commission, The Health and Safety Executive and the Information Commissioner's Office.



The purpose of the Board of Trustees is to:

- Approve the overall vision and strategic direction for the organisation.
- Regularly monitor and scrutinise performance against agreed plans.
- Provide effective financial stewardship through value for money, financial control, and financial planning.
- Satisfy all relevant legislation and regulatory requirements.
- Ensure that the organisation provides high quality, effective services and promotes good communications with the people we serve.

The Clinical Governance Committee

The purpose of the Committee is to advise the Board in relation to The Charity's development of the Clinical strategy and delivery of the underpinning annual Patient Services work plan and agreed Key Performance Indicators (KPIs). To achieve this the Committee will need to consider and escalate to the Board of Trustees any strategic clinical quality assurance and performance risks that could impact on the Charity's ability to achieve its strategic clinical priorities.

The Risk & Audit Committee

The purpose of the Committee is to provide assurance to the Board of Trustees that the Charity's responsibilities are met with regard to financial legislation and regulations, external regulation and standards, overall risk management assessment, controls and mitigations processes and continuous quality improvement.

Concerns and complaints

We encourage service users to raise, with staff, any concerns they have and we ask all staff members to record and deal with concerns by being open and honest and admitting when things did not go as planned. This process is cross-hospice and also applies in our non-clinical areas, for example customers in shops and people taking part in our fundraising events are also encouraged to raise concerns.

We always investigate concerns and complaints, put into place action plans where necessary and look to identify learnings and areas where further improvements can be made. Where appropriate, we share learnings with other areas across the Hospice. All clinical concerns and complaints are logged and discussed at our Internal Clinical Governance Group and our Clinical Governance Committee and non-clinical concerns and complaints are reported to the Executive Board and the Board of Trustees.

In 2023-2024, we received 12 complaints and 24 concerns relating to our clinical services.



Below are some examples of the learnings and improvements to processes we made following the concerns and complaints we received:

Nature of complaint/concern	Actions taken
Two complaints were received, and a number of incidents were recorded regarding poor communication and difficulties in accessing our out-of-hours service.	<ul style="list-style-type: none"> A review of the service was undertaken including answering the calls and responding to messages/contacting night staff in the community. A standard operating procedure for documenting the content of the call and ensuring the right information is relayed to the out-of-hours nurses and the patient/relative is now in place. Additional Healthcare Assistant resource was identified to manage the out-of-hours calls between 6pm-12pm when most calls occur.
A complaint was received regarding symptom management and pain control of patient to ensure appropriate and timely intervention.	<ul style="list-style-type: none"> The information given to nurses at the induction programme was updated to include further detail on symptom management training, including management of hallucinations and agitation at end of life. The same information was presented to existing staff members at an internal training session.
A complaint was received from the family of a patient regarding a communication breakdown between Rennie Grove Peace staff and the patient's GP surgery resulting in the delayed supply of Just In Case medication.	<ul style="list-style-type: none"> A meeting was arranged with the patient's GP surgery and family to agree improvements. The learnings from this incident were cascaded to all clinical staff setting out actions to ensure Just In Case medications are prescribed and available in the patient's home in a timely manner.



Review of service users

Rennie Grove Peace places great importance on feedback from people who use our Services. In November 2023 we started to use I Want Great Care (IWGC) and started to receive feedback in December. IWGC is an online system that allows patients to submit feedback about organisations providing health and social care – this feedback is visible to the organisation and to members of the public who may be trying to compare provider organisations. During the time period October 2023 to March 2024, 96.8% of service users said that their experience was positive and the overall rating for Rennie Grove Peace Hospice Care is shown in the diagram below:



- Feedback was provided via this route that a family’s cultural and religious needs weren’t being met due to male carers carrying out personal care of their female relative. In response to this, the form completed by patients and families at the onset of visits has been amended to include any religious/cultural preferences. Unfortunately, it is not always possible to guarantee a specific sex of carer, however these requests are met wherever possible.
- We also received feedback about the manner of a member of staff in the office – due to the anonymous nature of this comment it was not possible to follow this up with the service user – we did however feed this back to the office concerned and asked them to reflect on what had happened.



Examples of comments received regarding our services via the I Want Great Care survey:

Hospice at Home Services

- No words can fully express the utter appreciation for all the wonderful team that has cared for my father during his end of life journey. Along with their total support of me during one of the hardest times of my life. Such beautiful, dedicated people. We were very blessed.
- The ladies that came to see my nan were lovely, caring and kind.

Outpatient Services

- Staff are sensitive and caring to your individual needs and the volunteer support is also exceptional in helping each individual.
- Excellent care, empathy and understanding. Spending time with likeminded people I feel sad this is over, never have I had such care given to me. Thank you.

Nurse-led Clinic

- We have only been for two visits but have been very happy with the care and information we have been given. Thank you.
- Michelle was very friendly and helpful. She listened and addressed all our worries and gave us a plan and very useful advice.

Inpatient Unit

- My oncologist was so impressed with positive change in me he asked for details where I had been. Incredible change (improvement) in pain, I can eat again and not sick. Mental health huge improvement
- My wife, [name removed], was cared for by Peace Hospice after spending four weeks in the care of Watford General Hospital. The aim of the hospice was to stabilise her medication and allow her to return home for care. Sadly, she deteriorated continually while in their care. I'm very grateful for the concern shown for her and also for me. Thank you.

Rapid Personalised Care Service (RPCS)

- I cannot praise the carers highly enough. I have had them for both my mum and my dad, and they are fantastic. They genuinely do care about the patient and go out of their way to make sure my dad was always comfortable and safe.
- Our experience of Rennie Grove Hospice care was extremely positive. The carers made me feel confident that my husband would receive the highest standard of care. They were friendly, kind, knowledgeable, discreet and respected my husband's feelings.
- I have never met so many wonderful people and feel so honoured to have the support of the team of carers.

Bereavement, Listening & Talking Therapy

- Rennie Grove Peace Hospice, where a wonderful team that looked after my husband and the children's dad with great care and dignity. Not only did they care they gave right amount of information and during his finally weeks they spent time with the children and me the support was brilliant.
- I felt very well supported and my therapist helped me move forward and understand my grief and my relationship with my dad. I feel a better person because of the support I've received and mentally in a better place. I am more confident in communicating my feelings.

Children & Young People Services

- My child's experience was good, she liked going but found it hard due to her anxiety to fully join in.
- We have been looked after by Sarah Mobsby for 10 years now and she is the best person and nurse. She is caring, kind and always looks out for our wellbeing as a family – not just our child.



Supporting statements

Statement from Chair, Board of Trustees

The Board of Trustees provides oversight of the work of the Charity, and in the particular context of quality seeks assurance on the performance of the Organisation, the quality of service delivery, the validity of our data and the management of risks. The scrutiny of our clinical data is delegated to the Clinical Governance Committee and the overall assurance of our policies and processes is delegated to the Risk & Audit Committee. The Committees provide assurance to the Board on all aspects of Quality Governance including audit, clinical effectiveness, customer, patient, staff and volunteers experience, the maintenance and evidence of continuous improvement of quality standards and best practice. Committees also consider and escalate to the board all strategic risks that could impact on the organisation's ability to achieve its ambitions.



I am pleased to confirm that the Committees have provided such assurance to the Board in respect of the year to which this report relates, and this report is a fair summary of related information.

Dr Jeremy Shindler
Chair, Board of Trustees

Statement from Central London Community Healthcare (CLCH) NHS Trust

Palliative care services across South and West Hertfordshire Place system have seen an increasingly complex cohort of patients, some living longer with multiple co-morbidities and others diagnosed with palliative conditions at much younger ages. Rennie Grove Peace Hospice has engaged well with the system to escalate and understand incident learning in line with the new PSIRF approach. In addition, there has been active engagement in system-wide palliative care transformation with sharing of expertise between providers to drive quality improvements. The relationship between Rennie Grove Peace and Central London Community Healthcare NHS Trust (CLCH) remains positive, which has enabled open discussions about inter-service challenges and regular review of palliative care staffing capacity.



John Harle
Divisional Director of Nursing and Therapies
Central London Community Healthcare



Statement from NHS Hertfordshire and West Essex Integrated Care Board ICB

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Rennie Grove Peace Hospice Care for 2023/2024.



NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Rennie Grove Peace Hospice Care Quality Account for 2023/24. The ICB would like to thank Rennie Grove Peace for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from Rennie Grove Peace Hospice Care. During the year the ICB has been working closely with Rennie Grove Peace in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

The work of Rennie Grove Peace Hospice Care continues to support the ICBs Palliative and End of Life Care Strategy through partnership working with our Adult Community Service, as part of the sub-contractual arrangements with Central London Community Health NHS Trust. The ICB has worked closely with Rennie Grove Peace as they delivered the Rapid Personalised Care Service (RPCS) in partnership with Hospice of St Francis. The ICB value the hospice's commitment to remodel services to provide care over extended hours, support transition for children and young people, emphasis on digital improvements while retaining focus on improving patients, families, and carer experience. We look forward to seeing how Rennie Grove will further enhance and develop the extended hours and service in the future.

The ICB would like to recognise Rennie Grove Peace for their ongoing work related to the implementation of the Patient Safety Incident Response Framework (PSIRF) which sets out how the NHS responds to patient safety incidents for the purpose of learning, improving patient safety and outcomes for our population. The ICB looks forward to working in partnership and across the system as we collectively take forward PSIRF in 2024/25.

During the year the ICB have been working closely with Rennie Grove Peace Hospice Care gaining regular assurance on the quality and safety of provision to ensure a positive patient experience. Looking forward to 2024/25, the ICB supports Rennie Grove Peace Hospice Care's quality priorities and we look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.

Chris Harvey

Assistant Director of Nursing & Quality, Hertfordshire and West Essex ICB





Rennie Grove Peace

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