



Quality Account 2024-25

Published June 2025.

Looking back at organisational performance during 2024-25 and outlining our priorities for 2025-26.

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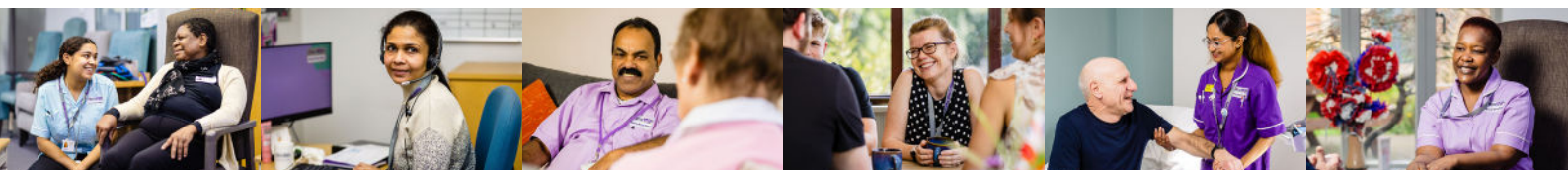
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A message from the Chief Executive

On behalf of the Board of Trustees, I am very pleased to present the Quality Account for Rennie Grove Peace Hospice Care, covering 2024-25.

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.

In July 2024 we celebrated our one year anniversary operating as Rennie Grove Peace Hospice Care and I reflected on the huge amount of change the Charity has experienced.



Operationally, we have completed a full integration programme improving our systems, processes and buildings. Our team structures have changed to ensure we can deliver the right services at the right time, by people with the right skills to meet our community needs across the combined geographical area.

In commissioning, we have worked with our ICBs, local hospice care, healthcare and social care partners to agree new contractual changes, briefing our teams accordingly and adapting our services to meet the revised geographical need.

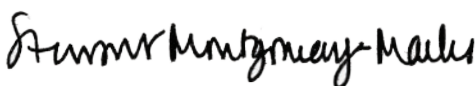
Our single point of contact Coordination Centre continues to improve our referral assessment process, ensuring patients and those around them can access the right services for the stage of their diagnosis, whether that's early support offered through our community-led programmes, such as Compassionate Neighbours or Support Hubs, or more urgent end of life care delivered by our Inpatient Unit or Hospice at Home teams.

Alongside recruitment, which continues to be a focus, particularly among our clinical teams, we have invested in developing the role of our Leadership Team within our organisation. Empowering our heads of departments to work closer together, as well as take an active role in leading our organisation, alongside the Executive Board, has resulted in positive feedback from across the organisation, collected through our EVE employee listening tool.

One major piece of work involving our Board of Trustees, Executive Board and Leadership Team during this year has been to develop, agree and launch our 2025-28 Strategy, delivered at the end of March 2025 for the new financial year.

Accountability statement

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 Montgomery-Marks
Chief Executive, Rennie Grove Peace



Our Purpose, Vision, Mission and Values

About Rennie Grove Peace Hospice Care

At Rennie Grove Peace Hospice Care, we're proud to offer excellent palliative and end of life care to those living with a progressive life-limiting illness in the place that best suits their needs or wishes. As an independent hospice care charity, we have offered this support, free of charge, for over 40 years.

Today we operate within Buckinghamshire and Hertfordshire, in people's homes, in care homes, in the community, and in our specialist purpose-built facilities in Watford and St Albans.

Our team of 340+ includes a wide range of patient-facing disciplines plus operational support based in Watford, Tring, St Albans, Chalfont St Giles and Berkhamsted.

Looking after over 4,500 patients a year, as well as those around them, is a huge privilege, one we simply could not achieve without the incredible support of our 1600+ strong volunteer workforce.

In 2023 -24, a total of £2.6m, just 14% of our income, came from statutory funding within Buckinghamshire and Hertfordshire. The remaining 86% of our income is provided thanks to the generous support of our local community.

Our Purpose

Our purpose is to provide the quality hospice care our community needs. We support local people within Buckinghamshire and Hertfordshire who are living with a progressive life-limiting illness, enabling them to live well with illness, in the place that best suits their needs.

Our Vision

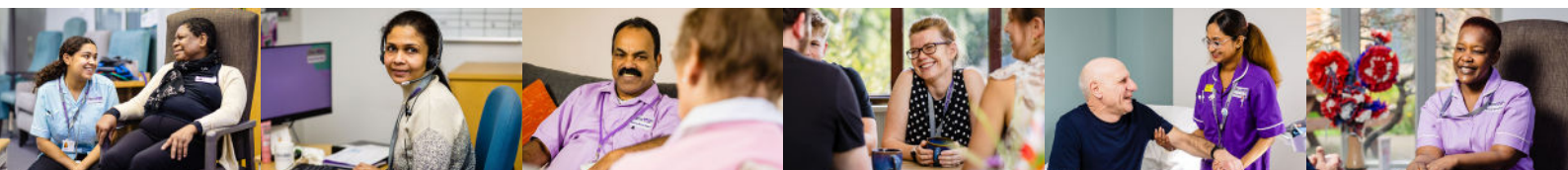
A future where every individual is empowered to live well and die well.

Our Mission

To provide the quality hospice care that our community needs. We do this by:

- Listening to our community and delivering services that are accessible to all
- Caring for people from diagnosis with a progressive life-limiting illness
- Supporting people in the place that's best for them.

Our Values



Looking backwards: Priorities for improvement 2024-25

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

Last year, we planned to recruit into and remodel our Hospice at Home Services so that 24/7 care could be delivered to patients in the community setting.

Progress made

We have reviewed our community model, working with our healthcare partner organisations to eliminate duplication.

We have completely remodelled our community service to provide an effective planned, unplanned and virtual ward model across our services. The virtual ward model we implemented in Buckinghamshire and South West Hertfordshire has worked well to provide patients at home with support and to prevent unnecessary hospital admissions – this model will be rolled out into St Albans and Dacorum in 2025-26

We have worked closely with the teams to strengthen the role of the CNS and the relationship they have with the GP surgeries through the Gold Standard Framework (GSF) meetings.

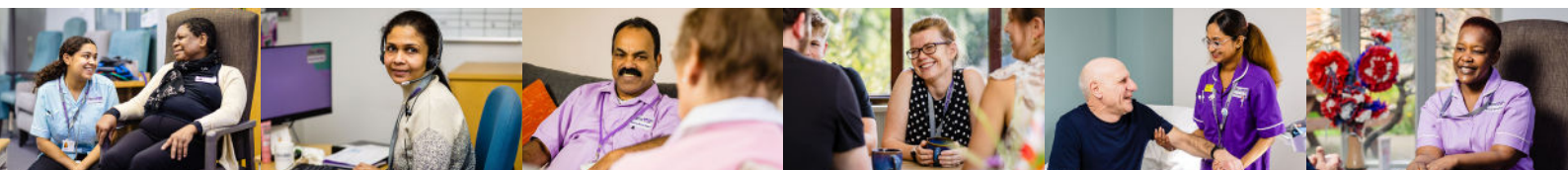
There is some further work to do in reviewing the overnight element of our Hospice at Home Services and this element of the priority has been carried over to 2025-26.

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

We planned to 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.

Progress made

- Following our merger, we reviewed our Bereavement, Listening and Talking Therapies services and combined them into one service. This service now offers support from Level 1 to 4 and has reduced waiting times. Our bereavement programme runs every quarter, we have a drop-in support group and our partner-run Compassionate Cafés which are open to anyone who has experienced bereavement.
- We commenced specialist nurse clinic sessions five days per week and introduced a Living Well programme. This includes an ACP (Advance Care Planning) course, pharmacy review clinics and welfare rights clinics. Changes have been made to our rehabilitation model to enable more facilitated groups.



- There is a robust plan to engage with potential new referrers and influence patients' pathways with our partner organisations to receive automatic referrals. All new patients are referred via our Coordination Centre which ensures all patients are triaged to receive the right service at the right time.
- A weekly MDT (multidisciplinary team) meeting runs with the purpose of reviewing all new and complex patients to the Outpatient Services.
- Plans are in place to develop a Specialist Nurse Clinic with our Bucks locality to enable us to see patients within a clinic setting.

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

Last year, we planned to further embed into practice the PSIRF policy and processes and ensure learnings are shared across the ICB system. The PSIRF includes our Patient Safety Investigation Plan which outlines the areas we will explore further if we identify themes or trends.

During the year we identified an increased trend in patients falling in our Inpatient Unit (IPU) and medication errors. Although none of the incidents resulted in serious harm, we chose to carry out two Patient Safety Incident Investigations (PSII) using the PSIRF process to identify learning and improvement.

Progress made

- Our first PSII commenced in March 2024 with a target to improve and reduce falls in IPU by 30% by December 2024. This target was exceeded with a 47% reduction achieved. Improvement work has included a new falls policy, falls risk assessment tool, post falls standing operating procedure and patient information leaflets for both inpatients and outpatients. Work is continuing with a Quality Improvement group of IPU doctors, nurses, physio and HCAs to embed the improvements and continue the progress. Regular reports are reviewed by the Falls specialist interest group (SIG) and presented to our patient safety group to provide assurance that we are embedding the improvements. We shared our falls PSII with the ICB, our commissioners and some of our local Hospice partners for information and identified learning.
- Our second PSII commenced in August 2024 following a Medicines Management incident in IPU and a recurrent theme of minor errors. Improvement work has focused on reviewing policies, procedures, medicine administration, training, induction of new staff, competency and compliance with the main principle of safe medicines management (the five Rs). Following the review, IPU nurses are demonstrating increased confidence in compliance and ensuring they have protected time when administering medication to avoid external interruptions. The number of medication errors has reduced and will continue to be monitored by the Medicines Management specialist interest group.
- We also planned to further improve the way the specialist interest groups operate. The SIGs are all chaired by a senior leader who has specialist knowledge relevant to the group. We have set out a schedule of meetings for the year, to ensure participants know when they are required to attend and we have developed real time data bespoke to the group, so they have up-to-date knowledge of key issues around patient safety. The groups report on their actions and progress to the bi-monthly patient safety group. There is ongoing work to strengthen the way the specialist interest groups function and this work will carry on into 2025-26.



Priority 4 Develop a Carers Strategy to improve patient experience

We planned to develop a Carers Strategy and resources to support both paid and unpaid carers who are caring for patients who have an end of life diagnosis.

Progress made

This work has not yet been completed due to conflicting priorities, and is now part of our 2025-26 patient services work plan. The strategy is in draft form and will be shared at our Clinical Governance committee for publication in December 2025.

The aim of this strategy is to ensure that carers are recognised, valued and actively supported as essential partners in care, ensuring their health, wellbeing and resilience are supported throughout the palliative and end of life journey and into bereavement.

We are making progress on delivering a number of dedicated carers support groups at our Living Well centres at Peace Hospice and Grove House, as well as support through our Compassionate Cafés and Support Hubs.

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

We planned to review and define our ambition to support children and young people and to set out how we would support people moving between Children & Young People (CYP) to Adult Hospice services.

Progress made

Following an in-depth review of our role in the provision of Hospice at Home care to local children across Buckinghamshire and West Hertfordshire, it was concluded that it would be in the best interests of the children and their families to be fully supported and managed by their 'host' hospice. In most cases, this is Helen & Douglas House or Keech Hospice Care. It was agreed that Rennie Grove Peace Hospice Care would withdraw from providing Children's Services from March 2025.

As part of our workplan, we are working with other adult hospices, specialist palliative care partners, Children and Young People's hospices and NHS providers within our catchment to ensure a smooth transition into adult services. There is an agreed referral pathway and handover plan through the South & West Herts Palliative Care Referral Centre for patients who are 16+.

We will continue to provide emotional and bereavement support to the children of our adult patients, but we will no longer provide nursing, respite or play services to children who are themselves living with a life-limiting illness.



Looking forwards: Priorities for improvement 2025-26

Priority 1 Raise awareness of our offer to reach more people earlier to ensure they feel supported and in control of their health and future

We will consolidate what we already do well and will further raise awareness of our offer to reach more people earlier to ensure they feel supported and in control of their health and future.

How do we plan to do this?

- Remodel and implement our services across the 4-phased patient care pathway.
- Develop our Living Well model of care by widening the offer of Living Well Centre Holistic programmes across both Grove House and Peace Hospice sites and work with our Buckinghamshire partners to ensure equitable/ability to signpost patients.
- Continue to improve and develop a clear Children and Young People (CYP) to adult services pathway.
- Develop a carers' strategy with the intention of providing dedicated support services within our Living Well programme.

How will progress be monitored?

Progress of the remodeling of services, development of the carers' strategy and work on the improved CYP pathway will be monitored at our internal Clinical Leadership Strategy Operations and Performance meetings and at the Clinical Governance Committee meetings. We will monitor performance against our target of a 3% increase in patients on our Living Well caseload at the same meetings mentioned above.

Priority 2 Drive up delivery of safe, effective holistic care

We will deliver safe, holistic care with a confident and competent workforce who are supported and equipped to care.

How do we plan to do this?

- Review our provision of psychological skills training as part of the core training to staff.
- Design a clear clinical services career pathway to improve internal progression opportunities and staff retention.
- Further embed our Resilience Based Clinical Supervision (RBCS) framework to support our staff working in the patient service teams.



Priority 3 Develop our workforce model to ensure the patient receives the most coordinated care possible

We will ensure we work in an integrated way that ensures our patients receive coordinated care at the right time, in the right place, by the right person.

How do we plan to do this?

- Refine the patient services workforce delivery model to ensure it details levels of interventions delivered by all staff and volunteers.
- Undertake a review of our Coordination Centre to identify any changes needed in the way it is operating.
- Procure a community scheduling software platform that supports our community team's efficiency by increasing capacity through management of the rota and visit planning.

How will progress be monitored?

Following the reviews of the patient services workforce model and the Coordination Centre, recommendations will be presented to our internal Clinical Leadership Strategy Operations and Performance meetings and at the Clinical Governance Committee meetings for agreement to proceed with any changes. Updates on progress regarding procurement of a new team scheduling system will be given at the same meetings detailed above.

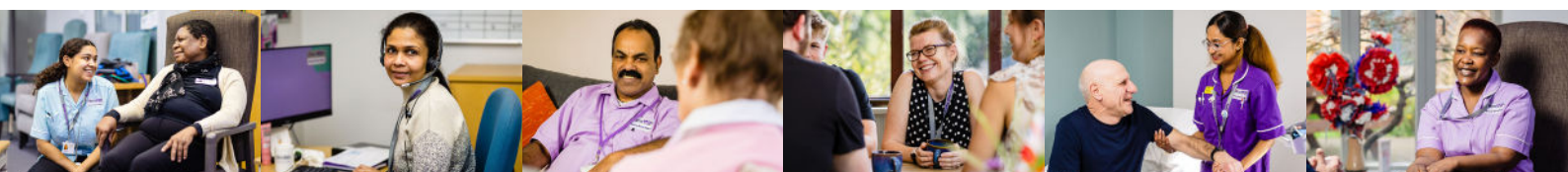
Priority 4 Further develop the way we use learning from incidents and feedback

We will continue to develop the way we use and disseminate learning from incidents and feedback from our patients/families to inform improvements in practice and strengthen our patient experience.

How do we plan to do this?

- Ensure all patient services developments and improvements in practice are informed by patient and family feedback.
- Continue to embed the learning from incidents and PS11 outcomes, including improving reporting processes and actions identified to drive up improvements in practice.
- Work with our partners to reduce the incidence of pressure ulcers occurring in patients we care for and strive to reduce the deterioration of pressure ulcers in patients under our care.
- Identify improved methods to share learning from incidents and improvements with our clinical staff.

We will continue to monitor our incidents, outcomes and patient feedback to identify actions for improvements via our Quality Assurance Group and capture outcomes and changes in practice in our Quality Improvement Plan. Assurance that improvements in practice have been established will be provided to our quarterly Clinical Governance Committee.



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.

The Governance structure is shown below and more details on the 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

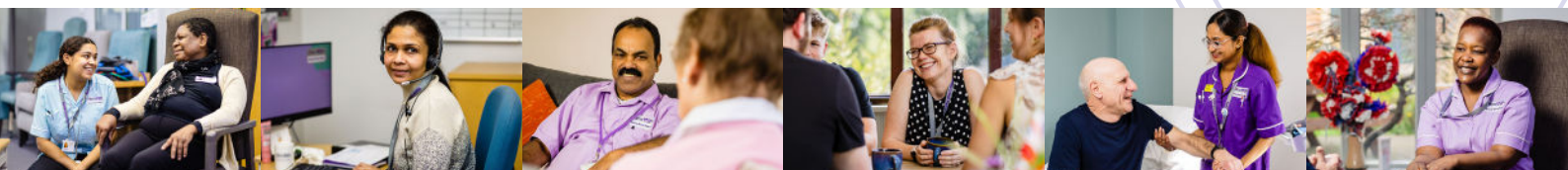
Investment
Committee

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 during the period April 2024-March 2025

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 delivered in 2024-25 are listed below, however some have changed during this period and not all of these are partially/fully funded by the NHS.

Community Services, including Hospice at Home

Our Community department encompassed 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 Service.

Our Community Services gave people the choice to be cared for at home surrounded by the people and things that matter most. From scheduled visits at home delivering practical nursing and discussing plans to an emergency visit to keep a patient comfortable - our patients and those around them know that we are there for them.



● **Hospice at Home Service** (partially funded by NHS)

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

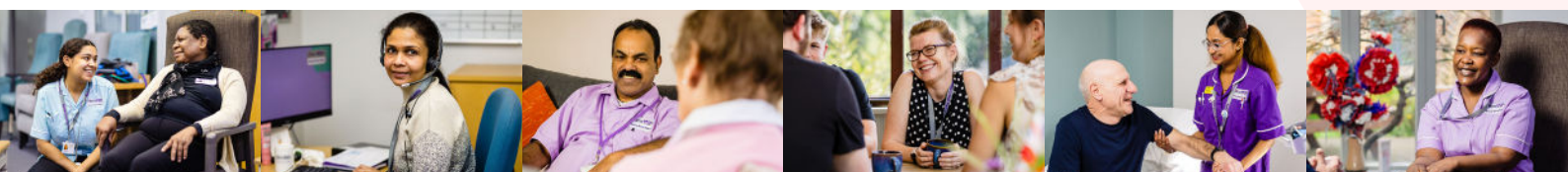
● **Palliative Response Team (PRT) Service** (partially funded by NHS)

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

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

The RPCS team operated 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 gave people who have been assessed as rapidly deteriorating daily support to stay safe and comfortable at home during their final weeks. The RPCS had 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, Supporting Hands is a volunteer service that provided 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 delivered 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, for those under 19 years old who have a life-limiting or life-threatening illness, ran until 1 March 2025. The team provided nursing care support as well as play specialist and respite care. It was available in Buckinghamshire and North West Hertfordshire. Patients and families were seen at home or within our Outpatients & Supportive Care Services at Grove House, St Albans, where we had 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, offered support with health and wellbeing to help our patients live well throughout their illness, as well as supporting those around them.



Rehabilitation Services (not funded by NHS)

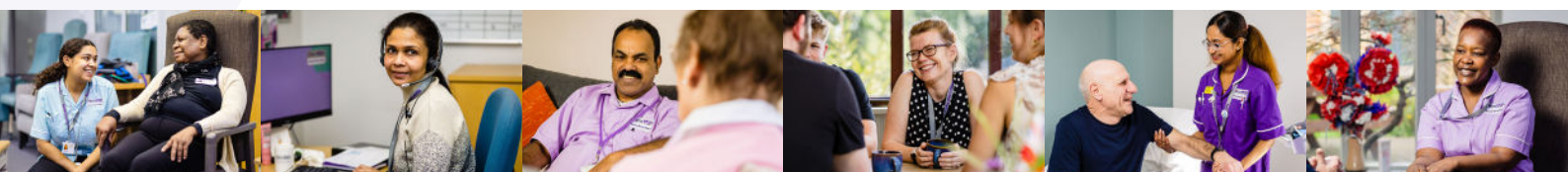
The Rehabilitation Services team provided a range of professional therapies and interventions for patients and adults close to them. This included physiotherapy, occupational therapy and a social work service. Some services were provided in a group setting such as our exercise group, breathlessness group or carers group. The service was generally provided within Peace Hospice or Grove House, and also in the patient's home if necessary.

Outpatient Clinics (not funded by NHS)

The Outpatient Services team provided palliative care support to patients and those close to them within our two Outpatient settings: Grove House and Peace Hospice. Patients had 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 service offered a range of support to people coming to terms with the loss of a loved one. Recognising that people grieve differently, we offered many avenues of support – adult and children bereavement counselling, group support and a telephone line. We also offered 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 offered a range of therapeutic interventions including complementary therapies, scar therapy, acupuncture and creative therapies. Patients and adults close to them accessed these services in order to maximise wellbeing. Services were delivered at Peace Hospice, Grove House or at home.
- Bereavement Listening & Talking Therapies (BLTT)** (not funded by NHS)

The BLTT Service provided listening and counselling support to patients with palliative care needs, family, carers and children. It was available in Buckinghamshire, North West Hertfordshire and South West Hertfordshire. This support included groups, phone, virtual and face-to-face meetings – all within outpatient settings or at home. The service was delivered by a team of employed staff and volunteers and ran Monday-Friday, 9am-5pm, with some availability for sessions in the evenings or at weekends.
- NHS Talking Therapies Service** (funded through tender)

The Talking Therapies Service provided short-term counselling support to patients with mild to moderate depression, and those with generalised anxiety. The service was available in East, North and South West Hertfordshire. Clients accessed 8 sessions (extendable to up to 16) either at Peace Hospice or virtually with a qualified counsellor. The service was delivered by a team of employed staff and self-employed contractors and ran Monday to Saturday with some availability in the evenings and at weekends.

Compassionate Communities (partially funded through grant applications)

Our Compassionate Communities Services offered community-based support to help beyond a patient’s palliative, end of life care and bereavement needs.

Available from diagnosis, this support was provided by working with local partners and volunteers to reach more people earlier. We offered volunteer-led group sessions in the community, as well as 1-2-1 support both at home and out and about. Tackling loneliness often experienced by people facing a progressive life-limiting illness or those affected by bereavement and loss, we helped people feel more connected and less isolated. We supported people through Compassionate Neighbours, Compassionate Cafés and Compassionate Support Hubs.



Compassionate Communities

Medical Services (partially funded by NHS)

Led by our Medical Director and provided by a team of Specialist Palliative Care doctors and two Consultants in Palliative Medicine. The Medical team supported patients, their families and those around them in the Inpatient Unit, Hospice at Home and Outpatients Services settings and worked 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.



Medical Services



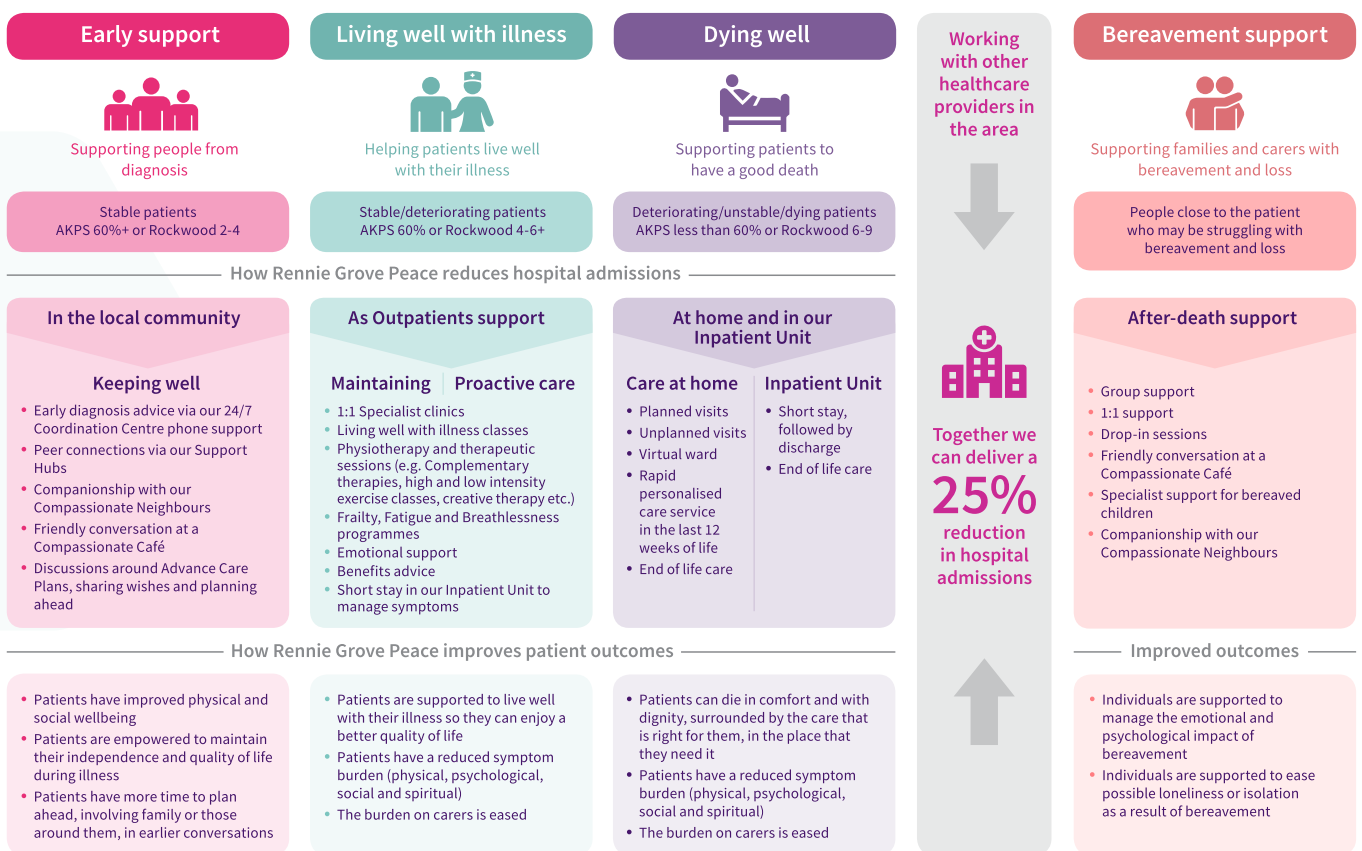
Rennie Grove Peace Coordination Centre (not funded)

The Coordination Centre team managed all the referrals into Rennie Grove Peace and ensured a consistent referral screening and clinical triage process to assess for eligibility and suitability. The Coordination Centre 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 manner.



Our Patient Services from April 2025

From April 2025, our support can be split into four stages: Early Support, Living Well, Dying Well and Bereavement Support.



Rockwood Clinical Frailty Score and AKPS are tools used to assess an individual's frailty or ability to perform common tasks.



Early support from diagnosis

We are here for people from the moment they get their diagnosis:

- **Support and connections** – Our Support Hubs offer advice in the community, held in a safe and friendly place, with the opportunity to meet others also affected by a progressive life-limiting illness diagnosis.
- **Local companionship** – Our Compassionate Neighbour volunteers provide company and emotional support through regular phone calls, visits and friendship, reducing the isolation of being unwell or frail.
- **Planning ahead** – Our specialist palliative care team supports people to plan ahead and put together an Advance Care Plan.



Living well with illness

We support people to live well with their illness through:

- 1:1 symptom management and pharmacy review clinics.
- Living well with illness group classes.
- Physiotherapy and therapeutic sessions (e.g. complementary therapies, high and low intensity exercise classes, creative therapy etc).
- Frailty, Fatigue and Breathlessness programmes.
- Emotional support for patients and those close to them.



Dying well

We support people at end of life to understand what a good death looks like and achieve it in line with their wishes.

At home

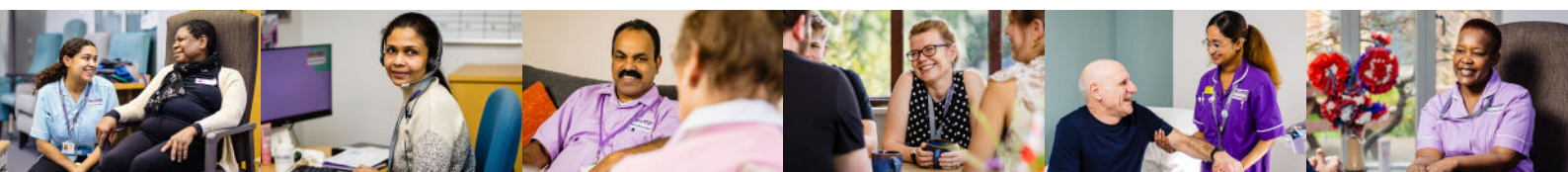
- Planned care through regular pre-scheduled visits.
- Unplanned care through advice or visits.
- Virtual ward as an alternative to inpatient care. Patients staying at home are overseen by the multidisciplinary team, including a Palliative Care Consultant.
- Domiciliary care, available for the last 12 weeks of life, funded through Continuing Healthcare (CHC) funding.
- Care home support through partner carer training and palliative care support.

In an Inpatient Unit

- Our 12-bedded unit supports around 150 patients per year for a short stay in a dedicated bed.

Bereavement support

We are there for families and loved ones, providing care and kindness at the most difficult of times, through one-to-one and group support. Our Compassionate Cafés in the community provide a place to meet others who have been affected by bereavement or loss. We also run CompassionART Cafés, where support is given while expressing feelings through art. We also work with schools and workplaces to support conversations around death and dying and encourage access to bereavement advice.

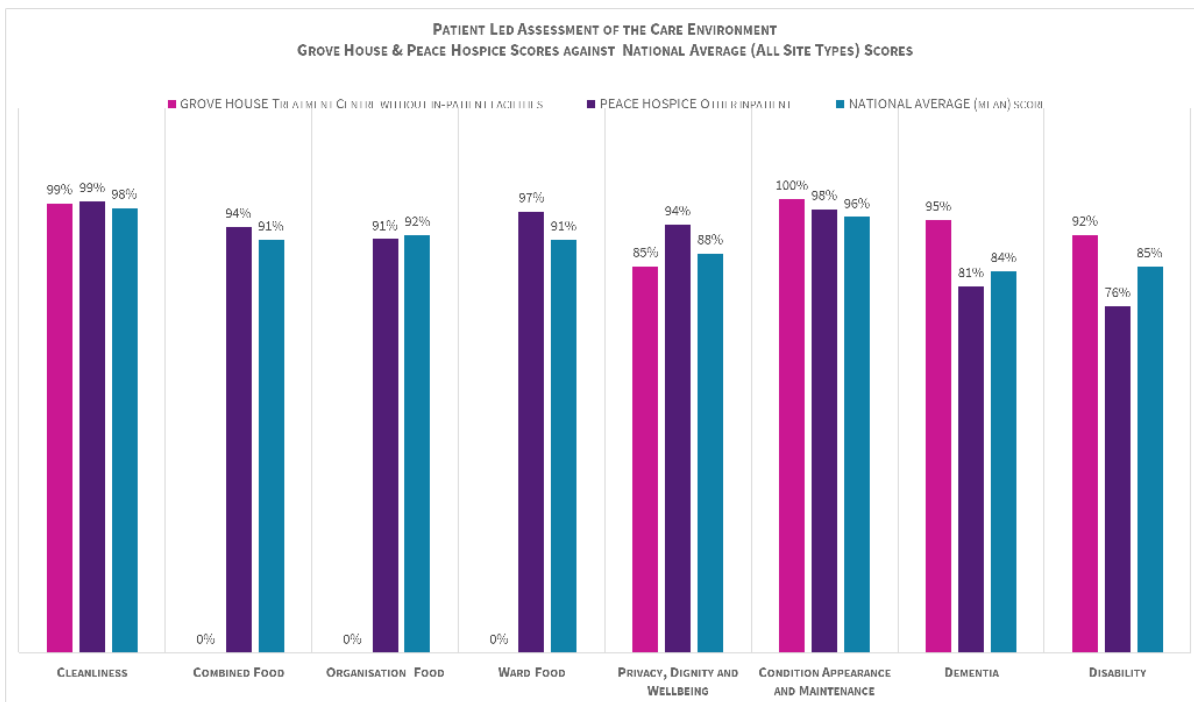


Participation in national clinical audits and research projects

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 2024-25 National Clinical Audit and Patient Outcomes Programmes (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 2025-26 for the same reason.

However, we 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. This audit was conducted at both the Peace Hospice building and Grove House. The overall results for each building compared to the national average are shown in the graph below (please note that Grove House was not audited against food standards).



The conclusion was drawn that we can demonstrate that the environments in which patients are cared for generally meet the PLACE standards to a high level. However, the organisation seeks continuous improvement and consideration will be given as to what changes can practicably be made in the areas of disability, dementia, privacy, dignity and wellness.



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, 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 2024, we planned to carry out 44 audits across the organisation, 32 of which were clinical audits. During the year, five clinical audits were postponed or delayed due to service/process changes or resource constraints.

Included in the clinical audit cycle are those which relate to patient safety and care – they cover topics 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 Quality Assurance 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:

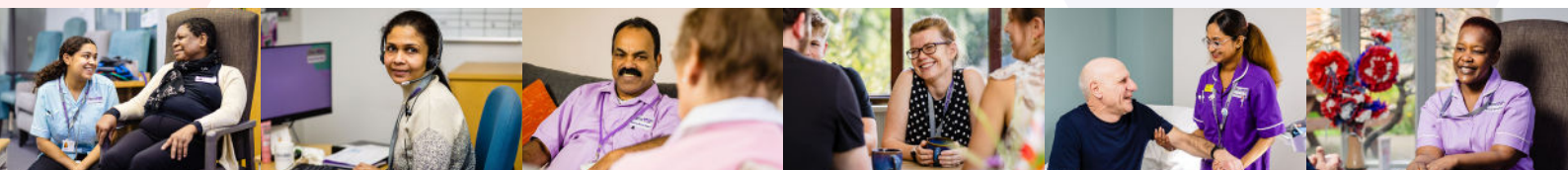
Following a CD (controlled drugs) audit the following actions were agreed:

- Staff to be reminded that, when receiving the CD order, they should sign the receipt and sign again in the received by box on the duplicate sheet.
- Staff to be reminded that expired stock of CDs must be segregated and entered into the destruction of CD ledger.

Following an audit regarding the process for gaining authorisation to deprive a patient of their liberty, it was identified that not all applications made had been logged on our incident management system – staff were reminded that they should do this.

Following an audit regarding medical records, it was identified that not all required information regarding detailed diagnosis, communication needs and allergies/sensitivities were being captured correctly. Actions to be taken include:

- Advanced Clinical Practitioner to emphasise the importance of capturing all information in correct fields (and not, for example, as free text) during training sessions.
- Audit to be reconducted in 2025.



Participation in clinical research

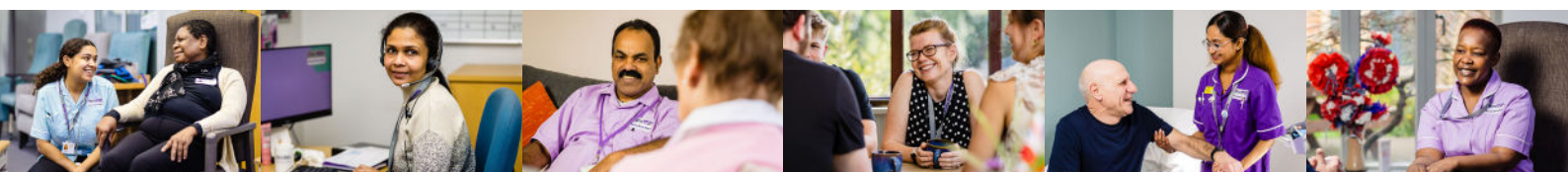
There were 10 patients receiving NHS services provided, or subcontracted, by Rennie Grove Peace in 2024-25 who were recruited to participate in research approved by a research ethics committee.

Rennie Grove Peace was 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 was run by the University of Surrey). During the whole report, 20 patients were recruited from our Inpatient Unit. The study was fully supported by the National Institute for Health Research and had full ethics approval and has now closed.

Rennie Grove Peace organised a focus group, consisting of patients and relatives in order to provide views and feedback to Marie Curie – they had been commissioned to conduct a study and write a report with the findings. The report “Experiences of Palliative and End of Life Care in the East of England study” is now available on the Marie Curie East of England website.

Clinical Research Network

From 1 October 2024, the geography of the clinical research network changed and Rennie Grove Peace now falls under the East of England regional research delivery network (previously North Thames). As in prior years, this means we will continue to hear of potential research opportunities in the future.



Commissioning requirements

Use of the CQUIN (LQR) payment framework

None of our income in 2024-25 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment.

The Care Quality Commission (CQC)

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

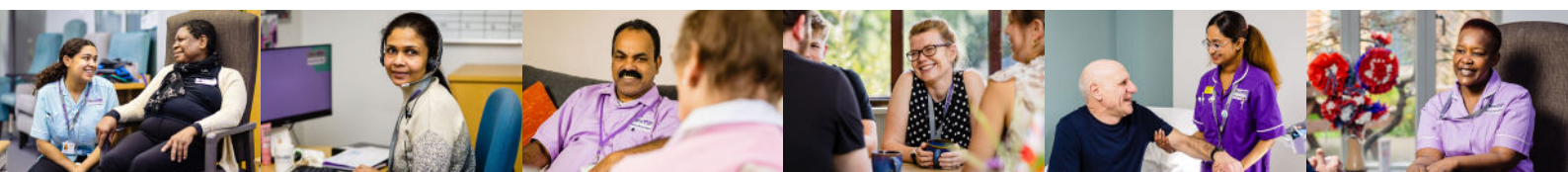
The CQC has not taken enforcement action against Rennie Grove Peace during 2024-25. We have not taken part in any special reviews or investigations by CQC under section 48 of the Health and Social Care Act 2008 during the reporting period. We have not had any quality visits by the CQC in the past year.

We 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 took place 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 joint 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

We did not submit records during 2024-25 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. We are not eligible to participate in this scheme.

Clinical coding audit

We were not subject to the Payment by Results clinical coding audit during 2024-25.

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 2023-24 submission was published with Standards Exceeded and the toolkit for 2024-25 is currently being updated.

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. We seek to nurture a culture of openness and honesty and to learn from experience. We inform the patient and family (if the patient consents) 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 it results in moderate (or above) harm, whilst the patient is under our care, should the patient/carer wish.



Freedom to Speak Up Guardian

The National Guardian's Office (NGO) and the role of the Freedom to Speak Up (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. It was planned to recruit Freedom to Speak Up champions last year, however this was not possible – work and an internal campaign to achieve this will be carried forward into 2025-26.

Six FTSU cases were raised in 2024-25 – these cases are all closed. Please note that in the table below more than one element can apply to each case.

Number of cases received 2024-2025	6
Number of cases with an element of:	
• Patient safety/quality	1
• Worker safety wellbeing	4
• Bullying or harassment	0
• Other inappropriate attitudes or behaviours	5

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.

A review of the safeguarding incidents from April 2024-December 2024 was undertaken and the resulting report was shared with our Clinical Governance Committee. In all of the incidents reviewed, it was concluded that we had operated in line with best practice guidance and that there had been good communication between Rennie Grove Peace and external agencies, with timely actions being taken. It was also noted that there had been appropriate escalation, ensuring an MDT approach.



As a result of the review, a number of recommendations were made to further improve practice:

- Train staff to understand they do not need to reference safeguarding incidents in SystmOne where no investigation or action has taken place. Instead, they should document the detail in Vantage (reporting system) and make reference to the report in S1.
- Line managers to ask staff to revisit the mental health risk guidelines, safety plan and videos and ensure that the toolkit is available to staff in the office at all times.
- IPU team staff to be reminded that on admission, medications prescribed to the patient are their property. We cannot remove but must educate and advise they not take them.
- Clinical staff attend an hour of safeguarding training during induction plus the e-learning required and all staff are required to complete mandatory training on safeguarding.

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 Safeguarding specialist interest group, our Quality Assurance Group, our Executive Board Meeting and at our Clinical Governance Committee meeting.

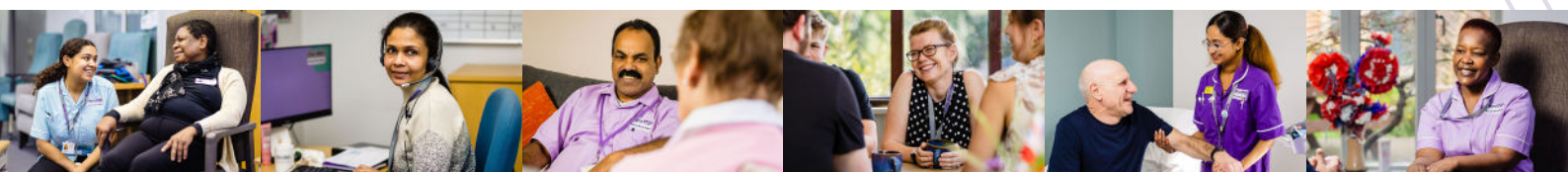
Mental capacity

All patients being cared for by Rennie Grove Peace are involved in decision making wherever possible in line with the Mental Capacity Act (MCA) and our consent to care and treatment policy. Where necessary, mental capacity would be fully assessed and, if necessary, a best interest decision made in line with the MCA. For patients on IPU, an application for deprivation of liberty (DOLS) would be considered if required.

Infection prevention

We take our responsibilities regarding infection prevention very seriously and there are a number of measures/activities in place to ensure risks are controlled.

- **Audit:** An Infection Prevention and Control Audit is conducted annually by an external provider. This involves a comprehensive review of all aspects of infection prevention and control across our Grove House and Peace Hospice sites – the most recent audit was conducted in March 2025 and demonstrated good compliance with infection prevention controls but areas for further improvement were noted. The subsequent action plan is being worked through.
- **Legionella (Water) Risk Assessment:** We conduct a water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. The last assessment was in March 2025 and identified no concerns – this assessment is performed every three years. The water also undergoes a legionella testing on a monthly basis.
- **Immunisation:** Working with occupational health, we ensure that all our patient-facing staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Winter planning which includes seasonal flu and Covid).
- **Cleaning:** We work with our cleaners to ensure that the Hospice sites are kept as clean as possible – the NHS cleaning standards are used to specify the cleaning specifications and frequencies. Monthly cleaning audits are also undertaken.



- **Hand hygiene:** We have strict hand washing regulations for all staff. Hand hygiene audits are carried out monthly in the Inpatient Unit, the Rapid Personalised Care Service and Community teams. The results are submitted to our Governance team. The IPU results are displayed outside of the unit.
- **Training:** All staff receive annual training in infection prevention and control which is recorded. In addition, the IPC Lead and the members of the IPC specialist interest groups also undergo two-day face-to-face training.
- **Policies:** Our Infection Prevention and Control policy is aligned with the NHS Infection Control Framework. It is available to all staff and is reviewed and updated annually, in line with current advice, guidance and legislation change. Policies are circulated amongst staff.
- **Collaborative working:** We work closely with the Herts and West Essex ICB IPC team, keeping up to date with national IPC policies and guidance.
- **IPC specialist interest group:** This group monitors results of any related incidents reports, risk assessments results, action plans and oversees all aspects of IPC to ensure the safety of our patients.

Learning from deaths and Medical Examiner

We 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 programme 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.

None of the deaths reviewed by the Medical Examiner where Rennie Grove Peace was involved in care resulted in a more detailed case review.

Shared Care Record

We are 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 provide 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 SystemOne – meaning there is no need to log onto a separate system.

We are currently exploring options to join the Buckinghamshire, Oxfordshire and Berkshire West Shared Care Record and hope that the process to do this will be completed by April 2026.



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.

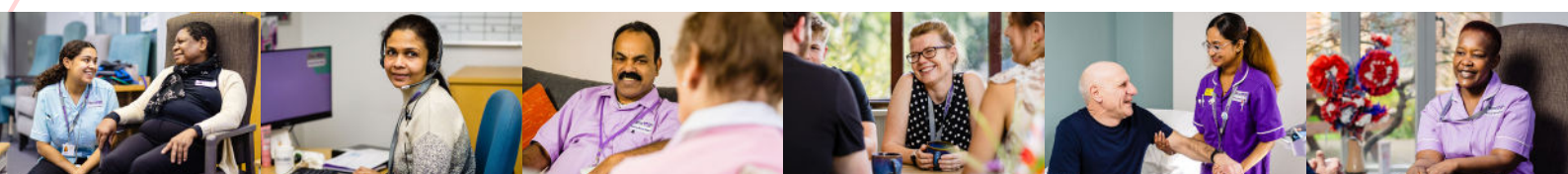
	2023-24	2024-25
Total attendances in the community	706	1,502
Total Support Hub sessions	18	29
Total Compassionate Café sessions	123	210
New Hubs/Cafés set up	17 Cafés	1 Hub/2 Cafés

Patient safety incidents

During the last year, we focused on driving our safety culture and staff are actively encouraged to report safety incidents through our robust electronic incident reporting system. Staff have actively engaged in reporting all incidents, no matter how minor, which is reflected in the high number of incidents reported. The majority of incidents reported are low level in terms of patient harm and the high number demonstrates the embedding of our safety culture.

All incidents are reported to our service line managers and are reviewed at the patient safety group and the relevant specialist interest 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 would provide necessary assurance to the Board of Trustees. Below is a summary of our patient safety incidents this year (2024-25), compared to the prior year.

	2023-24	2024-25
Total falls	29	37
Total pressure ulcers	333	688
• of which were new ulcers (occurred in our care)	159 (48%)	266 (39%)
• of which deteriorated in our care	n/a	63 (9%)
• of which were inherited ulcers (patient admitted/first seen with these)	173 (52%)	359 (52%)
Total medicine incidents	62	115
• of which related to external healthcare providers		34 (30%)



We actively participate in the national hospice (Hospice UK) quality benchmarking of patient safety incidents for the Inpatient Unit. This provides a comparison with other hospices on falls, medicine and pressure ulcer incidents with agreed common descriptors and we monitor and measure our performance against this benchmark.

Falls

On review of the Hospice UK benchmarking data, it was noted that the number of falls varies quite significantly. Our falls per 1,000 occupied bed days was above the national average and our Hospice Median in April, May, July, October and February. None of these falls resulted in severe harm or death.

As reported in our last Quality Account, one fall in February 2024 in IPU met the PSIRF plan criteria for investigation using the new PSIRF process and two other falls occurring in February and March 2024 were also included in the investigation. A number of actions were identified as a result of the review, and these were implemented with the goal of reducing falls on IPU by 30% by December 2024. This was successful and falls decreased from 19 during the time period 1 December 2023 - 31 May 2024 to 10 during the time period 1 June - 30 November 2024.

We have noted that since these actions were taken, the number of falls was above average in February 2025, and this will be monitored by our Falls Specialist interest group to see if this trend persists.

We continue to review all falls incidents individually. Our specialist interest group also reviews themes of incidents. They report to the patient safety group who would review any recommendations and put into place measures to prevent more falls. Falls incidents are also reported at our Clinical Governance Committee meetings.

Medicine related incidents (patient safety related)

Some changes in the Hospice UK benchmarking exercise took place and medicine management incidents are now only compared where they have caused severe harm or death. We noted that none of the incidents reported on IPU had resulted in those levels of harm.

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 decisions are taking regarding necessity of further action. Medicine Management incidents are also reported at our patient safety group and our Clinical Governance Committee meetings.

Pressure ulcers (new)

New pressure ulcers are those that develop whilst the patient is under our care. We noted that we had an above average rate of new Category 2 pressure ulcers in the IPU six times during the year, and an above average new Category 3 pressure ulcers during the year. We were below the average for new Category 4 pressure ulcers in all months of the year.

Following analysis of the data, we identified that instances of new pressure ulcers appeared to be increasing in both IPU and the community setting. As a result, a thematic review was undertaken to look into possible reasons and to put into place recommendations to address these. The creation of an action plan from the agreed recommendations is in progress and an update will be given in the next Quality Account regarding this.



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 reviewed by the tissue viability specialist interest group and are presented at the patient safety group and the Clinical Governance Committee.

Other quality initiatives and service developments

Governance framework

Rennie Grove Peace Hospice Care is an independent registered charity governed by an elected board of up to 16 Trustees, with powers prescribed by its constitution in its main governing document, the Memorandum and Articles of Association.

The Trustees are formally selected and appointed volunteers from the local community who bring a range of expert skills to set the charity's overall vision and strategic direction. Trustees also ensure compliance with relevant legislation, regulatory standards are met, quality is monitored and services are effective. They are also responsible for overseeing efficient financial stewardship and financial planning of the charity.

The Board of Trustees agree delegation of its powers through the Chief Executive (CE) and five sub-committees:

1. The Governance Committee.
2. The Clinical Governance Committee.
3. The Development, Operations and Performance Committee.
4. The Audit and Risk Committee.
5. The Investment Committee.



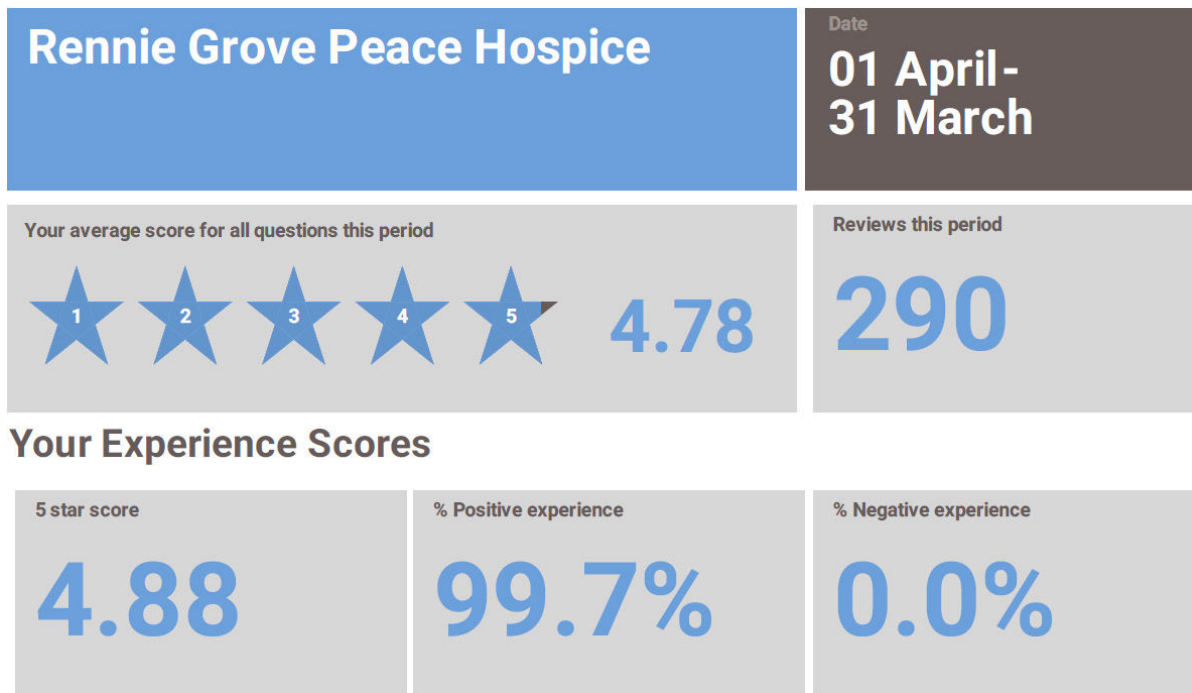
Below are some examples of the learnings and improvements to processes we made following the concerns and complaints we received:

Nature of complaint/concern	Actions taken
<p>Patients told us that they sometimes found IPU a little noisy – particularly at night.</p>	<p>As a result, staff now close the door to patient rooms at night (keeping the blind open) and ask patients to keep noise from TV and radio to a minimum at night. We also offer patients ear plugs or headphones when needed.</p>
<p>A family told us it wasn't always clear who was in charge and which roles staff performed on IPU.</p>	<p>New bedside folders are being reviewed and redesigned and will include details of which grade/role each uniform type represents. Nurse In Charge is added next to the name on our staff board.</p>
<p>A family friend of a patient receiving hospice at home care raised concerns regarding care provided to his friend in which the patient's condition was deteriorating. He had been assessed as having capacity and was declining hospital admission, however the family friend felt that he was unable to make this decision himself and should have been made to accept treatment.</p>	<p>Principles of the Mental Capacity Act include: capacity should be assumed unless proved otherwise; it should not be assumed that someone is unable to make a decision based on their medical condition or disability; a patient has the right to make a decision that you might disagree with or consider irrational or unwise; the ability to make the decision is key: not the decision itself.</p> <p>Following investigation, all nurses will ensure that they communicate with patients, families and friends when decisions in the best interests of patients are being made and the rationale around this decision-making process.</p>
<p>A family told us that they had difficulty obtaining the medical cause of death certificate from the General Practitioner following the Hospice at Home team completing the verification of expired death (VOED) which resulted in a long and painful process for them.</p>	<p>To ensure that communication improves all staff will ensure that further contact with families is made the following day after completion of VOED to offer additional support and clarify the next steps process around obtaining the medical cause of death certificate from the GP.</p>



Review of service users

Rennie Grove Peace places great importance on feedback from people who use our Services. As an organisation we use I Want Great Care (IWGC) to gather this. IWGC is an online system that allows patients and service users 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 1 April 2024 - 31 March 2025, 99.7% of service users said that their experience was positive (this compares to 96.8 % of users in October 2023 - 31 March 2024). The overall rating for Rennie Grove Peace Hospice Care is shown in the diagrams below:



Examples of compliments received regarding our services:

Hospice at Home Services

- *Rennie Grove Peace Hospice enabled both my parents, aged 93 and 98, to die at home in 2020 and in 2023. This would have been impossible without the constant care and support they and their immediate family received from the Rennie Grove Peace Hospice nursing staff and the carers selected by them.*
- *The care was absolutely outstanding, my Dad felt so comfortable and so did I. We had the most wonderful experience.*
- *The nurse is knowledgeable, compassionate, and straightforward. She engaged with us without being patronising or 'overly medical'. She was not afraid of warmth or touch and handled it in a sensitive and caring way.*

Outpatient Services

- *Every aspect of the ten week living well course was extremely well planned. The senior staff nurse and the healthcare assistant were very attentive to our medical situation and the four volunteers looked after all the participants beautifully. The peace and calm was palpable.*

Inpatient Unit

- *I cannot fault the care and attention we all received. They are certainly there for the patient but just as caring and concerned for the family too. No request or question was ever a problem and always dealt with efficiently and with respect. It made a difficult time so much easier to deal with. Our appreciation is overwhelming.*
- *The doctors and nurses treated my husband with love, care and total devotion. They not only treated him with respect but also cared for us with the same care. We are very pleased that his final hours were with you and were calm and peaceful. Thank you is not enough.*

Nurse-led Clinic

- *From the moment I came in I felt valued and respected, from the receptionist to the staff that met me. It was a reassuring experience.*

Rapid Personalised Care Service (RPCS)

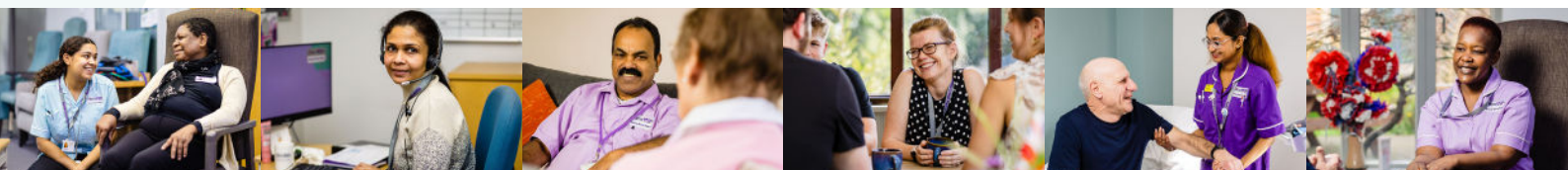
- *Every member of the care team has been kind, respectful, friendly and helpful. They have been so gentle with my grandma, allowing her to get help with dignity in her current situation.*
- *Everyone was absolutely fantastic. Very kind and caring from home care to care in the hospice.*
- *The care my husband received has been outstanding. All of the carers have given highly professional service combined with compassion and respect to his dignity. They were so reassuring to him all of the time. All members of our family were treated with such respect and sympathy. I can't thank them enough for their wonderful support during a difficult time.*

Supportive care

- *RGP have been an absolute god send. From the outpatients to hospice at home, everyone has been marvellous and so incredibly kind.*

Bereavement, Listening & Talking Therapy

- *Thank you for offering counselling and listening supportive care to family members after a bereavement. It is an outstanding service which I benefitted from personally.*



Supporting statements

Statement from Chair, Board of Trustees

The Board of Trustees provides oversight of the work of the Charity. In the context of quality, the Board 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

Over the past year, the co-delivered palliative care services in South and West Hertfordshire have consistently pursued improvements and strengthened collaborative partnerships to enhance patient care. Rennie Grove Peace have has worked closely with CLCH and other local providers, focusing on transforming service delivery and care pathways. By learning from both positive outcomes and challenges – including incidents and complaints – the teams have developed a more integrated approach. This collaboration has enabled the palliative care teams to address the complex, day-to-day challenges of palliative care more effectively and cohesively.

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 2024-25.



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 2024-25. 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. 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.

Rennie Grove Peace continues to support the ICBs Palliative and End of Life Care Strategy through partnership working with the 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 commends Rennie Grove Peace for its broad range of achievements, which reflect a sustained commitment to delivering high-quality, patient-centred care.

The review and enhancement of patient pathways, reflecting a strong commitment to clinical effectiveness, are duly recognised. Notable improvements, including the integration of bereavement services, a reduction in waiting times, and the expansion of support services, highlight a clear dedication to accessible and compassionate care. Rennie Grove Peace remains dedicated to remodelling its Hospice at Home services, with progress in pathway refinement and collaborative relationships positioning it well for continued growth. The ICB recognises that the planned development of a Carer Strategy will be carried forward into 2025-26.

The ICB acknowledges Rennie Grove Peace for their dedication in implementing the Patient Safety Incident Response Framework (PSIRF), strengthening how the NHS learns from patient safety incidents to enhance care and outcomes. We will continue our joint working with Rennie Grove Peace and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025-26, the ICB supports Rennie Grove Peace 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



Statement from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) is pleased to confirm the continued commissioning of specialist palliative care services from Rennie Grove Peace (RGP) for the year 2025-26. We are grateful for RGP's ongoing commitment to collaborative service development, within Buckinghamshire. Their active role in shaping and delivering care has helped our collective progress in improving palliative and end of life services.



Over the past year, our partnership has led to the successful implementation of a new, integrated neighbourhood model for Hospice at Home. This approach brings together community, primary and specialist teams to deliver more coordinated, person-centred care – ensuring people receive the right support, in the right place, at the right time.

BOB ICB values this strong and evolving partnership and looks forward to continuing our joint efforts in 2025-26 to ensure that people of all ages across our region can live well and die well, with dignity, compassion and choice.

Zo Woods

NHS BOB ICB Programme Lead for All Age Palliative and End of Life Care, Care Homes, and Community Services.



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Registered Charity Number: 1201713

Company Number: 14355610

