



**Rennie  
Grove Peace**  
Hospice Care



# Quality Account 2025-26

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Published April 2026.  
Looking back at organisational performance during 2025-26  
and outlining our priorities for 2026-27.

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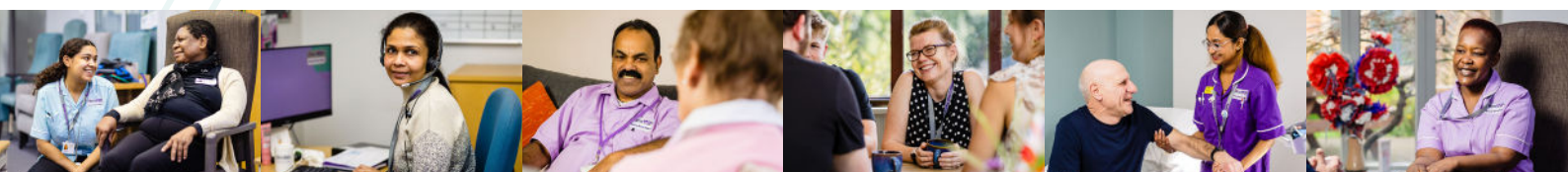
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## A message from the Chief Executive

On behalf of the Board of Trustees, and as the new Chief Executive, I am very pleased to present the Quality Account for Rennie Grove Peace Hospice Care, covering 2025-26.

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.

Since I joined the organisation in November, I have seen firsthand the dedication of all our teams and volunteers, and the crucial part that each person plays to deliver extraordinary care, at a time when it matters the most to our patients and those around them.



Raising awareness of our offer to reach more people has been a key priority in 2025-26, alongside developing our workforce model to ensure patients receive the most coordinated care possible.

Our reported score of 97.5% positive feedback from 244 reviews received via our platform, I Want Great Care, alongside the examples of compliments received across a range of our services, demonstrates the full breadth of patient care we are offering to our local community.

Today, the hospice care sector is facing a challenging financial climate. Navigating this involves developing and sustaining strong partnerships – including our work with Hospice UK to lobby the government for sustainable funding, as well as working closely with our commissioning bodies. I have been able to collaborate with our local partner hospices, as we all find ourselves in a similar position, but open to finding new ways to meet the growing needs of our local population.

### 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.

A handwritten signature in black ink, appearing to read 'T. O'Connor' with a stylized flourish at the end.

**Tom O'Connor**  
Chief Executive, Rennie Grove Peace Hospice Care



# 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 2,900 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 1,700+ strong volunteer workforce.

In 2024-25, a total of £2.5m, 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 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

### How did 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.

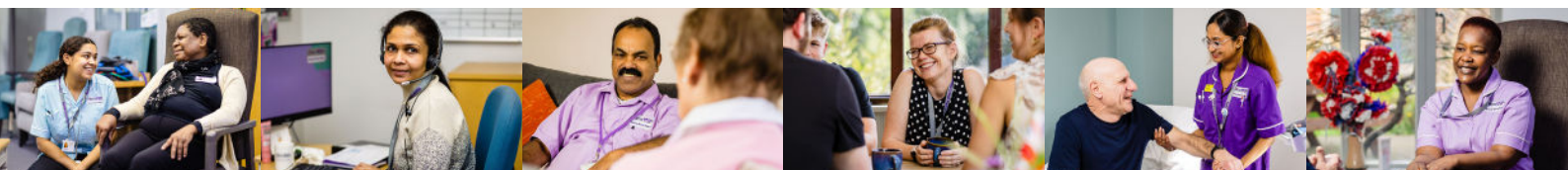
### Progress made

- We have implemented our 4-phased pathway and have promoted it with the Integrated Care Board (ICB) and local Integrated Neighbourhood Teams (INTs).
- Our website has been updated to promote our remodelled Living Well pathway and we continue to accept self-referrals to avoid delays in access. We are engaging with hospital and GP teams about the services we offer to promote the support we can provide.
- Whilst we have strengthened our CYP bereavement service offer, we continue to work with system partners regarding a transition pathway to ensure that our referral criteria for the younger adult are known. The numbers of CYP transitioning remain small and we will continue to review this pathway in 2026-27.
- A carers' strategy has been developed, and the support for carers will be embedded into our Living Well programme offering.

**Priority 2** Drive up delivery of safe, effective holistic care

### How did 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.

### Progress made

- A Psychological skills training programme has been developed and now needs to be rolled out to all patient services staff. A wider review of the psychological and bereavement service has been undertaken, resulting in an approach that has a focus on coaching and supporting patient services staff to feel confident in supporting patients and carers.
- The internal EVE survey results (employee feedback survey) showed improvement with evidence of fewer staff leaving over the last year. There is a working group looking at the design and documentation of career pathways for the whole organisation and this work continues into next year.
- A clear RBCS policy and framework is in place, and we are seeing wider uptake by staff, however we need to ensure that staff are routinely attending sessions scheduled. Further promotion of this professional self-development will be ongoing throughout the year.

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

### How did 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 Care 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.

### Progress made

- The patient service workforce was reviewed, which resulted in changes to our management structures and remodelling of patient services to align with our 4-phase patient pathway levels of interventions delivered by all staff and volunteers.
- Whilst we have undertaken a review of our Care Coordination Centre, due to changes in management and staffing, the recommended actions to address the findings will be carried into 2026-27.
- A new system, Allocate Optima, has been selected to assist in roster planning for the whole organisation which has been implemented in Q4 2025-26. Further work is needed to identify a system to manage the planning of patient visits.

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

### How did 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 Patient Safety Incident Investigation (PSII) 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.

### Progress made

- We continue to actively seek and encourage feedback from patients and their families. Following two complaints regarding response times from our Coordination Centre, we have initiated a comprehensive review to address these concerns.
- During 2025-26, we have completed two After Action Reviews (AARs), two thematic reviews and one Shared Learning Incident Process (SLIP).
- Through local system analysis, tissue viability had emerged as a key area of concern across several providers. In response, we collaborated with the ICB, our lead provider, CLCH (Central London Community Healthcare), Hospice of St Francis, Garden House Hospice and Isabel Hospice to compare data and agree on targeted actions to improve outcomes in this area.
- Additionally, we have introduced quarterly Quality Laboratories (workshop-based quality learning sessions) with each clinical team.

## Looking forwards: Priorities for improvement 2026-27

### Priority 1 Deliver safe effective staffing – right skills, right place, right time

#### How do we plan to do this?

- Continue to review our clinical Whole Time Equivalent (WTE) establishment and the resulting capacity that can be provided.
- Embed the use of Allocate Optima to better visualize how we are allocating staff.
- Embed the use of Allocate SafeCare to monitor staffing and acuity daily.

#### How will progress be monitored?

- The Safe Staffing Group will oversee the review of the establishment for Inpatient Unit (IPU) and community services and other services as required.
- Managers will be provided with information about their rosters in terms of effectiveness and safety in order to improve how we allocate staffing.
- The Clinical Leadership Team (CLT) will continue to monitor vacancies, sickness and the effectiveness of the rosters.



**Priority 2 Undertake a full review of our Care Coordination Centre (CCC)** ensuring it delivers 24/7 prompt care coordination, professional advice and a safe, effective single point of access for patients, carers and professionals in line with Priority 1–4 criteria

### How do we plan to do this?

- Evaluate our internal operations, current pathways, performance data, staffing model and call handling processes. Including findings from the January 2026 Patient Safety Thematic Review recommendations.
- Benchmark against Best Practice, by reviewing national and hospice CCC exemplars and aligning with current and emerging ICB and locality NHS changes to avoid duplication and maximise systemwide resources.
- Work with our palliative and end of life care (P/EoLC) partners, to secure resources for a P/EoLC 24/7 hub providing rapid advice and proactive coordination of care.
- Agree shared pathway system level standards with clear response criteria (P1-4), escalation processes and communication pathways which are then embedded into day-to-day practice.
- Engage in System Coordination Transformation by actively participating in the South West Herts Care Coordination Transformation Workstream.

### How will progress be monitored?

- Oversight of progress by the CLT strategy group via an updated work plan with milestones, leads and measurable outcomes.
- Routine monitoring and audit of Priority 1–4 referral criteria compliance, call handling triage standards performance and safe escalation practices by the CLT.
- CLT are assured through evidence that all January 2026 Patient Safety Thematic Review recommendations are implemented and integrated into the new CCC model, supported by updated Standard Operating Procedure (SOP), training and governance.

**Priority 3 Implement a robust internal palliative care training and learning programme**

### How do we plan to do this?

- Implement the sector-recognised palliative care competency and development booklets and embed these into Individual Performance Review (IPR) (adoption of the NHSE palliative care development framework).
- Finalise our palliative care training programme for all clinical staff.
- Support more staff to become autonomous practitioners – Advanced Clinical Practitioners (ACPs) and Non-Medical Prescribers.
- Review the current stat/man training platform to ensure it meets requirements.



- The above will be underpinned by protected learning time and continuous learning opportunities with support from our ACPs.

### How will progress be monitored?

- Individual staff development and career progression will be tracked through the monthly review of their IPR with their line manager.
- CLT/Business Operation Performance Managers (BOPM) will monitor monthly compliance reports regarding stat/training.
- Clinical Governance Committee will ratify our palliative training and development framework before publication.
- CLT will be responsible for supporting and reviewing the ACPs in their recently created roles.

## 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 Hospice Care 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.

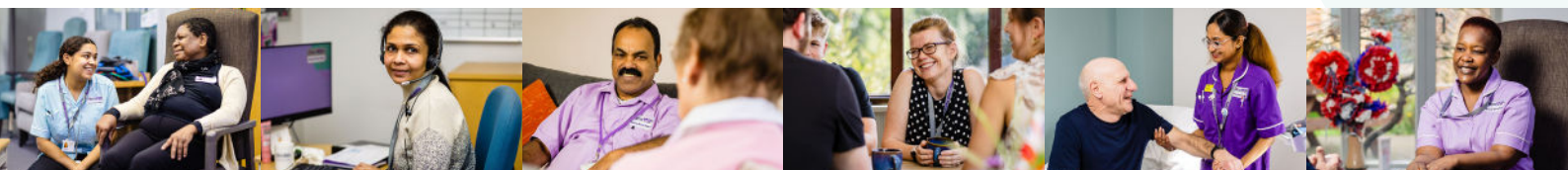
### Governance framework

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 and five sub-committees:

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



# 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 and the Risk & Audit Committee meet four times per year. Through discussion, and the reports presented at that meeting, they review the quality of care provided by all clinical services.

## Our patient services during the period April 2025-March 2026

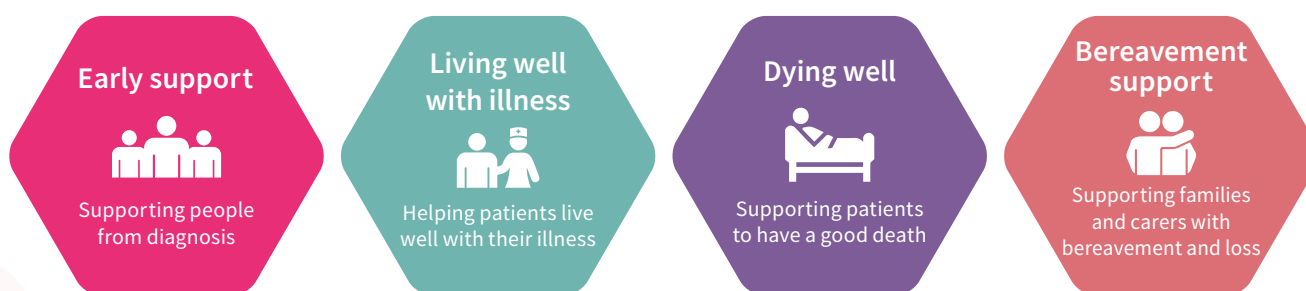
Rennie Grove Peace captures and analyses activity reports on all its services on a monthly basis and has reviewed all the data available to it on the quality of care in all of these partially contracted National Health Services (NHS).

*Please note that, for completeness, all clinical services delivered in 2025-26 are listed below, however some have changed during this period and not all of these are partially/fully funded by the NHS.*

### Our services

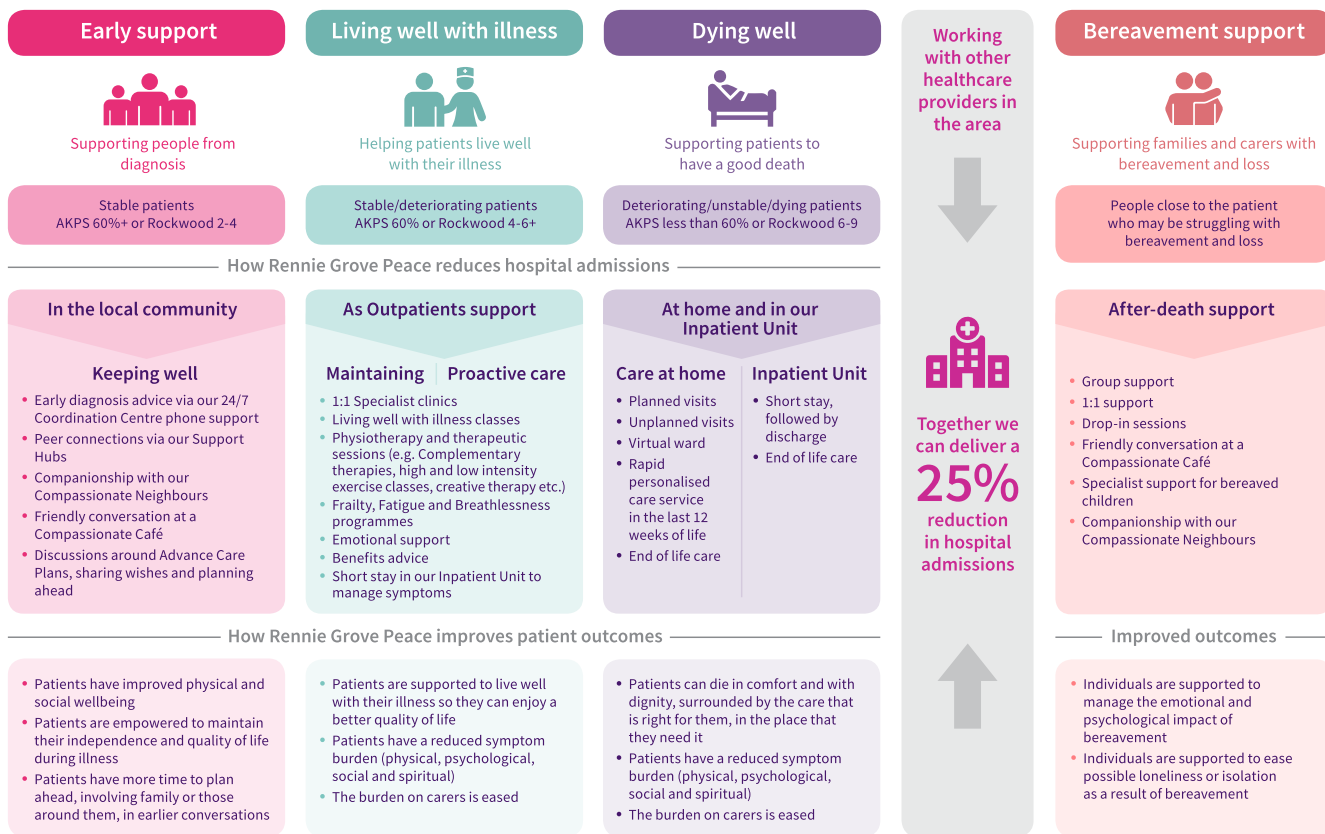
- We support individuals within Buckinghamshire and Hertfordshire who are affected by a progressive life-limiting illness or bereavement, and those who care for them. This includes: dementia, motor neurone disease and other neurological conditions, cancer, progressive respiratory conditions, heart failure and frail people (Rockwood Frailty Scale 2 i.e. 'well').
- We help people to live well with their illness, so they can maintain their independence and enjoy life. We provide the care that is right for them, in the place that best suits their need.

Our support can be split into four stages:



Our services are aligned with each of these stages.





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

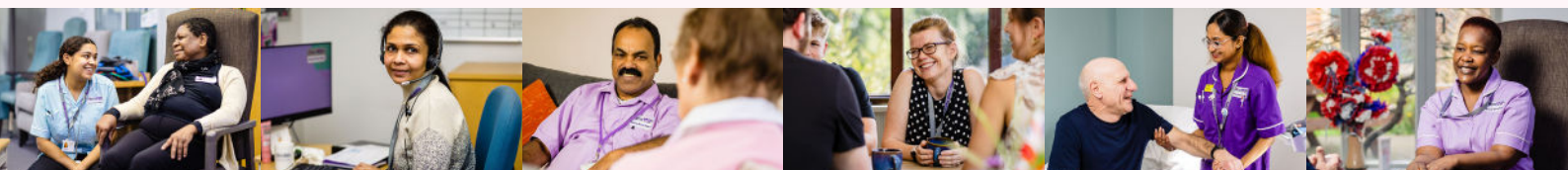
We are here for people from the moment they get their diagnosis:

- **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.

*Teams aligned to this stage:*

### Rennie Grove Peace Coordination Centre

The Coordination Centre team manages all the referrals into Rennie Grove Peace and ensures 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.



## The Compassionate Communities team

Our Compassionate Communities team aims to build a more connected community for all people affected by death, dying or bereavement. We do this through our Compassionate Neighbours service – matching volunteers with local people who provide friendship and emotional support; our Compassionate Cafés which provide relaxed, friendly spaces for bereaved people to meet over a cup of tea or an art class; and our Support Hubs which offer wellbeing activities, connection and advice for those living with a serious illness.

### 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.

*Teams and services aligned to this stage:*

### Outpatient Clinics

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.

### Rehabilitation & Wellbeing services

The Rehabilitation Services team provides a range of professional therapies and interventions for patients and adults close to them. This includes physiotherapy, occupational therapy, creative arts and a 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, and also in the patient's home if necessary.

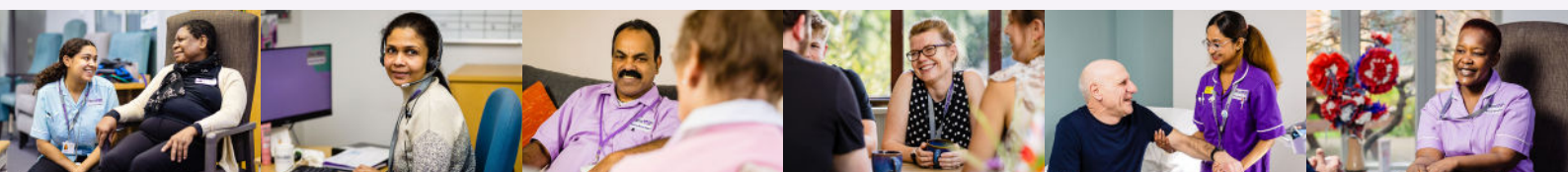
### Dying well



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.

*Teams and services aligned to this stage:*

## Hospice at Home

Our Hospice at Home Service operates three geographical teams:

- **24/7 North West Hertfordshire Palliative Community Hospice at Home/Care home services.** (Dacorum locality). Delivers planned and unplanned care and Virtual Ward services, by a multi-disciplinary team of Nurses, Paramedics and Doctors.
- **24/7 Southwest Hertfordshire Palliative Community Hospice at Home/Care home services.** (serving Watford & 3 Rivers and Hertsmere localities). Delivers Unplanned care and Virtual Ward services, by a multi-disciplinary team of Nurses, Paramedics and Doctors, working closely with the NHS Palliative Care Planned Care Team.
- **24/7 Central Buckinghamshire Palliative Community Hospice at Home/Care home services.** (ARC (Amersham and Chesham), Chalfonts and the Chilterns locality). Delivers Planned and Unplanned care and Virtual Ward services, by a multi-disciplinary team of Nurses, Paramedics and Doctors.

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

The RPCS team operates across North West Hertfordshire and South West Hertfordshire, 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 daily support to stay safe and comfortable at home during their final weeks. The 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.

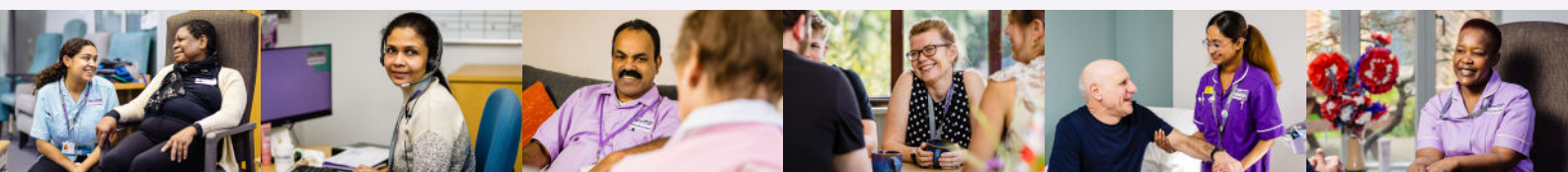
### In our Inpatient Unit

- Short stay followed by discharge.
- End of life care.

*Services and teams aligned to this stage:*

## Inpatient services

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.



## 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 run CompassionART Cafés, where support is given while expressing feelings through art. We work with schools and workplaces to support conversations around death and dying and encourage access to bereavement advice.

*Services and teams aligned to this stage:*

### **Bereavement Listening & Talking Therapies (BLTT)**

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. This support includes groups, phone, virtual and face-to-face meetings – all within outpatient settings or at home. The service is delivered by a team of employed staff and volunteers and runs Monday-Friday, 9am-5pm, with some availability for sessions in the evenings or at weekends.

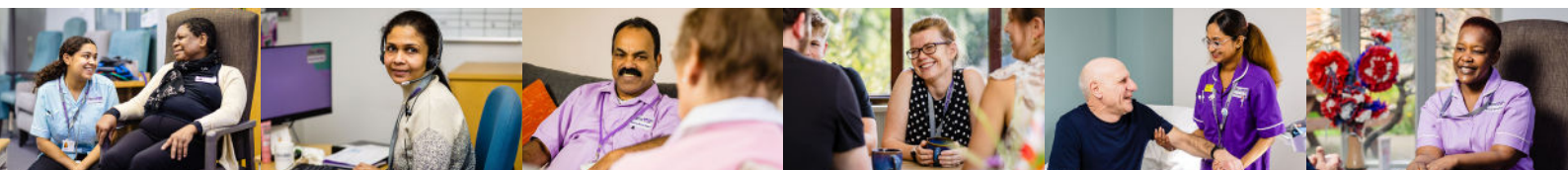
## Participation in national clinical audits and research projects

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 2025-26 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 2026-27 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 conducted a PLACE lite audit – a version of 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 our Peace Hospice and Grove House locations. Whilst a few recommendations were made, the audit demonstrated that the environments in which patients are cared for generally meet the PLACE standards to a high level.

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 2025, we planned to carry out 39 audits across the organisation, 28 of which were clinical audits. During the year, three 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.

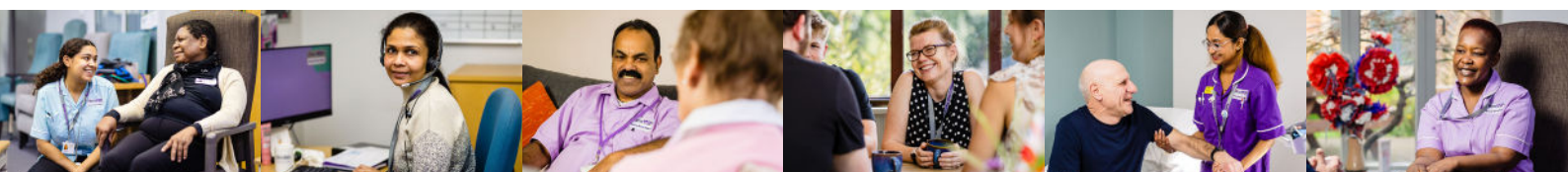
### Some examples of actions recommended following the audits undertaken are below:

- Our review of Holistic Needs Assessments covering physical, emotional, psychological, social, and spiritual domains showed that key parts of the assessment are usually completed when we first meet patients and again at review. The audit has helped us see where we can make the process even smoother and more consistent. We will support staff with training, introduce helpful prompts in the patient record, and check progress later in the year to make sure the improvements are working.
- Our review of VTE (blood clot) risk assessments showed that treatment decisions were recorded well and the process works effectively for patients. The audit also highlighted ways to make assessments at admission even smoother. We will support staff with further guidance, add helpful prompts in our records, and review progress.
- Our Care After Death audit showed that all essential care after death was carried out with sensitivity and respect. We found that adding a little more narrative detail would help us better support families during bereavement follow up. To improve this, we will give staff guidance on clearer documentation and ensure key information is recorded consistently.
- Our Falls audit showed that many important safety checks and reviews are being carried out well for patients at higher risk. The audit also highlighted ways we can strengthen care planning, therapy referrals, and the information we give patients to help prevent falls. To improve this, we will provide staff training and introduce clearer processes to ensure every part of the Falls pathway is completed consistently.

## Participation in clinical research

There was 1 patient receiving NHS services provided, or subcontracted, by Rennie Grove Peace in 2025-26 who was recruited to participate in research approved by a research ethics committee.

Rennie Grove Peace has taken part in national research led by Professor Bee Wee, reviewing the role of virtual wards in Palliative and End of Life care, completing an interview to outline services.



Rennie Grove Peace was enrolled as a research site in a PhD project exploring the experience of patients from ethnic minority communities with cancer pain. This project has now been completed, and results will be shared with Rennie Grove Peace once complete.

### Clinical Research Network

Rennie Grove Peace continues to fall under the East of England regional research network. As per prior years, this means we will continue to hear of potential research opportunities.

## Commissioning requirements

### Use of the CQUIN (LQR) payment framework

None of our income in 2025-26 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 2025-26.

We took part in one investigation under section 42 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during the reporting period. A safeguarding concern had been raised about the care of a patient in Buckinghamshire. The outcome of the investigation was that the concerns were unsubstantiated. 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.

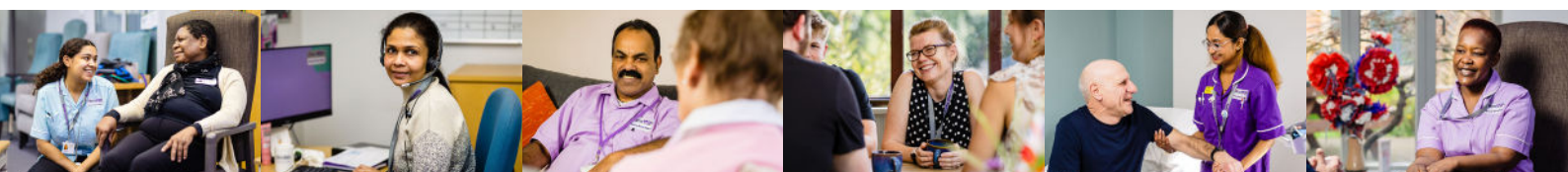
We ensure we stay aware of regulatory changes and are preparing for the updated inspection approaches recently announced.

### 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.

We did not submit records during 2025-26 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.

Overview	
Latest inspection: 12 May 2016 Report published: 9 July 2016	
Overall	Good <span style="color: green;">●</span>
Safe	Good <span style="color: green;">●</span>
Effective	Good <span style="color: green;">●</span>
Caring	Good <span style="color: green;">●</span>
Responsive	Good <span style="color: green;">●</span>
Well-led	Good <span style="color: green;">●</span>



## Clinical coding audit

We were not subject to the Payment by Results clinical coding audit during 2025-26.

## Environmental strategy incorporating Environmental, Social and Governance (ESG)

At Rennie Grove Peace, we are continuing to embed sustainability across our operations to actively reduce our carbon emissions.

In partnership with external organisations, this year we have:

- Created a consolidated ESG plan for the organisation that brings together all our work into a single focused plan.
- Established our baseline carbon usage and accurately started to track and record data against it.
- Implemented several initiatives to actively improve our environmental and carbon impact, for example improved boilers in our buildings and solar panels at Grove House and Peace Hospice that will negate our need for as much energy from the grid.
- Conversations and planning to start in preparation for the new NHS reporting on full scope 3 carbon usage and reporting in 2027.

## Data Security and Protection Toolkit (DSPT)

Our Data Protection Officer has led on and populated the Data Security and Protection Toolkit and will update this annually. Our 2024-25 submission was published with Standards Exceeded and the toolkit for 2025-26 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 to have it.

## 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. We reported last year that it was planned to recruit Freedom to Speak Up champions and two champions are now in post.

Two FTSU cases were raised in 2025-26 – these cases are all closed. Please note that in the table below, more than one element can apply to each case.

<b>Number of cases received in 2025-2026</b>	<b>2</b>
• of which raised anonymously	1
<b>Number of cases with an element of:</b>	
• patient safety/quality	0
• worker safety/wellbeing	1
• 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 Patient Safety 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 required, mental capacity would be fully assessed and, if necessary, a best interest decision made in line with the MCA – an application for deprivation of liberty (DOLS) would be also be considered where needed.

## 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 (IPC) audit is conducted annually by an external provider. This involves a comprehensive review of all aspects of infection prevention and control across our Peace Hospice and Grove House – 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. The IPC audit for 2025-26 is currently scheduled for the end of April 2026.

- **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 monthly.
- **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

The Medical Examiner System is a national government programme which was been established in hospitals and also reviews deaths that occur outside of the hospital setting - 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 continue to be 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 Thames Valley and Surrey (TVS) Shared Care Record and hope that the process to do this will be completed by the end of June 2026.

## Part 3

# Review of quality performance

## 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, if relevant, at the 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 – this will also 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 (2025-26), compared to the last year.

	2024-25	2025-26
<b>Total falls</b>	<b>37</b>	<b>29</b>
<b>Total pressure ulcers</b>	<b>688</b>	<b>613</b>
• of which were new ulcers (occured in our care)	266	173
• of which deteriorated in our care	63	49
• of which were inherited ulcers (patient admitted/first seen with these)	359	391
<b>Total medicine incidents</b>	<b>115</b>	<b>112</b>
• of which related to external healthcare providers	34	40



## Falls

We reported in our Quality Account last year that a number of actions were identified following a Patient Safety Incident Response Framework (PSIRF) investigation regarding falls on the Inpatient Unit and these were put into place and have noted that, compared to last year, there has been a reduction in the number of falls.

We continue to review all falls incidents individually and these are reported to the Patient Safety Group who would review any recommendations and put within place measures to prevent more falls. These incidents are also reported at our Clinical Governance Committee meetings.

## Medicine related incidents

We have noted that the number of medicines management incidents is not showing significant variation. As in previous years, all medicines management incidents are investigated, and learnings are identified and shared. We also monitor incidents for trends at our Medicine Management specialist interest group where decisions are taken regarding the necessity of further action. Medicine Management incidents are also reported at our patient safety group and our Clinical Governance Committee meetings.

## Pressure ulcers

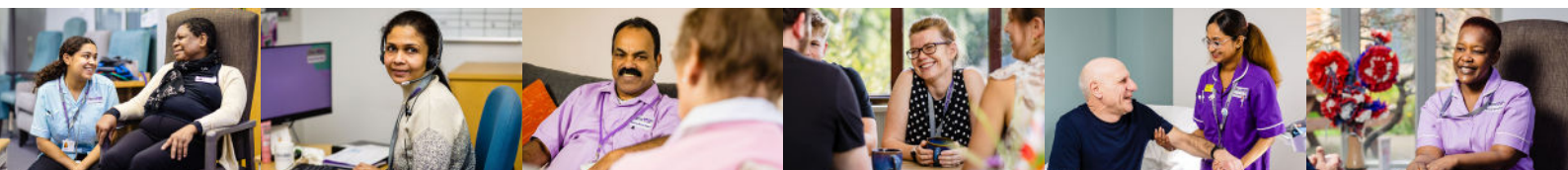
We have noted that the percentage of new and deteriorated pressure ulcers has reduced from 294 (44.5%) last year to 222 (36%) this year.

In our Quality Account last year, we wrote that an increase in new pressure ulcers in both the inpatient and community settings had been noted and that in response a thematic review had been undertaken. Whilst progress is moving in the right direction, there is some important work still to do.

Our current priorities include:

- A review and redesign of all pressure ulcer training packages by our Learning & Development team to ensure they are updated, aligned and informed by the thematic review findings.
- Ensuring the safeguarding training package is fully rolled out and embedded across teams, with monitoring in place to confirm compliance and impact.
- A review of SystemOne with templates created/amended to be in line with best practice and ergonomic for users to record effectively with the use of Systematised Nomenclature of Medicine (SNOMED)/read codes where not currently used.
- Reviewing our pressure ulcer auditing tool to ensure it is fit for purpose and that collating information is much more efficient (the review in the point above will facilitate this).

On admission to our services, all patients have their skin assessed and their risk of developing a pressure ulcer is determined through a risk assessment tool – the patient and their family/carers are updated with the outcome of this. 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 in 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 in 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.

### Hospice UK inpatient benchmarking

We continue to participate in the national hospice (Hospice UK) quality benchmarking of patient safety incidents for the Inpatient Unit. This means we receive Statistical Process Control (SPC) charts for Rennie Grove Peace which we can use to measure our own performance. We also receive a comparison with other hospices on falls, medicine and pressure ulcer incidents with agreed common descriptors and whilst we periodically monitor and measure our performance against this benchmark, we now rely more on a review of the SPC charts.

## Other quality initiatives and service developments

### Automating of manual processes

There is an organisational focus on replacing some of the manual processes we had in place and progress has been made in automating the following areas, related to Clinical Governance:

- Clinical activity reporting
- Reporting numbers and nature of incidents
- The audit cycle
- The document management process

Work continues to further refine the processes above.

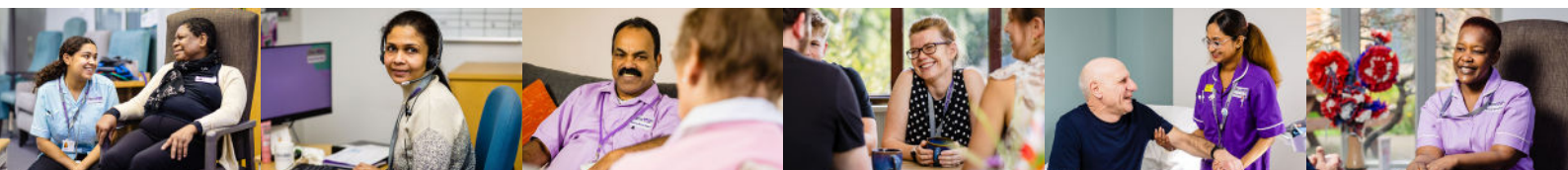
### Sharing of learning (Q-Lab)

All teams will have quarterly sessions delivered to them by Quality governance and the Advanced Clinical Practitioners (ACP's) where teams will participate in face-to-face case-based learning. This will enable a collective response to problem solving complex cases, it will be a vehicle for teams to use Quality Improvement methodology to make small and measurable improvements. Q-Lab will focus on giving tools to clinicians to deliver high quality care to the populations they serve. It will also act as a conduit to the senior team to help challenge and unblock any issues that may be impacting clinicians' ability to deliver care.

### Advance Care Plan course

A three-week Advance Care Plan course for patients and their loved ones was established. It is a place to discuss all aspects of advance care planning within a supportive group setting. It is facilitated by an experienced palliative care healthcare practitioner and attended by a maximum of four patients with a loved one. This means that patients get the support they need to complete a personalised Advance Care Plan (including the ReSPECT form for emergency care decisions).

50 patients completed the Advance Care Plan course (across 20 courses since November 2023) and 84 patients attended a shorter, condensed one-to-one session (since November 2023). 98% of patients completed the ReSPECT form (since it was introduced in May 2024).



The course has improved the quality of care by helping patients feel more in control of their decisions and encouraged meaningful conversations about spiritual and existential topics, promoting resilience and a realistic sense of hope.

## Virtual ward

In 2023, Rennie Grove Peace established a virtual ward with the aim of supporting patients who were clinically unstable or at high risk of deterioration, but who preferred to receive care at home. This initiative was designed to reduce the need for emergency hospital admissions and avoid traditional hospice care, while still ensuring patients received comprehensive, responsive support.

To assess whether the virtual ward was effectively achieving its objectives, Rennie Grove Peace conducted an analysis of outcomes for 85 virtual ward patients.

## RESULTS

**66%** of patients were supported to put advance care planning in place

as well as anticipatory medications and medication authorisation charts, as they previously had none.

**38%** of patients were stabilised

and handed back to other services.

**73%** of patients\* stayed on the virtual ward until death, which meant patients got their preferred place of care and death (home).

\*of those patients who were not discharged to other community services.

**28%** of cases avoided unplanned A&E attendance

which potentially saved the NHS money and reduced unnecessary admissions (although subjective).



Paramedic



Healthcare Assistant



Clinical Team Leader



Operational Manager



Palliative Medical Consultant



Nurse



# 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 2025-March 2026, 97.95% of service users said that their experience was positive (this compares to 99.7 % of users in April 2024 to March 2025).

We have noted that the number of reviews received was less than last year, IWGC were going through a platform upgrade and we feel this may have contributed to that. We looked in detail at the responses reporting a negative experience, however found that these respondents made positive comments about the service – we could therefore find no concerns to address.

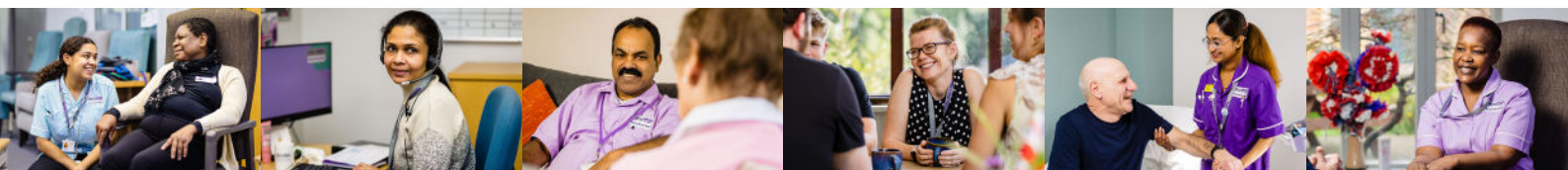


iWantGreatCare

## Feedback

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
Family members told us that they were receiving some updates about patient’s condition from the live in carer rather than from our staff member.	Staff were reminded that when updates to plans of care were needed due to the patient’s condition changing, the patient’s family should be updated first?
Some family members fed back to us that they felt unprepared for some of the symptoms they witnessed in end of life patients.	Feedback was shared with staff and they were reminded of the importance of communicating with family members the likely changes they would see as the patient’s illness progressed.



In addition to the feedback through IWGC, we received 141 compliments about our clinical services – the most common themes of the compliments were regarding the care delivered and the professionalism of our staff.

## Examples of compliments received regarding our services:

### Hospice at Home Services

- *The nurse was professional, knowledgeable and friendly - she had answers to any questions we raised. The care was absolutely outstanding, my Dad felt so comfortable and so did I.*

### Outpatient Services

- *Rennie Grove Peace have been an absolute god send. From the outpatients team to hospice at home, everyone has been marvellous and so incredibly kind.*
- *To look forward to every month. I very much enjoyed the social side of it. Listened to, socialise/fun. Important to be with other people.*
- *Very supportive staff, Very inclusive, Living well programme is very good for input from staff, specialists and for meeting other people in a similar situation.*

### Inpatient Unit

- *From the moment mum was admitted, it felt like the weight was lifted. We have been cared for as much as our mum. We will be eternally grateful for this place and the wonderful caring staff. 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.*
- *My sister and ourselves were looked after so well by the Hospice Team. They were at all times kind, thoughtful and a credit to the organisation. They supported us through the worst experience of our lives with dignity and respect. We will always be grateful.*

### Nurse-led Clinic

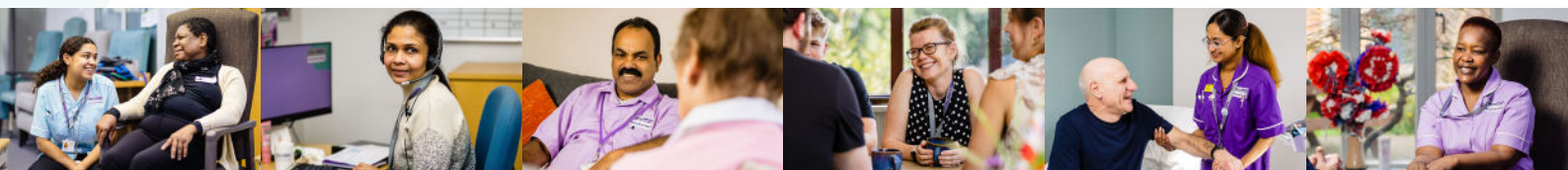
- *Staff very friendly, didn't speak down to me. Very enjoyable, better with more people!*

### Rapid Personalised Care Service (RPCS)

- *Everyone was absolutely fantastic. Very kind and caring from home care to care in the hospice.*
- *The carers were so compassionate, caring, kind, thoughtful and treated Mum with dignity, respect and sometimes had a laugh (Mum has a good sense of humour). The situation felt dire and the carers brought love, humour, light and opera in one case – Mum improved amazingly because of them and looked forward to seeing them every time! Thank you!*

### Bereavement, Listening & Talking Therapy

- *The listening service was a huge support through my grief process. Appointments were provided in a very timely manner after my self-referral. My listener was obviously very experienced and the care she gave was knowledgeable, supportive and very much appreciated. This service has made the bereavement experience a little bit easier. Thank you.*



# Supporting statements

## Statement from Chair, Board of Trustees

The Board of Trustees takes seriously our responsibility for overseeing the quality of care. We are proud to support an organisation that consistently aims to provide compassionate, high-quality support to people living with progressive life-limiting illness and to their loved ones.

The Board seeks assurance from its relevant committees regarding the quality of care delivered, the management of risks, the experience of service users, recruitment and training and the performance of the organisation. The scrutiny of this information is delegated as follows:

- The Clinical Governance committee reviews and provides assurance to the Board on all aspects of clinical quality. This includes clinical audit, service user experience, clinical performance indicators, staffing matters and quality improvement initiatives.
- The Risk and Audit committee reviews and provides assurance to the Board on non-clinical audit, policies and processes, and risks that may impact on the organisations ability to achieve its strategic objectives.

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 delivery across South and West Hertfordshire has faced significant challenges over the past year, driven by increasing demand, growing patient complexity and rising expectations. Throughout this period, Rennie Grove Peace Hospice Care has remained a consistent and valued partner within collaborative transformation and operational delivery groups, working closely with CLCH and other local hospice providers.

There has been clear progress in strengthening engagement between providers, enabling a more coordinated approach to addressing patient safety and quality concerns. This progress reflects the shared commitment of all partners, and particularly Rennie Grove Peace, to ensuring the highest quality and experience of end of life care for local residents.

**John Harle**  
Divisional Director of Nursing and Therapies (Herts)  
Central London Community Healthcare NHS Trust



## Statement from NHS Central East Integrated Care Board

The ICB considers that this Quality Account provides a clear, comprehensive and balanced overview of the quality of services delivered by the provider.



Over the reporting year, the ICB has maintained regular oversight and engagement with Rennie Grove Peace Hospice Care, enabling assurance on the quality and safety of care delivered. This has been supported by established governance processes, triangulation of performance and patient experience data, and oversight of incident reporting and improvement actions.

The ICB welcomes the provider's progress and achievements during the year, including:

- Implementation of the four-phase patient pathway and strengthened engagement with Integrated Neighbourhood Teams and referrers.
- Development of the Living Well model, including expanded holistic programmes and improved access through self-referral.
- Strengthened learning culture through thematic reviews, After Action Reviews and the introduction of Quality Laboratories.

The proposed quality priorities for 2026-27 are well aligned with place and system priorities, particularly the focus on:

- Delivering safe and effective staffing through improved visibility of workforce capacity and acuity.
- Undertaking a full review of the Care Coordination Centre to ensure a safe, responsive 24/7 single point of access.
- Implementing a robust internal palliative care training and competency framework aligned to national guidance.

These priorities provide a balanced and appropriate basis for improving safety, outcomes and experience.

The Quality Account clearly sets out the significant challenges faced by hospices across the system, including the financial pressures acknowledged by the Hospice.

Central East ICB wishes to acknowledge and commend the staff at Rennie Grove Peace Hospice Care who continue their ongoing commitment to support the NHS and deliver high-quality, safe and effective care to populations served in our system. We look forward to continuing to work in partnership with Rennie Grove Peace Hospice Care over the forthcoming year and hope that the Hospice finds these comments helpful.

A handwritten signature in black ink that reads 'R Procter'.

**Rowan Procter**  
Deputy Director Quality Assurance  
NHS Central East Integrated Care Board



## Statement from Thames Valley Integrated Care Board

The Thames Valley Integrated Care Board (ICB) is pleased to confirm the continued commissioning of specialist palliative care services from Rennie Grove Peace (RGP) for 2026-27. We are grateful for RGP's ongoing commitment to collaborative service development across Buckinghamshire, and for their continued contribution to improving palliative and end of life care.



Over the past year, our partnership has supported the further development and delivery of an integrated neighbourhood model for Hospice at Home. This approach brings together community, primary and specialist teams to provide more coordinated, person-centred care, ensuring people receive the right support, in the right place, at the right time.

Thames Valley ICB values this strong and evolving partnership and looks forward to continuing our joint efforts in 2026-27 to ensure that people of all ages across our system can live well and die well, with dignity, compassion and choice.

### Zo Woods

Head of Palliative and End of Life Care (PEoLC) and Community Services and S117 (Berkshire West)  
Thames Valley Integrated Care Board



**Rennie  
Grove Peace**  
Hospice Care

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Company Number: 14355610



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