



Quality Account



2021-2022



Published June 2022 looking back at the performance of the organisation during 2021-2022 and outlining the priorities for 2022-2023.

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Part 1: Statement of Quality

Chief Executive Statement of Quality

It gives me great pleasure to present the tenth Quality Account for Rennie Grove Hospice Care for 2021-2022.

Rennie Grove is a charity providing specialist care and support for adults and children with a life-limiting illness in Buckinghamshire and west Hertfordshire.

Through our unique Hospice at Home service, available day and night, and a range of day services, we support our patients to live the best quality life they can with a choice about how and where they are cared for towards the end of life.

We believe that everyone with a life limiting illness should be able to live well for as long as possible and have the choice to die at home.

During 2021-2022 we looked after just over 2,700 patients and their families and satisfaction among those cared for has been rated excellent.

Like all healthcare providers during the second year of the COVID-19 pandemic a focus, as well as striving to delivery high quality specialist care, has been on the safety of our staff and volunteers to enable them to continue to provide our services. We've maintained rigorous steps to monitor any contact with the COVID-19 virus across our organisation and within our patient caseload. PPE continues to be deployed as per national guidance and we have been able to serve the community almost as normal.

We are seeing an increasing demand for our bereavement and family support services as more people are trying to deal with the impact of the pandemic every day.

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

Stewart Marks
Chief Executive



Our Purpose and Values

Meeting the need

Our strategy 2019-22



Our purpose

We believe that everyone with a life-limiting illness should be able to live well for as long as possible and have the choice to die at home.

We will put you and your family at the heart of the specialist care we provide, visiting day and night, supporting you to live the best quality life you can and to make every moment matter.

Our values

- We are caring and compassionate
- We engage and empower
- We strive for excellence
- We develop and innovate
- We respect and value

Meeting the need National challenges

1 More people, living longer into older age

2 Increasing number of inappropriate hospital admissions for patients at or nearing the end of life, adding to NHS pressures

3 Lack of co-ordination of support for those caring for people at the end of life

4 More people are living in care homes as they near the end of life who often have an unsatisfactory end-of-life experience

About Rennie Grove Hospice Care

We are a charity providing specialist care and support for adults and children with a life-limiting illness in Buckinghamshire and west Hertfordshire.

Through our unique Hospice at Home service, available day and night, and a range of day services we support our patients to live the best quality life they can with a choice about how and where they are cared for towards the end of life.

We are also here for the families of our patients, ensuring that everyone can receive the right support, when they need it, to help them make every moment together matter.

Our care is provided at no cost to our patients and families and is made possible by the generous donations we receive from our local community.



Meeting the need Key strategic aims

1 To support GPs and other Healthcare Professionals to identify patients who would benefit from Rennie Grove services

2 To provide services to a wider number of people at an earlier stage to plan better for the end of life and reduce inappropriate hospital admissions

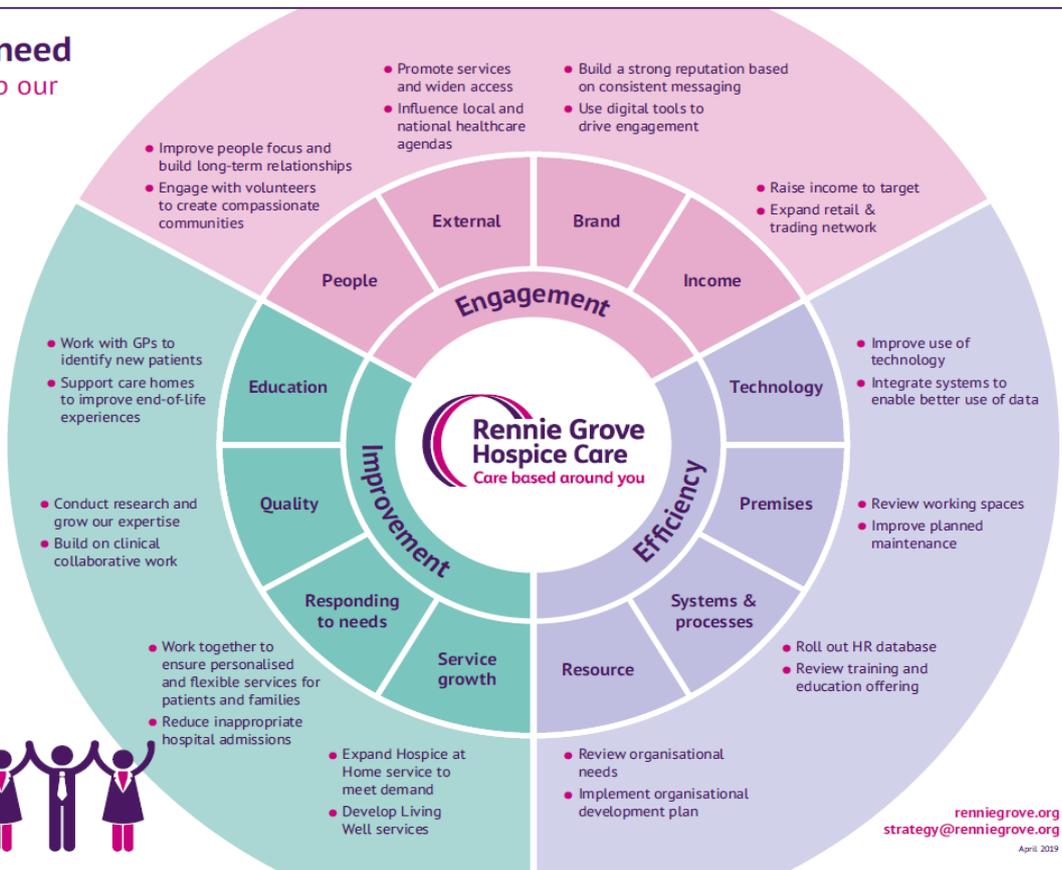
3 To ensure our services are personalised and flexible to fit both patients and those caring for them

4 To develop expertise within and in support of care homes to improve end-of-life experiences

Meeting the need

How you can help our strategy succeed

- Know, understand and own this strategy
- Support your colleagues and work together across the organisation
- Let your passion for and pride in what we do shine through
- Spread the word about what we are trying to do – our staff and volunteers are our best ambassadors
- Participate in us becoming a fundraising-focused organisation
- Increase the impact of our brand and messaging by always using the Brand Toolkit
- Help us celebrate our shared successes



renniegrove.org
strategy@renniegrove.org
April 2023



Part 2: Priorities for Improvement 2022-2023

Our purpose is always to provide high quality care and our focus to achieve this is clinical effectiveness, patient safety and patient experience.

Rennie Grove Hospice Care is progressing through a modernisation programme and has developed and agreed a Quality Improvement Plan for 2020-2023. This has been approved at board and clinical governance committee and senior members of the clinical team including; Head of Clinical Governance & Quality, Head of Learning & Development, Heads of Nursing & Patient Services and Head of Family Support Services.

Looking forward to 2022-2023

Priority 1: Modernisation programme

How was this priority identified?

This priority began in 2021 and continues as part of 2022-23 priorities. It was identified from a review of several areas of the organisation in relation to quality improvement and clinical practice. The plan sets out all the changes required including timeframes for each activity and accountability for achievement.

How will this be achieved?

This dynamic quality improvement plan has been critically evaluated regularly and evolving needs have refined the planned activities and objectives. Each action has an owner who is responsible for the achievement of each area. The plan is due for completion by February 2023. See **Appendix 1** for an updated summary of the plan.

How will this be monitored?

This plan is owned by the Chief Executive and the Senior Clinical Team. Bi-weekly meetings will continue with the Senior Clinical Team to review and discuss each objective and sub-objective on the plan. This will include discussing progress made in each area and any challenges to achieving the objectives. The plan will be updated at each meeting and achievements and outcomes will be reported to the clinical governance committee.

Priority 2: Staffing levels

How was this priority identified?

Staffing levels are reviewed on a monthly basis by the Senior Clinical Team as part of service reviews. Recent vacancies have developed from staff changing areas of practice or retiring.



The national trend of opportunities in hybrid roles have also had an influence on staff decisions to explore other roles.

How will this be achieved?

Increased staffing will be achieved by refreshed recruitment. Roles and requirements will be in line with the patient caseload and the ability to provide services to a great number of patients. Rennie Grove will look into the flexibility of clinical roles to determine if this would provide access to a larger population of skilled candidates. We will also review the possibility of hybrid roles giving consideration to candidate requirements, personal and business need.

How will this be monitored?

Recruitment will continue to be reviewed and monitored monthly by the Senior Clinical Team and recruiting managers. This will be discussed at monthly meetings by the Chief Executive and senior clinicians. We will review current vacancies within each area and potential candidates to meet skill mix requirements. The success of recruitment can be further reviewed via successful induction, completion of probation and retention of staff in the longer term.

Priority 3: Patient pathways

How was this priority identified?

It is important to ensure the services we provide continue to develop and modernise to meet the changing needs of patients and families. We are aware as an organisation we must review our service offering continually to ensure they are fit for purpose and will meet growing and future need.

How will this be achieved?

We will listen to feedback from patients, staff, and stakeholders for opportunities to grow and develop our services. We acknowledge the need for the ability to care for diverse patient groups and commit to considering opportunities within all communities ensuring equality and inclusion for all.

How will this be monitored?

We will review services regularly and consider feedback from all sources. We will look at the referrals we receive for opportunities where we may support and provide care differently or in areas we don't at present. We will be able to monitor the number of referrals received and be able to consider, evidence and report on current and future need.

Priority 4: Collaboration to meet the needs of the community

How was this priority identified?

Through meetings, discussions, and feedback we identified and recognised the increasing and changing requirements of service need for patients and their families.



How will this be achieved?

We recognise that collaboration with others is important to support and enable change. We will review learning and development requirements to equip staff with the right skills and knowledge. The education team will continue to explore and support Care Home education to provide high standards of care. We will review the services and provision of support from the Day Services and Night teams to enable collaborative working and streamlining of patients care and experiences.

How will this be monitored?

This will be reviewed on a monthly basis by the Senior Clinical Team and also at team meetings for thoughts, feedback, and progress.

Statement of Assurance from Board of Trustees

The Board of Trustees is fully committed to ensuring that Rennie Grove Hospice Care delivers high quality services by evaluating and reviewing services to ensure the health and safety of patients, and the standard of patient care are continuously improving.

Review of Services

In 2021-22 Rennie Grove Hospice Care cared for **2731** patients. This included 2009 Hospice at Home patients for adults and children (**1941** adults and **68** children). **722** patients and carers were seen by the wider Rennie Grove services and **484** were contacted by our Family Support Services.

Our rapid personalised care services cared for **293** patients.

186 patients attended Living Well services, **121** patients were seen at Nurse Assessment clinic, **85** at Specialist Nurse Clinic, **286** by Occupational Therapy, **178** by Physiotherapy and **210** patients had Complimentary Therapy. **97** patients attended Day Courses.

Our Children's Hospice at Home service covers areas of Hertfordshire including St Albans and Harpenden. In 2021-22 we cared for **68** children and their families and **58** contacted children's support services.

We are continually reviewing our ability to respond to increasing demands for support and services from patients. Below is an outline of our current services which allow us to provide holistic care, treatment and support to our patients and their families.

As a registered charity, we rely on the generosity of the local community to fund around **87%** of our £8.1million annual running costs, allowing us to care for thousands of patients and families every year. Our care is provided at no cost to our patients and families and is made



possible by the generous donations we receive from our local community as well as the dedication of our staff and the commitment of over 1,500 volunteers.

Our Services

Hospice at Home Service

Is unique in the local area and offers you specialist care at home through a combination of planned and responsive visits by our teams of nurses and healthcare assistants. We offer practical nursing care and advice 24 hours a day to help you control your symptoms and avoid unnecessary hospital admissions, keeping you at home with your loved ones.



Children's Services

Provides a specialist 24/7 Children's Hospice at Home Service for babies, children, and young people up to the age of 19 living with a life-limiting condition in parts of Buckinghamshire and Hertfordshire. Our team of children's nurses provides flexible and responsive care tailored to each family's needs to help ensure that the children can fulfil their potential and enjoy the best quality of life possible, however short that life may be.



In addition to practical nursing care, Rennie Grove Children's Nurses provide vital advice and support to parents equipping them with the skills and signposting them to the resources they need to be able to care for their child at home. Often a visit from a Rennie Grove nurse can help a parent stabilise a child's condition, set minds at rest and avoid the distress of an unnecessary hospital admission.

Rapid Personalised Care Service (RPCS)

Rapid Personalised Care Service was introduced for Hertfordshire in 2020 and has been a huge success. It developed from a successful pilot for fast-track continuing health care and is funded by the Clinical Commissioning Group for 12 weeks. It is designed to offer personalised care for a period of up to 12 weeks to provide people with the daily support they need to remain safe and comfortable at home during their final weeks of life.

The team of trained healthcare assistants, along-side a care coordinator and service lead will be involved in your care to give you the specialist support you need. Healthcare professionals will have referred you to our service to receive a package of care to support you and your family at this difficult time.

The Buckinghamshire Rapid Personalised Care Service was introduced in January 2022 and is a pilot service which we hope will become a substantive service for our Buckinghamshire



patients in 2023. It is modelled on the successful Hertfordshire RPCS service and offers fast-track continuing health care which is funded by Buckinghamshire Clinical Commissioning Group for 12 weeks. The service is designed to offer personalised care for a period of up to 12 weeks to provide people with the daily support they need to remain safe and comfortable at home during their final weeks of life.

The team of trained healthcare assistants, along-side a care coordinator and service lead will be involved in your care to give you the specialist support you need. Healthcare professionals will have referred you to our service to receive a package of care to support you and your family at this difficult time.

Family Support Services

Supporting Hands

Offers supportive companionship, including practical and emotional assistance to our patients and their carers in the south Buckinghamshire area.

The Supporting Hands service is available both to our patients with a life-limiting illness and their carers. We can provide support both at home and on trips out.

Counselling & Listening

Counselling and listening support to patients, carers, and families of patients coping with illness and bereavement.

Face-to-face support: we provide fully trained active listeners or qualified counsellors to visit you at home or at our day hospice, grove house.

Telephone support: if you would like to talk to someone over the phone, we can arrange telephone support with a member of our team.



Support for parents and teachers: we can provide information, advice, and support for any adults (parents, teachers, grandparents, or carers) to manage children and young people's needs whilst facing and dealing with illness and bereavement.

Support for children and young people: we have a trained children's support team who offer support for children and young people through listening and play. We can visit either at home or at school, providing support specific to each child or young person's needs.

Support groups: these take place once a month, to give people in similar situations the opportunity to talk about their feelings and experiences. The groups are friendly and informative and are led by trained volunteers and family support staff, offering members the opportunity to share their own experiences, speak to each other and the support team.



Living Well Services

Our Living Well Service at Grove House is a positive and active place offering practical care and social support for patients diagnosed with cancer or other life-limiting illness. All patients in Living Well are continually monitored and assessed by specialist nurses who offer symptom management and emotional support. You can also get support from other patients and volunteers in a group setting.

Drop-in Session

Is available to anyone, and you do not need an appointment to come along to speak to one of the team.

Specialist Nurse Clinic

Is designed to provide patients with access to specialist care whilst maintaining their independence. The emphasis will be on giving you control and helping you to manage your own health and wellbeing. Our Specialist Nurse Clinic offers:

- Ongoing monitoring and management of symptoms and conditions
- Specialist advice on side-effects from treatment
- Ongoing support, including coping strategies and psychological support
- Signposting to other appropriate services

Physiotherapy

Via phone, video, or face-to-face home visits. Physiotherapists help you work on your mobility, strength, balance, breathlessness and more.

Occupational therapy

Via phone, video, or face to face home visits. Occupational therapists help adapt your day-to-day activities that you may be finding difficult, with or without use of equipment, fatigue, and activity management, and more.

Complementary Therapies - can be very relaxing and, in addition to helping dispel tension, they may help with specific complaints, such as nausea, digestive problems and skin irritation. We have a team of fully qualified volunteer therapists who are trained to provide a range of complementary therapies for our patients, carers, and family members. We currently offer massage, aromatherapy, Reiki, reflexology, Indian head massage, and cranio-sacral therapy.

Yoga & Tai Chi - we offer six-week courses of either Yoga or Tai Chi which provide gentle exercise to help boost your well-being. The aim of each course is to help you relax, learn techniques to practice at home and develop coping strategies.

HOPE Course - is a six-week programme specifically designed to help patients affected by cancer, during or after treatment has finished. This course has been facilitated by Macmillan and is run throughout the year at three hospices in Hertfordshire. The aim is to find new ways to regain your confidence and self-esteem, learn strategies to overcome emotional and practical difficulties, gain new self-management techniques around sleep, physical activity, stress, fatigue, and life priorities, and make plans, achieve goals, and feel more positive.



Participation in National Clinical Audit

As a provider of specialist palliative care Rennie Grove was not eligible to participate in any national clinical audits or national confidential enquiries. None of the 2021-2022 audits or enquiries related to specialist palliative care.

Participation in Research

The number of patients receiving NHS services provided or subcontracted by Rennie Grove in 2021-2022 that were recruited during that period to participate in research approved by a research ethics committee was 0.

Use of the CQUIN Payment Framework

Rennie Grove contracts are no longer stipulated or driven by Commissioning for Quality and Innovation (CQUINS) payment framework.

Care Quality Commission

Rennie Grove Hospice Care is currently registered with the Care Quality Commission to provide specialist palliative care, advice and support for adults and children with life limiting illness and their families for the following regulated activities:

- treatment of disease, disorder, or injury

Rennie Grove Hospice Care was formally inspected by the CQC in May 2016. Rennie Grove received an overall rating of 'Good'. A summary of the CQC Inspection Report can be seen in Appendix 2.

The CQC completed a review of Rennie Grove Hospice Care on 7 April 2022 and determined the following:

We carried out a review of the data available to us about Rennie House on 7 April 2022. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service.





Rennie Grove Hospice Care

Rennie House

Inspection report

Unit 3
 Icknield Way Industrial Estate, Icknield Way
 Tring
 Hertfordshire
 HP23 4JX
 Tel: 01442890222

Date of inspection visit:
 12 May 2016
 18 May 2016
 Date of publication:
 12 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Registered Services

Rennie House
 Unit 3, Tring Industrial Estate
 Tring
 Herts
 HP23 4JX
 T 01442 890222

Regulated activities may be carried out from the above location as well as: -

Grove House
 Waverley Road
 St. Albans
 Herts
 AL3 5QX
 T 01727 731000

Gillian King House
 Three Households
 Chalfont St Giles
 Bucks
 HP8 4LS
 T 01494 877200

The Care Quality Commission has not taken any enforcement action against Rennie Grove and has not participated in any special reviews or investigations by the Care Quality Commission during 2021-2022.



Information Governance

Rennie Grove takes the safety and management of patient information very seriously. We are compliant in mandatory requirements of the Data Protection and Security Toolkit.

Clinical Coding Error Rate

Rennie Grove was not subject to the Payment by Results clinical coding audit during 2021-2022 by the Audit Commission.



Part 3: Review of Quality Performance in 2021-2022

Our strategy 2019-22

National challenges

- 1 More people, living longer into older age.
 
- 2 Increasing number of inappropriate hospital admissions for patients at or nearing the end of life, adding to NHS pressures.
- 3 Lack of co-ordination of support for those caring for people at the end of life.
- 4 More people are living in care homes as they near the end of life who often have an unsatisfactory end-of-life experience.

Our four key strategic aims to meet the need

- 1 To support GPs and other healthcare professionals to identify patients who would benefit from Rennie Grove services.
 
- 2 To provide services to a wider number of people at an earlier stage to plan better for the end of life and reduce inappropriate hospital admissions.
- 3 To ensure our services are personalised and flexible to fit both patients and those caring for them.
- 4 To develop expertise within and in support of care homes to improve end-of-life experiences.

Additional challenges in 2020-21

The emergence of COVID-19 in late 2019 and its escalation into a global pandemic presented significant additional challenges during 2020-21. Our priorities became:

- 1 Ensuring patients and families continued to receive care and support.
- 2 Protecting vulnerable patients from COVID-19.
- 3 Protecting our workforce.
- 4 Complying with changing legal requirements and guidelines.
- 5 Sustaining our income.
- 6 Developing digital communications.
- 7 Managing constant change.

Strategy wheel

Our focus for delivering our strategy and responding to COVID-19



Our focus for 2021-22

Responding to COVID-19 and the challenges it continues to bring will once again shape our activities in the coming year. As in the past year, our absolute priority will remain to ensure that everyone with a life-limiting illness is able to live well for as long as possible and have the choice to die at home.

Improvement

Develop a care home education programme as part of a collaboration project in Herts with Peace Hospice Care and delivered in conjunction with partners in Bucks.

Continue to develop collaboration projects with hospices and other partners to offer the widest range of services to patients.

Implement our clinical plans for workforce, audit and quality improvement to ensure high standards of care and capacity to meet growing need.

Engagement

Form a partnership with a digital agency to rebuild a user focused website and drive success across digital marketing activities.

Roll out defined supporter journeys to grow engagement and income.

Use data and insights to inform future engagement activity and campaigns and continuously improve supporter experience.

Efficiency

Restore income generation activities to pre-COVID-19 levels as swiftly as possible to meet budget targets.

Finalise our adoption of Microsoft 365, moving our systems to a cloud-based environment.

Drive robust financial efficiency to enable us to support as many patients and families as possible to make every moment together matter.

Improvement - our progress in delivering our strategy

The Improvement section of our strategy focuses on our clinical services and how they will adapt and grow to meet patient needs and our strategic aims. Our achievements in this section are broken down into four key areas:

- We developed our clinical vision into a change management plan to ensure our service is fit for the future.
- We continued to review our clinical policies, processes, procedures and guidelines to ensure ongoing safe practice.

Education

- We redesigned the education team to meet internal and external needs which led on to a collaboration project with Peace Hospice Care to create a single learning and development team. This will offer a comprehensive education and training programme across both organisations and for other palliative care providers/care homes.

Responding to needs

- We introduced a clinician of the day role to all hospice at home teams to ensure that calls into the service are promptly triaged and visits efficiently arranged where needed.
- We created new roles for operational managers in Herts and Bucks to provide heads of nursing with time to build key external relationships.

Service growth

- We transitioned our Rapid Personalised Care Service (RPCS) from a pilot project to a fully commissioned service from 1 July 2020. It continues to be a successful and valued service for patients, commissioners and referrers.
- We began a collaboration project with Peace Hospice Care to review the provision of day services in Herts. This aims to improve patient care by avoiding duplication and widening access to a greater number of services.

Quality

- We undertook a review of the adult hospice at home teams to define capacity and future workforce requirements. This identified some efficiencies which will enable us to maximise our capacity to care for patients and continue to meet the growing need.



Engagement - our progress in delivering our strategy

The engagement section of our strategy focuses on our income generation and awareness-raising activities and how we communicate with our audiences.

- We created a Fundraising Advisory Group using trustee expertise to help drive our fundraising strategic direction.

Income

- Our loyal supporters continued to support our fundraising activities and enabled us to raise £4.2 million to help fund our services.
- Our retail and trading income was heavily impacted by the forced closure of non-essential shops, raising just £830,000 which resulted in a net loss across the year.
- We reviewed our supporter programme for major donors, creating a new offering to ensure maximum engagement and build a strong pipeline for the future.
- We restructured the information on our supporter database to generate more effective data to inform future fundraising strategy.
- We launched a shop on the online platform Depop to grow our income from clothes sold online.

Brand

- We reviewed the branding requirements of the newly-refurbished Grove House to ensure signage and messaging would be effective and strengthen the brand.



During 2020-21 our fundraising activity raised £4.2 million, making a net contribution of £3.5 million to patient care.



Looking back on priorities for 2020-21

Priority 1: Modernisation Programme

Progress

The Senior Clinical Team and the Chief Executive have continued to meet bi-weekly to review the progress of the improvement plan. There has been a significant amount of progress on the plan, with some sections of the plan being completed in full.

It is important to continually review the needs of the patients, therefore in February 2022 the plan content was revisited and updated to reflect more relevant priorities and service needs. Some parts of the original priorities were put on hold to add and focus on other more current priorities. However, those original priorities will be reintroduced to the plan at a later date when further sections of the plan are completed.

Next Steps

Now the plan has been reviewed and updated, the bi-weekly review meetings have recommenced. The Senior Clinical Team and Chief Executive will review and discuss each objective and sub-objective on the plan. This will include discussing progress made in each area and any challenges to achieving the objectives. The plan will be updated at each meeting and achievements and outcomes will be reported to the clinical governance committee. The plan is due for completion by March 2023. See **Appendix 1** for a summary.



Priority 2: SharePoint 365 Project

Progress

The SharePoint project is now fully completed and all organisational documents were reviewed during this process. The aim was to review, update, archive or remove documents to reduce the number of documents available, outdated, or duplicated versions.

The Rennie Grove Hub was created where all shared and organisational documents are now stored. Each department has their own individual libraries with designated access as appropriate.

Training sessions were provided by the project manager and user videos created for reference purposes.

The use of SharePoint has provided a modern, web-based system to deliver a new way of working with documents. This gives users access to the documents they need in a secure, compliant, and efficient way. It is designed for teams and provides collaboration features, such as project management, messaging, and shared document storage.

Next Steps

The main set up and transition project has now been completed, however Rennie Grove are now looking at further ways to build on this system to provide better functionality in other areas.

Priority 3: To update clinical audit policy, implement new clinical audit programme and create clinical audit tools for each audit.

Progress

A review of quality improvement processes highlighted the need for a full review the process. The clinical audit policy has been completely re-written to ensure it is fit for purpose and meets the requirements of the Care Quality Commission, NICE and Healthcare Quality Improvement Partnership (HQIP) guidance.

The clinical audit programme now includes additional clinical audits. New clinical audit tools have been created for each audit outlined in the programme.

Additional processes have been implemented to support this, including a Continuous Quality Improvement policy to further improve the outcomes of patient care. Each new or updated policy or process is evaluated prior to implementation to determine if an audit process is required to support it.

Next Steps

The review and implementation of the policy, programme and audit tools is now fully completed. Each new or updated policy or process is evaluated prior to implementation to determine if an audit process is required to support it.

Clinical Audit is reviewed monthly by Internal Clinical Governance Group and bi-monthly by Clinical Governance Committee.



Priority 4: Collaboration with South Bucks Hospice.

Progress

It is important for Rennie Grove to be able to offer of day services in Buckinghamshire. Working with South Bucks Hospice would provide the scope for us to deliver support to many more people in the Buckinghamshire locality. This will improve outcomes and provide seamless care for patients across Rennie Grove's South Buckinghamshire patch ensuring that patients, their families, carer's and loved ones are able to access the right care, at the right time, from the right palliative care specialists.

The Head of Nursing for Buckinghamshire is working with the Lead Nurse at South Bucks Hospice to introduce collaborative working at South Bucks Hospice. We have secured funding from Hospice UK to introduce a Triage /Clinic Nurse role for both organisations, this will be a Clinical Nurse Specialist (CNS) role, the aim being to ensure robust triage of new referrals and to also undertake first assessments of newly referred patients in a CNS clinic at South Bucks Hospice. This triage/ clinic CNS role will be supported by CNSs from Rennie Grove who will also be able to offer follow up symptom control to patients attending South Bucks Hospice. We are also working with Florence Nightingale Hospice to form a Single Point of Access for patients in living in North and South Buckinghamshire by 2023/24.

Next steps

The benefits of this collaboration will not only be felt by the patients themselves but also their families who will receive the support they crucially need to continue supporting their loved ones. This collaboration will all be based at South Bucks Hospice / Butterfly House which unlike many other day hospices is purpose designed and built, offering patients and their families a calm and reassuring environment. We hope to relocate the South Bucks and Wycombe Nursing Teams from Gillian King House to Butterfly House over the coming weeks. Meetings continue and we hope to move this priority forward during 2022-2023.



Other Priorities during 2021-2022

COVID-19

- Our clinical management of COVID-19 was rigorous, safe and effective with clear guidance and reassurance given to staff and no known incidents of cross-infection between clinical staff and patients.
- After early supply problems we worked collaboratively to secure supplies of personal protective equipment to keep our staff and patients safe, becoming a regional hub for PPE delivery and collection for 19 hospices.
- Hospice at home care continued throughout as it became more important than ever to keep patients out of hospital and at home with their loved ones.
- Day services at Grove House were suspended during the first lockdown but staff continued to offer telephone support and home visits to individual patients where necessary to ensure their care continued.
- Following national clinical guidance, one-to-one clinic and therapy sessions were able to restart at Grove House after the first lockdown.
- Family Support services transferred one-to-one counselling and support sessions to telephone or video calls during the first lockdown with volunteers returning to face-to-face visits when restrictions allowed.
- We secured early vaccinations for all clinical staff, clinical volunteers and non-clinical staff who work alongside clinicians.
- As soon as they became available, clinical staff participated in twice weekly testing programmes and non-clinical staff working alongside them took regular weekly tests to detect asymptomatic cases quickly and avoid spreading the virus.
- We created and evolved a system of reporting capacity and activity to NHS England, twice daily initially, to support the allocation of emergency government funding for hospices.





600 patients

During the first lockdown between 23 March and 31 May 2020 our hospice at home nurses were caring for a record number of 600 patients and carried out 2,586 home visits.



7,440 boxes

We processed in the region of 7,440 boxes of PPE as regional hub for 19 hospices.

The COVID-19 pandemic has continued to prove challenging for the whole nation. It has made us think differently about what we do and how we do it.

Rennie Grove embraced the challenge and normal practices to ensure patient and families still received the care and support they needed, whilst ensuring the wellbeing and safety of our staff and volunteers.

We have continued to allow some staff to work remotely, where possible, and hold meetings virtually.

Policies and procedures have supported and guided staff to ensure they were aware of what to do and how to do it. This guidance was continually updated in line with Government and NHS policy and requirements.

Clinical staff continue to wear appropriate PPE to enable them to visit and support patients safely. Our COVID-19 staff testing regime has been in line with Government recommendations. All staff were offered COVID-19 vaccinations and boosters.

We ensured processes were followed by completing audits and reporting on them through Internal Clinical Governance and Clinical Governance Committee meetings.

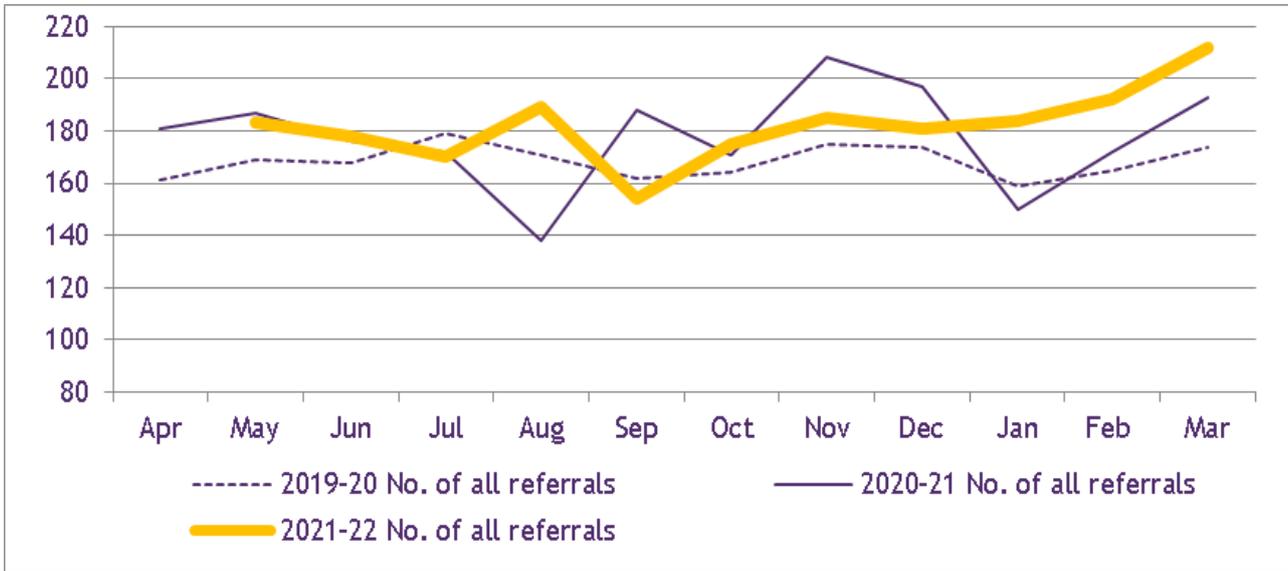
Staff have embraced the ongoing changes positively to ensure patients and their families were not without care and support through what has been a difficult time.

Rennie Grove are very proud to have continued to provide services throughout the pandemic.

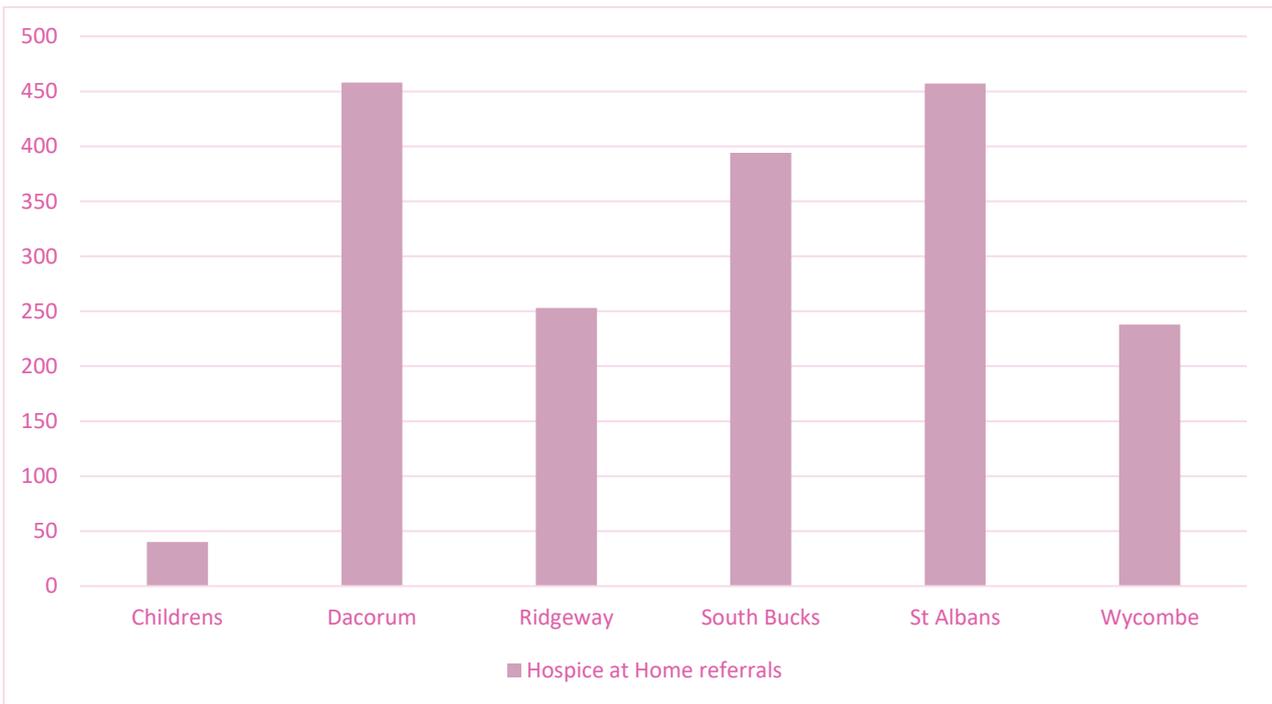


Quality and statistical data for 2020-2021

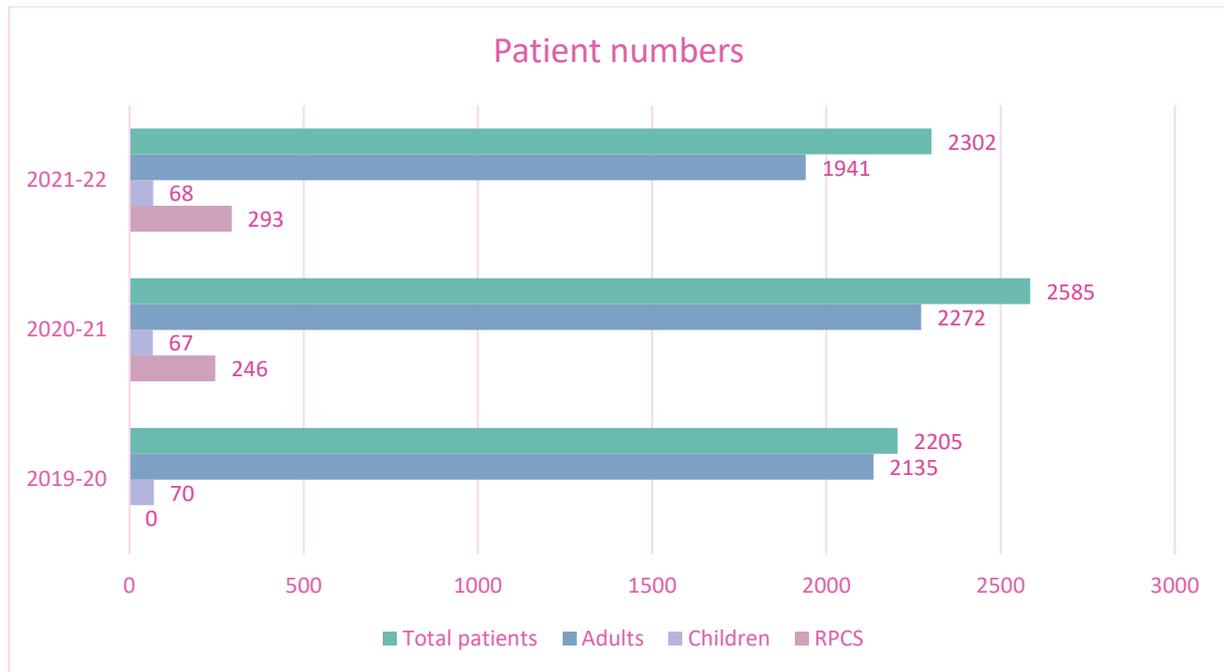
All referrals



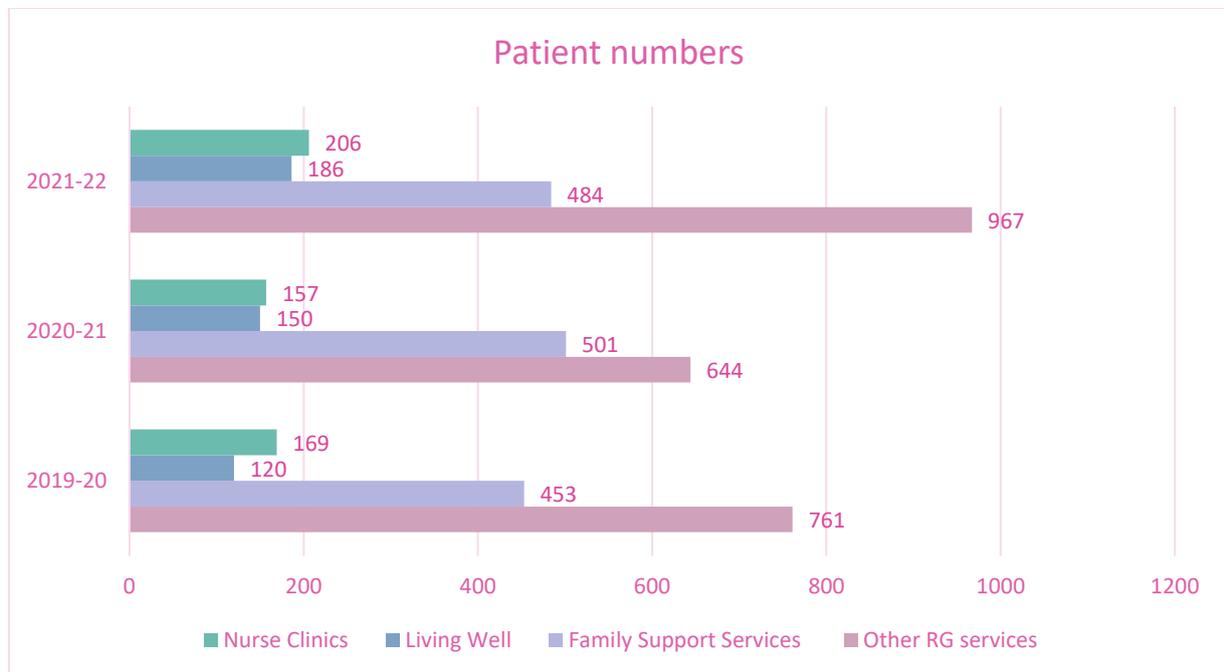
Referrals per Hospice at Home team



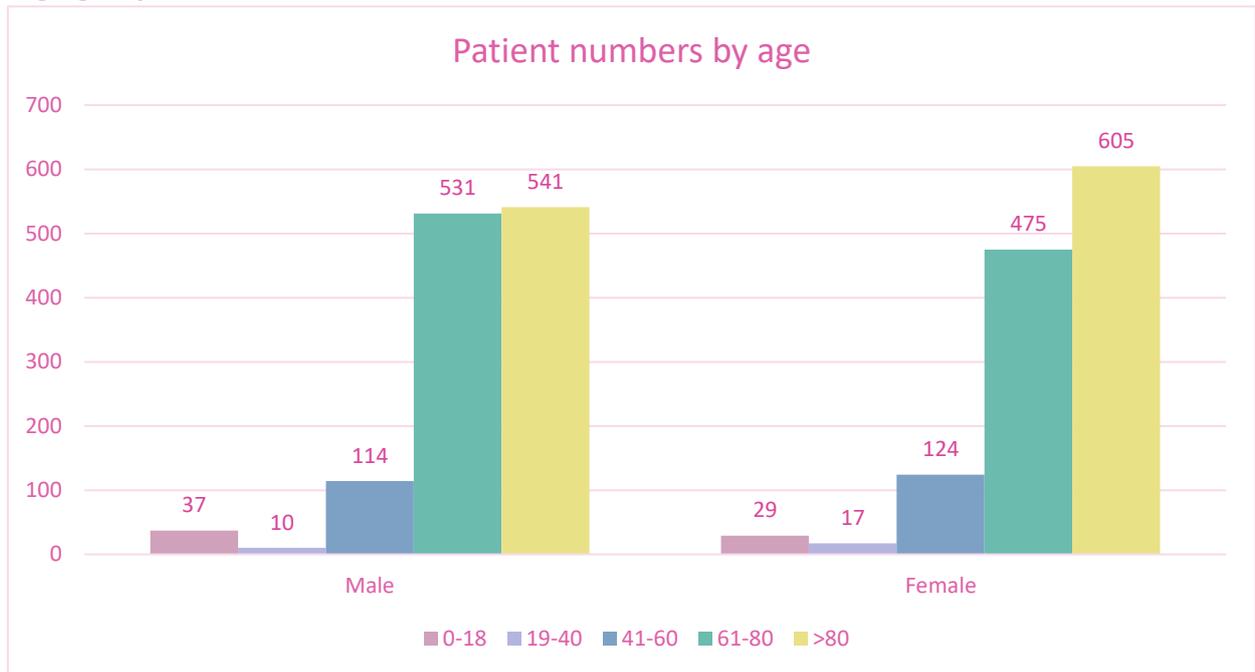
Patient numbers for Hospice at Home and Rapid Personalised Care



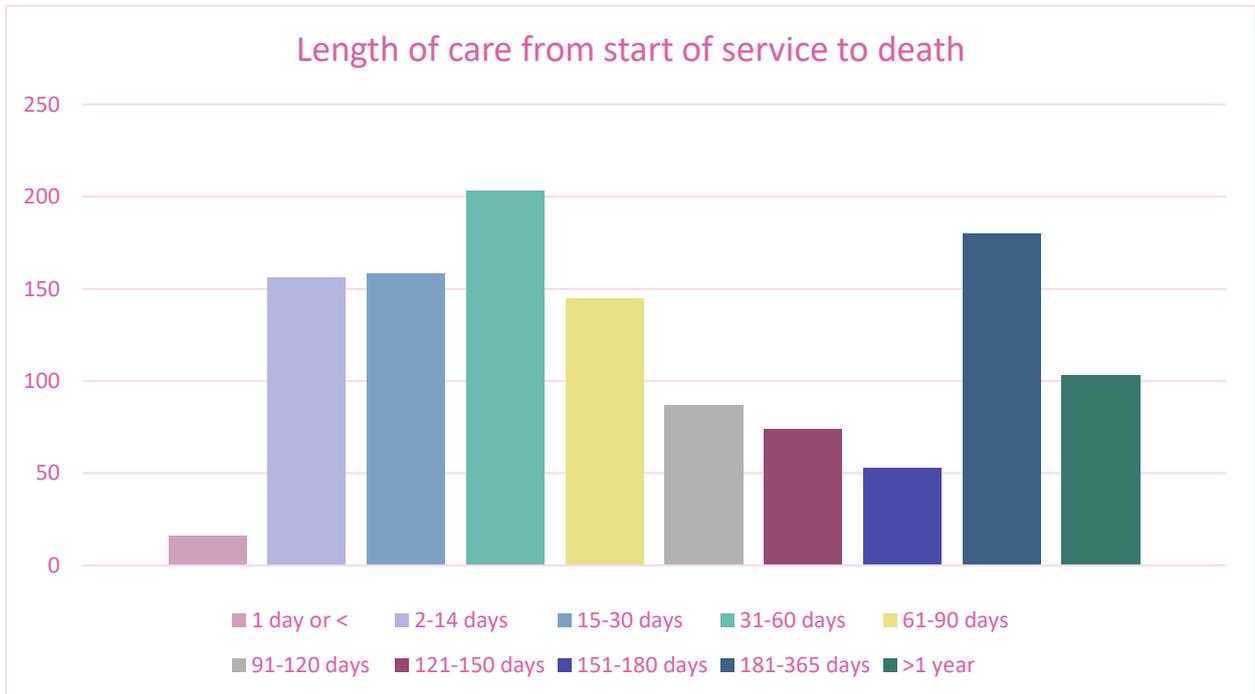
Patient numbers for Family Support Services and Living Well



Age groups

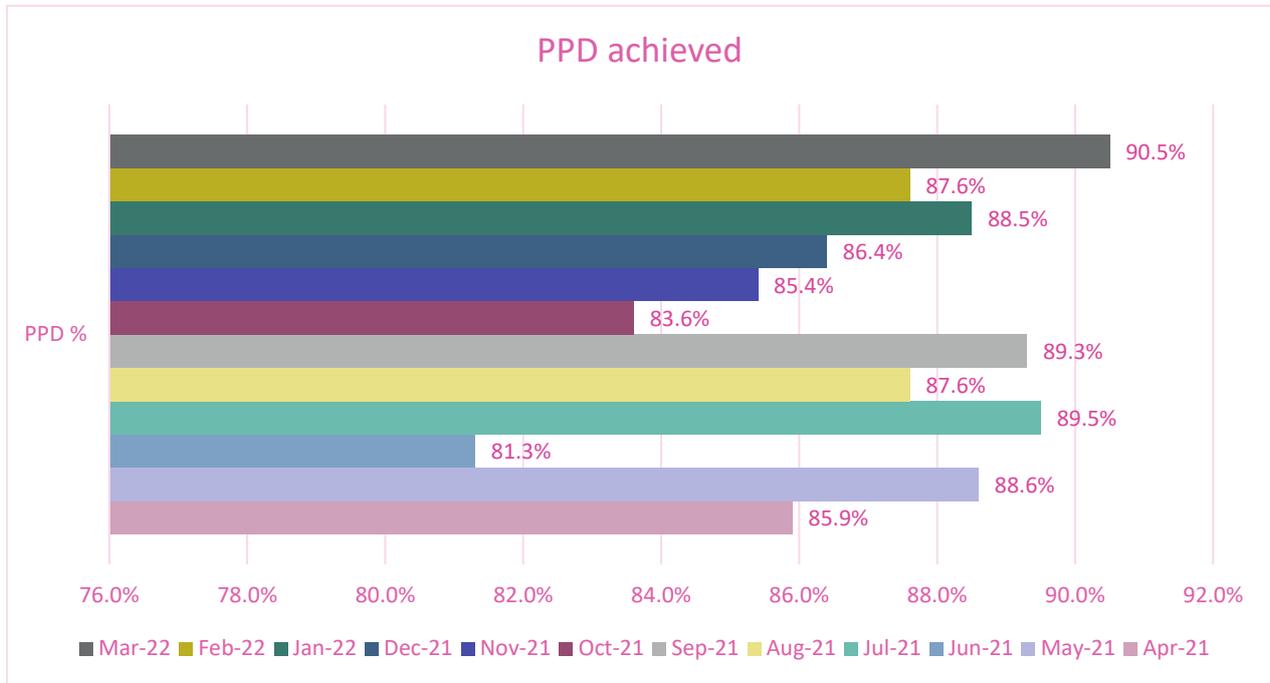


Length of care



Preferred place of death (PPD)

National average	2021-22 target	2021-22 achieved
42%	85%>	87.1%



Complaints

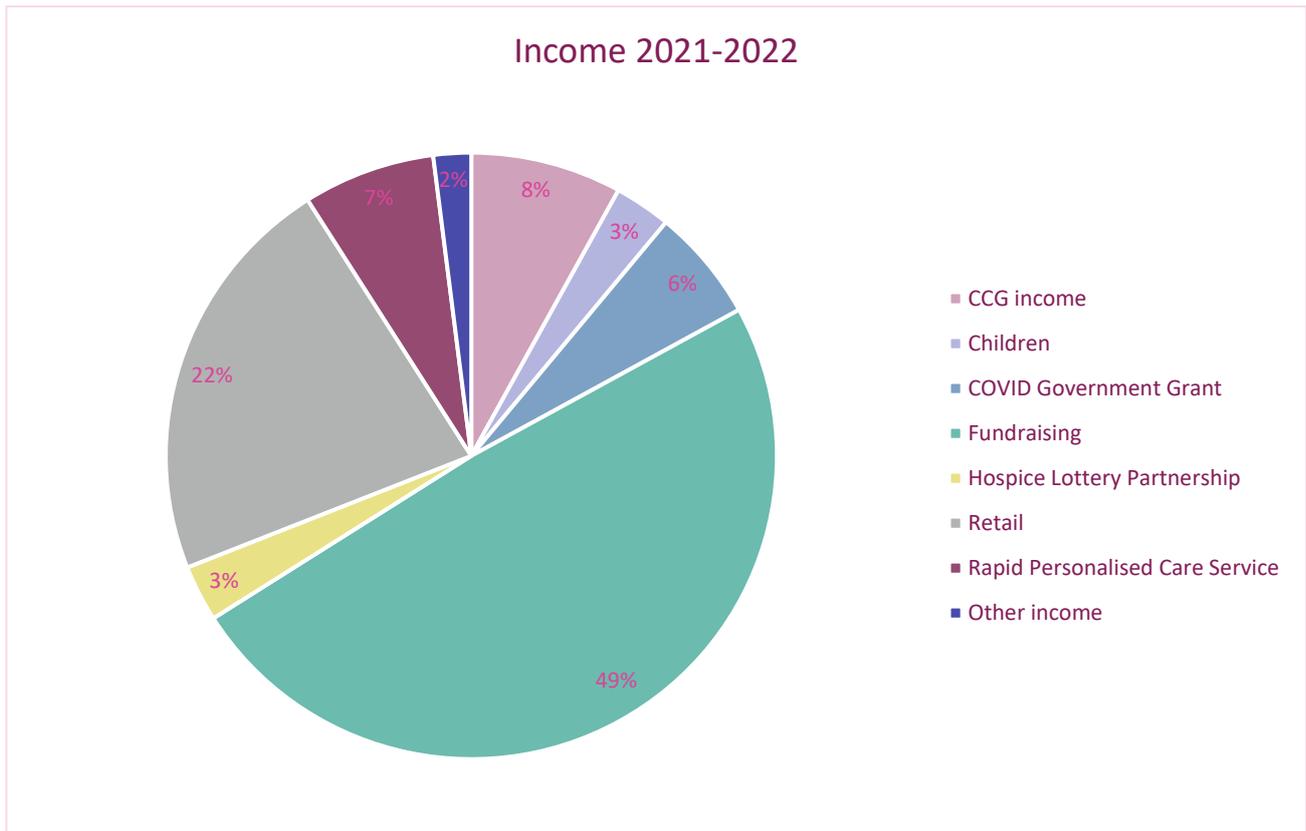
Total	Bucks	Herts	RPCS	Children	Family services
22	8	11	2	0	1

Compliments

Total	Bucks	Herts	RPCS	Children	Family services
329	78	129	90	2	30



Rennie Grove funding 2020-2021



Appendix 1 - Modernisation Plan (summary)

Step	Description	Target date	Progress
1	To have a suite of policies, processes and guidelines that are evidence based and give a clear and structured clinical governance framework. Which then enables nursing staff to practice safely and effectively	Dec 21	Completed Feb 22
2	Create a competency framework with profiles for each band and service	Feb 23	On track
3	To embed the use and understanding of the above, along with performance management framework for non-compliance	Jun 23	On track
4	For our Clinical Nurse Specialist to all be independent prescribers and be at the forefront of new innovative ways to deliver care, so Rennie Grove can be the trailblazers in delivery of End-of-Life Care	Jun 22	On track
5	To develop clear career pathways via three key routes either; education, management or clinical and to have packages or programmes designed to develop staff and succession plan	Sep 22	On track
6	To breed a work force with enquiring minds and not tasked orientated and have mechanisms/methodology to enable Continuous Quality Improvement	Jan 22	Completed Jan 22
7	To design a clinical pathway menu that demonstrates the Rennie Grove Clinical Offering	Sep 22	On track
8	To have our Operational managers (x2) have good oversight of the day-to-day delivery of the service and to monitor new and dynamic innovations and their impact	Nov 21	Completed Oct 22
9	Clinical induction process that is standardised and sets new starts on the right path in a supportive environment	May 22	On track
10	Review children's team structure	May 21	Completed Aug 21
11	Development of clinical assessment /expertise	Jul 22	On track



Appendix 2 - CQC Summary of Findings

Summary of findings

Overall summary

This inspection took place on 12 May 2016 and was announced. We contacted people and their relatives for feedback about the service on 18 May 2016.

Rennie House is registered to provide specialist palliative care, advice and support for adults and children with life limiting illness and their families in their own homes. They deliver physical, emotional and holistic care through teams of nurses, counsellors and other professionals including therapists.

At the time of the inspection there were 180 adults and 52 children using this service. The service provided specialist advice with regards to symptom control and worked in partnership with health care professionals to ensure that people received the best possible support in their own homes. There was a counselling, pre-bereavement and bereavement support offered to families and relatives.

Rennie House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained in how to protect people and children from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Staff assessed the risks involved in delivering a service in people and children`s own homes. Staff communicated any risks to people and children`s health and well-being to health and social care professionals. They followed up and reviewed risks regularly to ensure these were appropriately managed and mitigated.

People were at the heart of the service and were fully involved in the planning and review of their care, treatment and support. Plans in regard to all aspects of their medical, emotional and spiritual needs were personalised and written in partnership with people. Staff delivered support to people respecting their wishes and preferences. The children services team from the hospice worked closely with children`s parents and social and health care professionals to ensure the best possible outcome for children with a life limiting illness.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Staff reported any concerns so that these could be reviewed and discussed to identify if lessons could be learnt to reduce the likelihood of reoccurrence.

Recruitment procedures were robust and ensured that staff working at the service were qualified and skilled to meet people`s complex needs. There were sufficient numbers of staff to ensure people received support when they needed it.

The service operated a 24 hour service and on-call system to ensure people received the same support and



advice during the day as during the night. This gave people great confidence and comfort. People told us they valued this service and they felt reassured to know they could talk to a member of staff any time during day and night. The children services team was not providing a 24 hour on-call service, however when a child's condition deteriorated the staff worked on a rota system and provided support to the children, parents and families over a 24 hour period.

People told us that staff understood their individual care needs and were compassionate and understanding and that their cheerful and friendly approach gave them reassurance and made them feel safe. Parents of the children who used the service were appreciative of the support they received had confidence and trust in the staff. They all felt the service was very safe. Staff told us they undertook training which enabled them to provide good quality care to people and children in their own homes.

People's medicines were administered by trained and qualified staff who had their competency assessed regularly by their manager. Any changes in people's medication were discussed with health care professionals to manage and support people's symptoms and pain management. Medicines were regularly reviewed and audited to ensure they met people's needs. Staff from the children services developed a close relationship with the team of paediatricians and specialists looking after the children's health.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care.

People and relatives were very positive about the caring and compassionate attitude of the staff delivering the service. They told us they were completely satisfied with their care and thought highly about staff and management. Staff were very motivated and demonstrated a commitment to providing the best quality end of life care in a compassionate way. People's wishes for their final days were respected.

Parents of the children using the service valued the service they received and praised staff for the long standing support they gave to them and their children often for years until children reached adulthood. Staff from the hospice supported children and parents in the transition from children services to adult services liaising with social and health care professionals to ensure a smooth transition.

The management structure showed clear lines of responsibility and authority for decision making and leadership in the operation and direction of the hospice and its services. The registered manager was committed to improve and broaden the services the hospice offered.

The management and staff team actively encouraged and provided a range of opportunities for people who used the service and their relatives to provide feedback and comment upon the service in order to continue to drive improvement.

There was a comprehensive auditing programme for all the services the hospice provided carried out by the management team. Action plans were comprehensive in detailing actions taken, time frames and the responsible person for the actions.



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