Rennie Grove Hospice Care

Care based around you

Quality Account 2017 - 2018

Vision Statement

Our vision … is that every adult and child with a life limiting illness can choose how they want to be cared for, knowing they will receive exceptional specialist care

Part 1: Rennie Grove Hospice Care Chief Executive and Mission Statement

Our Mission

Is to provide our community with excellent specialist and end of life care based around patients and their families day and night.

Our Values

To help embed our values fully into our organisation and to bring them to life for everyone, we will be looking at a different value every two months during 2017.

We are caring and compassionate

We are inclusive and treat everyone with dignity and respect. We respond with humanity and kindness. We recognise that the work we do, regardless of our role, clinical or non-clinical, impacts on how we deliver patient care.

We engage and empower

We actively listen, understand and respond to our patients, staff, volunteers and our community. We involve others in decisions that affect them and are open and honest about what we can and can't do. We share our knowledge and experience to provide reassurance and to enable informed decisions to be made at the right time.

We strive for excellence respect and value

We value excellence and professionalism and always strive to improve for the benefit of our patients. We work collaboratively and embrace the future with ambition and forward thinking. We improve and develop through continuous learning.

We develop and innovate

We understand the importance of working together to achieve positive outcomes for our patients, staff, volunteers, healthcare partners and community. We support one another and take responsibility for our personal and team performance.

We respect and value

We all contribute to patient care in our everyday role either directly or in a support role. We respect each other's skills and expertise and foster effective working relationships across the organisation. We are passionate about our cause.

It gives me great pleasure to present the sixth Quality Account for Rennie Grove Hospice Care (Rennie Grove) for 2017-2018. We welcome the opportunity to promote the high quality of the Adult and Children's services that we provide for our patients and carers and to demonstrate to all stakeholders our commitment to quality care.

The patient is at the heart of all care provided by Rennie Grove nurses and health care assistants (HCAs). We endeavour to ensure that all our care is both patient centred and of the highest standard through clinical governance.

In 2017/18 Rennie Grove Hospice at Home Adult and Children's services cared for **1797** patients (Adults **1729**, Children **68**). Over **2578** patients and carers were seen by the wider Rennie Grove services and **496** were contacted by our Family Support Services. 170 patients attended Day hospice sessions at Grove house, whilst 415 patients were seen at Grove House Nurse Assessment clinic, an increase of 38% over 2016-17
Our Children's Services continue to grow, now covering areas of Hertfordshire including St Albans and Harpenden. In 2016/17 we cared for **68** children and their families.
We provide our care at no cost to our patients and families, thanks to the income generated by support from a fundraising charity, local fundraising contributions and a grant from the Department of Health.

Our ability to offer community hospice services, including hospice at home and day services, is possible thanks to our dedicated staff and the commitment of over **1,500** volunteers.
I am responsible for the preparation of this report and its contents. 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
May 2018

Priorities for Improvement 2018-19

Priority One: Patient Safety

'Establishing a Clinical Nurse Specialist Role within the Children's Hospice at Home Team'

A full service review of the Children's Hospice at Home Service completed in February 2017, recommended incorporating a Clinical Nurse specialist role in order to enable more effective delivery of care to the diverse caseload. During 2018-19, a CNS role will be a priority, adding to the existing service of Band 5 and 6 nurses, with the addition of a Health Care assistant role in due course in line with the current Adult Hospice at Home model.

Responsible Lead: - Head of Children's services

Priority Two: Clinical Effectiveness

'To develop a register of senior nurses trained in the completion of 'Do not attempt Resuscitation' (DNACPR) forms to support patients and their families in end of life decision planning.'

During 2018-19, Rennie Grove will provide training and develop a register of trained nurses in Hertfordshire who are competent to complete DNACPR forms. Rennie Grove patients and families will benefit from nurses initiating supportive advance care planning discussions and the completion of the DNACPR form. Liaison with the multi-disciplinary team and documentation through EPACS will ensure effective and timely communication that the decision has been made.

Responsible Lead: - Professional Development Lead

Priority Three: Patient Experience

Development of a Bereavement Pathway During 2017 a Rennie Grove patient and carer survey identified a dissatisfaction with the length of time between a patient dying and contact from a member of Rennie Grove staff: a complaint was also received.

During 2018 -19 the current bereavement standard will be reviewed and a new pathway developed in line with Nice Guidance 2014 to support patients' families with pre and post bereavement experience.

Responsible Lead: - Head of Children's Services

Priority One: Patient Safety (2018-19)

The Rennie Grove Hospice Care Children's service has been in existence for 25 years. Traditionally the team has worked with a model of care including a combination of Band 5 and 6 nurses covering a responsive 24 hour service for children in the community. More recently it has been highlighted in generic medical and nursing press that an appropriately weighted skill mix can influence safety and improve outcomes in care (Aiken H, L et al). Nice Guidance (2017) also advise that specialists are in place to support children's palliative care services.

Quality Statement 6

'Infants, children and young people approaching the end of life and being cared for at home have 24-hour access to both children's nursing care and advice from a consultant in paediatric palliative care.' NICE Guidance 2017 (End of Life Care for Infants, Children and Young People)

A full service review completed in 2017 also highlighted that the needs of Children with Life limiting and life threatening conditions would be better met by the team if there was increased specialist symptom management knowledge and skill within the team (in line with the current model available for Rennie Grove Adult services.)

As the role of the CNS is well established in the Rennie Grove Adult Hospice @ Home services, it has been agreed that Rennie Grove will establish a Clinical Nurse Specialist role in order to offer specialist palliative and symptom management in the Children's team. The structure will also include recruitment of a healthcare assistant. The new model will hopefully reduce hospital/hospice admission and enable children to choose home as a preferred place of death in line with Nice Guidance 2017.

The Proposed Model

The Children's Hospice at Home delivers a community based service to Children and young people with life threatening and shortening conditions.

There are three defined elements to this service

- Specialist palliative care with 24 hour support available for symptom management and end of life care. This is delivered by skilled and experienced children's nurses
- Short break respite care in the child's home or community, delivered by a team of skilled nurses and healthcare assistants to give families relief from the intensity of care
- Bespoke support to enable families to care for their child for the whole of their palliative care journey and to ensure that children and young people have the best quality of life possible. The care will continue after a child's death. This care will be delivered by nurses, Healthcare assistants and the Family Support Service

This model is supported by NICE Guidance in End of Life Care for Infants, Children and Young People updated 2017

How will the priority be achieved?

The post has been successfully recruited and the post holder has completed the probationary period. Role priorities are now:-

- For CNS to continue to develop her own specialist palliative care experience
- Train and support all nurses within the Children's Hospice at Home Service to develop increased competency in advanced symptom management and End of Life Care
- To enhance current and forge new partnerships with external services to ensure that all children have the choice to be at home at any point in their palliative care journey
- To raise service profile and increase referrals to the service.

How will progress be monitored and reported?

Monthly monitoring of children receiving specialist palliative care. Aiming for 20 % of the caseload receiving specialist palliative care support at any point in time.

Audit of Patient held records to ensure all children have specialist and appropriate care planning

Observing and reporting on the number of hospital admissions required, with a year on year comparative.

Priority Two: Clinical Effectiveness (2018-19)

Completion of the Do Not Attempt Resuscitation (DNACPR) form has traditionally been the domain of the medic. The recent NHS East of England DNACPR Policy 2015 however includes in 6.7 that 'senior nurses with appropriate training if competent' could now be involved in the process of DNACPR discussions and completion of paperwork in the home. 6.8 continues by laying out a foundation for practice that clinicians should follow, including:- strictly following policy and procedure, sensitive and timely communication with the patient and completion of the task, ensuring all relevant other Health Care Professionals are informed of the DNACPR decision. The European Resuscitation Council 2018 goes further by suggesting that also introducing the process 'ReSPECT' could support the wider process of advanced/anticipatory care planning and sensitive discussions between health care professionals (including senior nurses) and patients. These papers have been forerunners in setting the possibility of nurse completion of DNACPR forms in Hertfordshire firmly on the map.

During 2018 Rennie Grove will aim to train all Band 6 and Band 7 nurses (working in Hertfordshire) in the competent and sensitive completion of the DNACPR form for patients under our care. Training in correct processes of assessment and sensitive communication will facilitate timely preparation for patients at end of life/with a terminal prognosis. Presence of the DNACPR form in the house could prevent unnecessary stress for patients and families should a cardiac event occur and the ambulance/paramedic service be called to attend.

How was this identified as a priority?

It is well documented that patients who have a terminal prognosis have a right to have a documented DNACPR decision in place in the home. If the DNACPR form is absent and a cardiac event occurs in the home, patients will have CPR performed by visiting ambulance crews or paramedics (who are bound by regulations to preserve life and to resuscitate until there is no sign of life). This creates unnecessary distress for palliative patients and families when death is already expected. Recent Policy drives from NHS East of England and the European council have given organisations in Hertfordshire the evidence to commence training programmes for senior nurses in Hertfordshire. This may serve the Patient well in expediting timely completion of patients' wishes, especially when facing uncertain times with a Terminal illness.

How will priority two be achieved?

It is recognised that DNACPR and advanced care planning are challenging areas, however it is hoped that the training provided by Rennie Grove will support senior nurses and provide an opportunity to practice conversations in a safe environment.

Two members of the Professional development team will attend the 'train the trainer' course for completion of DNACPR.

A Rennie Grove teaching programme during 2018 will aim to train all Hertfordshire Band 6 and Band 7 nurses to be competent in the completion of DNACPR paperwork. The training will include appropriate communication skills to support sensitive completion of the task, RG policies and processes, recording and follow up communication with Other Health Care Professionals.

How will the priority be monitored?

The Professional development team will hold a record of nurses trained in advanced care planning and DNACPR completion as well as a formal register of current nurses employed who perform DNACPR.

Copies of the DNACPR decision and paperwork will be stored in nominated folders in the Hertfordshire bases. Nurses will record the decision on Infoflex and communicate effectively with the MDT to ensure that all involved in care are informed of the decision promptly. Nominated members of the Audit/Education team will carry spot checks of all of the recording processes out 2-3 times a year.

Priority Three: Patient Experience (2018-19)

Quality statement 5

'Parents or carers of infants, children and young people approaching the end of life are offered support for grief and loss when their child is nearing the end of their life and after their death.'

Quality statement 14

'People closely affected by a death are communicated with in a sensitive way and are offered immediate and ongoing bereavement, emotional and spiritual support appropriate to their needs and preferences.'

Nice Guidance (End of life care for Adults and Children) updated 2017'

In 2017, a Rennie Grove carer survey comment expressed dissatisfaction in the length of time between the death of their loved one and contact from a member of Rennie Grove staff. On investigation of feedback on 2016 survey reports, two further comments also mentioned the same issue as a dissatisfaction. Although the bereavement standard was in place, the last review was 2011.

During 2018, Rennie Grove will develop a Bereavement Pathway together with a review of the Rennie Grove Bereavement Standard. This priority demonstrates a commitment to improve the consistency of bereavement support offered (in line with current guidance) in order to meet the needs and preferences of our patients and carers. The Pathway will encompass the support of both Adults and Children.

How will the priority be achieved?

The standard review is already in progress. It will include a telephone call offering support from a Rennie Grove nurse between the death and the patient's funeral (taking into consideration religious factors). The family support letter will be posted 6 weeks after death to offer support available including: - listening, bereavement groups, counselling or signposting to external support as appropriate.

The standard will be shared with teams including: - Family support services, all nursing teams at team meetings and education sessions to ensure that all are aware of the new standard. This will enable input from teams during the development of the bereavement pathway.

How will the priority be monitored?

Patient electronic records data reporting will be used to identify the number of primary carers that receive a telephone call within 1 week of the patient's death. The target will be 95% (recognising factors outside of the nursing team's control that may indicate contact is not appropriate.)

The Patient/Carer surveys will continue to be monitored for both positive and negative responses regarding the initial support provided by the nursing team.

Reports on Priorities for Improvement 2017-18

Priority One: Patient Safety (2017-18)

During 2016 Rennie Grove recognised the potential that a more mobile workforce has to provide a safer, more responsive and timely service for Palliative Care patients in the community. Following the results of a small pilot and some generous donations to the charity, Rennie Grove made a commitment to issue mobile laptops to all five adult Hospice at Home and Overnight teams by the end of 2017, with the aim of providing a more timely and responsive 24/7 service for Rennie Grove patients.

Progress so far

The roll out of laptops commenced with the provision of 12 HP Elite Book laptops for the St Albans and Harpenden team. Further generous donations enabled the purchase, and distribution of 58 more laptops to the Hospice at home teams in Tring and Chalfont St Giles, caring for patients living in West Hertfordshire and Buckinghamshire, meaning that all Hospice at home nurses and health care assistants now have their own laptop.

How is progress monitored?

In order to monitor the success of the project and for reporting processes two agreed sets of data would be collected:-

- Subjective feedback from nurses
- Key statistics which might evidence the impact of more mobile working

The first category proved to be more useful, generating very positive comments from nurses as well as highlighting some areas of improvement that enabled changes, which may otherwise have been difficult to measure through statistics.

Nurses commented on improvements in patient management and safety, more productive time management and improved time taken to update notes: this enabled follow up for patients. While some find the laptop a communication barrier in the home, most of the feedback endorses the usefulness of more mobile working.

See Appendix 1 pg. 45-47 for detailed feedback received from nurses

Data analysis

The evaluation included recording a set of key indicators where improvements were expected to be evidenced: Over the 12-month period January to December 2017 the combined teams:-

- Accepted 1,313 referrals, an increase of 119 compared to the previous year
- Cared for 1,762 patients compared to 1,645 during the previous year

The above statistics reflect an increase in overall number of referrals accepted and patients cared for during the period.

See Appendix 1 pg. 45-47 for the full evaluation matrix.

The anticipated reduction in mileage has not been borne out but this could be because nurses were previously choosing to return home and complete their updates to patient notes from home PCs during evenings after their shift was complete. This practice extended their working day leading to Time off in Lieu and presented a risk to the security of the Rennie Grove IT network with the use of personal computers.

Interestingly the caseload figures at the end of each month only increased for five individual months out of the twelve when compared to the previous year. However, the number of patient deaths during the two years rose from 999 to 1,131 suggesting that the changeover, and therefore workload, in patients was considerably higher.

NB A total of 70 laptops were purchased but at any one time a couple have been in the process of changing over or awaiting new staff to join the charity so the matrix reflects the use of up to 68 laptops.

Some Hiccups

The feedback did include comments regarding the timeout of the remote session. This results from an Information Governance requirement to protect the risk of unauthorised access to patient data on an unattended laptop. After a limited period of inactivity, the screen is closed and locked, requiring entry of a login and password to resume the

session. Whilst it can be inconvenient, if for instance a phone conversation turns out to be quite lengthy, the risk of an information breach is reduce considerably.

Next Steps

Over recent months Rennie Grove has implemented secure communication links between the four main bases, ensuring that the charity now meets the tight qualifications to be able to connect to the NHS network. Previously known as "N3" the new arrangement is entitled "HSCN" and will enable the nursing teams to view data on selected patient records maintained by other healthcare professionals. The specification for the laptops included an integrated smartcard reader with the intention of providing nurses with access to the national Summary Care Record and System One from their laptops. The ICT team are currently working with the Senior Clinical Team to ensure access for the most appropriate roles. This will provide a more comprehensive view of the care provided to individual patients, providing previous history, details of visits from other services, prescriptions etc.

To further increase the use of the laptops the plan is to replace the PCs used by the Hospice at Home teams in the offices with docking stations. There is a cost involved in this change but it is believed that it will further encourage the use of the laptops and ensure software and anti-virus protection remains up to date.

Alongside the changes introduced with the laptops, the nurses are also further integrating mobile phones into their working practices. Patient details (which were previously circulated in paper format) are now distributed as password protected electronic files accessible from their phones. Summary patient information (such as address details) is available to view quickly on the phones, whilst detailed activity is recorded on the laptops.

There is further work to complete the full integration of the laptops but the twelve-month evaluation has already shown benefits to patient care, safety and improvements in nurses' working practices.

Priority Two: Clinical Effectiveness

Supporting Hands

Rennie Grove Supporting Hands was a pilot project engaging local volunteers to support our patients with life-limiting illnesses in the Wycombe and South Bucks areas by visiting them to assist with some household tasks and provide a befriending service.

Our Aims were:

- To enhance our current palliative care services by relieving patients' social isolation and assist patients with simple household tasks that they would otherwise be unable to complete.
- To extend the reach of palliative care provision whilst relieving pressures on teams and enabling provision of more holistic care for patients and carers.

The project also provided an opportunity for a more equitable service, consolidating the already existing small-scale volunteer scheme (introducing more formal support for these volunteers in Bucks) whilst bringing it in line with the already established service provided by Rennie Grove in Hertfordshire.

Progress so far

The project coordinator appointed in May 2017 spent the initial weeks developing the project plan and networking with similar services locally and nationally. A role profile written with the support of Rennie Grove Volunteer Services and recruitment was undertaken via local media, existing volunteers and volunteer newsletters and was successful in recruiting 13 volunteers, exceeding project targets.

See below table with initial Project targets.

Initial Project Targets

Table 1.

Initial Project Target	Target Date	Outcome
10 volunteers to be recruited	30/7/17	Achieved – 13 volunteers recruited
10 volunteers to be trained	30/9/17	Achieved - 13 volunteers completed training
Referrals for 10 clients to be received	29/12/17	Achieved - 14 referrals received before 29/12/17; 27 referrals received to 31/03/18

All 13 volunteers attended a six-week training course and all volunteers have undergone enhanced DBS checks. A second training course started in March 2018 and a further eight volunteers were recruited. All volunteers successfully matched with clients.

Referrals
Referrals are accepted from both the South Bucks and Wycombe nursing teams.
Referrals have exceeded the initial target at this stage.

How is progress monitored?

Regular attendance at nursing meetings has raised awareness of the service and given opportunities for valuable feedback from the nursing teams.

Data analysis.

Project target data is being analysed continually and informal feedback recorded.
It is too early to identify positive impact on patients and carers. The first six-week reviews are taking place at the current time.

Impact will be measured by:-

- Meeting patient centred outcomes (identified at assessment visit)
- Follow up of loneliness tool
- Patient, carer, volunteer and nursing comments

The overall project targets are still in place as per Table 2 below

Table 2. Overall Project targets.

		Status March 2018
90 individuals received Supporting Hands Service	35 patients 35 carers 20 volunteers	9 2 12

Next Steps

From April 2018 the service will be extended to receive referrals for any patient or carer in Buckinghamshire, including the Children's caseload in Aylesbury.

A case for support will be developed and presented to the Board of Trustees to ensure that the project becomes a permanent offer to all patients and carers across both the Buckinghamshire and Hertfordshire Rennie Grove Hospice Care catchment area.

Priority Three: Patient Experience (2017-18)

During 2017, Rennie Grove acknowledged that 'Patient Experience is increasingly recognised as one of the three pillars of quality in healthcare alongside clinical effectiveness and patient safety '(Doyle, Lennox and Bell 2012.) In acknowledging the need to develop and widen our organisational approach to Patient Experience, we made a commitment to review current data collection and reporting methods in order to honour patient feedback and user involvement. The dissolution of the User involvement group during 2017 naturally led to a combined strategy review meeting. This included members from the group as well as senior clinical members, with the aim of developing a strategy for future User involvement priorities.

Progress so far

The strategy meeting was successful in achieving attendance from three past members of the User Involvement group, two volunteers with interest as well as key Senior Clinical team members, the Professional Development lead and Clinical audit team representatives who supported the priority across the year. Following the planning meeting, a two-year strategy for 2017-19 was written and agreed at Senior Clinical and Management team level.

Several actions from the strategy are already complete:-

An annual review of the Patient and Carer Survey completed during 2017 agreed to use one survey for both Patient and Carer surveys. This enabled more streamlined reporting across the year. Reports remain separated for Herts and Bucks teams and Clinical Commissioning Group (CCG) reporting.

The use of Survey Monkey has been utilised for The Other Health Care Survey to enable accessibility to our colleagues' feedback as well as smartening reporting processes.

A Survey response log started during 2017 has given the opportunity for organisational learning from surveys and any emerging themes that may enable clinical team or senior management learning.

New developments and 'Care Opinion' project 2017-19.

The 2017-19 strategy challenged us to broaden our horizons, making a commitment to explore new ways of gaining patient and carer feedback. This included any new forms of feedback such as online feedback or extending the Rennie Grove website to enable new ways for patients and carers to feedback.

In September 2017 we were successful in gaining one of ten places to work with Hospice UK and Stirling University on the 'Care Opinion programme for End of Life Care'. This is an independent website for service users to give feedback anonymously regarding our service. Feedback is public on the site and will be an opportunity for Rennie Grove to demonstrate openness and commitment to respond to feedback appropriately.

There have been no stories published so far but we are extending the link to our Rennie Grove website to make the link more accessible. Care Opinion does not replace our standard Patient/Carer survey or complaints procedure, should people wish to feedback in a different medium.

The Future

Placing reporting Patient Experience higher in the Quality Assurance programme priorities will include monthly reporting and review at Senior Clinical Team level and Clinical Governance reports as requested. Outcomes will also be shared with clinical teams via the Clinical audit Group who will disseminate key findings to all clinical teams. The Professional Development team will also be key in disseminating results for learning at team meetings and educational sessions.

Statement 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 specialist palliative care providers, and therefore explanations of what these statements mean are also given.

2a Review of Services 2017/2018

In 2017/18 Rennie Grove Hospice Care's provision of local specialist palliative care in the communities of Herts and Bucks include part funded:

- Hospice at Home for Adults and Children
- Day Hospice
- Outpatient services and courses to support and promote wellbeing
- Occupational Therapy
- Physiotherapy
- Home sitters and befrienders
- Information centre
- Complementary Therapies
- Hope Course
- Family Support Services, including bereavement support services and spiritual care

The three CCG commissioning groups funded (**12.7%)** of the total income (which includes a children's grant) with the remainder generated through fundraising, retail and trading, Hospice Lottery activity and investments.

2b Participation in National Clinical Audit

- During 2017/18 and prior to this document, no national clinical audits or confidential enquiries covered NHS services were provided by Rennie Grove Hospice Care.

- During that period Rennie Grove Hospice Care participated in no national clinical audits and no confidential enquiries of the national clinical audits and no national confidential enquiries as it was not eligible to participate in any.

- The national clinical audits and national confidential enquiries that RENNIE GROVE HOSPICE CARE is eligible to participate in during 2017/18 are as follows: NONE.

- The national clinical audits and national confidential enquiries that Rennie Grove Hospice Care participated in during 2017/18 are as follows: Not applicable

- The national clinical audits and national confidential enquiries that RENNIE GROVE HOSPICE CARE participated in and for which data collection was completed during 2017/18 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Not applicable

- The reports of 0 national clinical audits were reviewed by the provider in 2017/18. This is because there were no national clinical audits relevant to the work of RENNIE GROVE HOSPICE CARE.

- RENNIE GROVE HOSPICE CARE was not eligible in 2017/18 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

What this means:

As a provider of specialist palliative care RENNIE GROVE HOSPICE CARE is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2017/18 audits or enquiries related to specialist palliative

care. The Hospice will also not be eligible to take part in any national audit or confidential enquiry in 2018/19 for the same reason.

2c Participation in Research

1) The number of patients receiving NHS services provided or subcontracted by RENNIE GROVE HOSPICE CARE in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 79 completing satisfaction questionnaires, 38 structured and semi-structured interviews (patient/carer). 17 of 35 families kept a two week diary and returned data.

A Rennie Grove Research Study

A Research Study was undertaken to assess the value of the Night Service at Rennie Grove, measuring satisfaction amongst patients and carers, prevention of hospital admissions, and cost of total care in the community at the end-of-life.

During 2016/2018 the study was completed to assess the value of a comprehensive 24 hour, daily community service at the end of life. (Rennie Grove is a community based hospice service that visits approximately 1700 families a year, providing 24/7 care, together with the other community based health care service providers.)

The hypothesis was that; 1) certain symptoms or concerns would initiate a call to the night team, amongst patients who were already in touch with our organisation. 2) The care offered by the night team would prevent admissions to acute hospitals, and reduce 999 calls, as well as those to the GP on-call night service. 3) There would be a high level of satisfaction amongst those using the Rennie Grove night service, and the follow up by the day teams. 4) Asking patients and their families to keep a two-week diary of all visits by all professionals, and for how long a visit lasted, an attempt was made to assess the cost of a week of community care, and that this would be less than the equivalent time in an acute hospital bed.

The Rayne Foundation, the Burdett Nursing Trust, and The Wates Foundation provided funding for this study. Professor Judith Sixsmith and Dr Alison Ward, University of Northampton, carried out the study in association with the Department of Public Health Improvement and Implementation, and in collaboration with Rennie Grove staff.

The preliminary results show the following:-

1) Patients and families assessing satisfaction completed 79 questionnaires. More than 85% of respondents were “highly satisfied” with the RG services provided.
2) 38 structured and semi-structured interviews were recorded and transcribed. These confirmed a very high level of satisfaction and many complimentary statements as well as numerous preventions of calling the emergency services.
3) 17 families were initially contacted, who were felt by the night team to be able to be asked if they would keep a two-week diary, and did so and returned data. A second round of questionnaires was completed in 2017 (to strengthen the data) increasing the sample size to 30 families. The length of time a visit from any healthcare professional, including RG nurses, plus that of carers was recorded, from which costs of each visit were calculated. From the 334 days of care recorded in the diaries, we found the daily cost of total care was around £70, although this excluded travel time/costs of the visits.

   The data suggest that on a per patient basis, the daily costs of care within the home are cheaper than an equivalent day in hospital (ca £400per day.)

   Data on the economics of home care are sparse, and although this is a snapshot, it would suggest that palliative care in the home at end of life is likely to be considerably cheaper than in-patient care, and also provides a high level of satisfaction to family members.

4) Four abstracts accompanied by posters were presented in March 2018 to the Palliative Care Congress, and two abstracts on the study are now in preparation.

2d West Hertfordshire Specialist Palliative Care Research Group

Specialist palliative care services are seeing more patients with increasingly complex symptoms and situations. There is a drive to reach people earlier within their disease trajectory to allow them to benefit more fully from the services that specialist palliative care services offer. Self-management techniques are increasingly being used within the palliative care setting. Rehabilitation within palliative care (Rehabilitative palliative care) has been recognised as a developing field which integrates rehabilitation, enablement, self-management and self-care into the holistic model of palliative care. Research in this area is scarce and so the research group will explore the role of self-management techniques within palliative care.
The group was created from palliative care professionals within the hospices in Hertfordshire, working collaboratively with one another and with Dr David Wellsted (Head of the Centre for Lifespan & Chronic Illness Research, University of Hertfordshire). Dr David Welsted is providing the group with advice and support in the field of research as well assisting in research design and development.

The first piece work involves a service evaluation exploring the experiences of patients who attend exercise groups in one of the hospices in Hertfordshire, and this data will be captured in the form of a survey. Following this, further elements of self-management will be investigated. A full report on the research is expected later in 2018.

The future ambitions of the group include consideration of a dedicated research post to drive further work and different funding streams are being explored.

2e Use of the CQUIN payment framework

In Hertfordshire Up to 2.5% of RENNIE GROVE HOSPICE CARE income in 2017/18 is CQUIN dependant and conditional on achieving quality improvement and innovation goals agreed between RENNIE GROVE HOSPICE CARE and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Buckinghamshire no longer uses the CQIN framework.

2f Statement from the Care Quality Commission

RENNIE GROVE HOSPICE CARE is required to register with the Care Quality Commission and is currently registered to carry out the regulated activities:

Treatment of disease, disorder or injury and Personal Care.

Statement of reasons

The registration of the provider of these regulated activities is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2014. The provider registration is Grove House:-

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

The location identifier is Rennie House:-

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

The regulated activities may be carried out from both the above locations as well as:-

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 HOSPICE CARE during 2017/8.

RENNIE GROVE HOSPICE CARE has not participated in any special reviews or investigations by the Care Quality Commission during 2017/18 and has had no inspection. (Ratings for last inspection in 2015/2016 see appendix 2 pg.'s 48-50

2g Data Quality

Statement of relevance of Data Quality and actions to improve Data Quality.
RENNIE GROVE HOSPICE CARE did not submit records during 2017/18 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Why is this?

This is because RENNIE GROVE HOSPICE CARE is not eligible to participate in this scheme. However, in the absence of this we have this year worked to complete and submit the Information Governance toolkit to level 3b and have achieved an N3 connection with our NHS partners with nurses accessing the N3 using Smartcards. With patients' consent, we share data with other health professionals to support the care of patients in the community. An audit of the signing of patient consent forms occurs annually. Our data protection policy is reviewed and updated annually.

2h Information governance toolkit attainment levels

The toolkit was not accessible from December 2016 – new staff are directed to the e-elca site and existing staff will not need to complete any further information governance training until the new IGT toolkit is up and running in 2018 – all staff are compliant as of today.

2i Clinical coding error rate

RENNIE GROVE HOSPICE CARE was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. This is because RENNIE GROVE HOSPICE CARE receives payment under a block contract and not through tariff and therefore clinical coding is not relevant.

Part 3: Review of Quality Performance

Quality Markers Tables

RENNIE GROVE HOSPICE CARE continues to work on consolidating our data from the clinical, nursing and family support databases. Data is submitted to the Clinical Commissioning Groups quarterly and annually. We will present annual data returns for 2017-18 to the National Council for Palliative Care (NCPC) minimum data set which is the only information currently collected nationally on hospice activity.

NHS Reporting of unexpected deaths and progress in learning from deaths to inform quality improvement plans 2017/18 (new as requested by National Quality Board for 2017/18 Quality Accounts)

As a Non NHS and community hospice provider Rennie Grove has considered the document 'National Guidance on Learning from Deaths' (2017) suggested by the National Quality board in 2017.

During 2017/18 Rennie Grove **did not** formally report unexpected deaths to the Board quarterly, as very few incidents of unexpected deaths are reported across the year. Currently the Clinical incident reporting process is used for the reporting of any unexpected deaths /challenging deaths (that are either earlier than expected or warrant the Duty of Candour procedure follow up) should an unexpected or difficult death occur. Complaints are also encouraged if incidents require additional learning for the organisation. In both clinical incidents and complaints the Rennie Grove Duty of Candour Policy and Procedure is used to ensure the level of harm or potential harm does not warrant more formal investigation and follow up with families.

Learning from unexpected deaths

All Teams debrief locally in their team meetings and use reflective learning processes to improve practice/ communication processes as required following any difficult death or investigation process.

Case studies are also requested, shared in educational settings such as the Clinical Audit Group, Nursing team meetings or education sessions for new and current staff and saved in CQC evidence files.

Two deaths were considered during 2018 as qualifying for this report.

One was scored using the Duty of Candour procedure where a death occurred in hospital due to Rennie Grove missing an internal referral between Nurse Clinic and Hospice at home. Rennie Grove responded within 24 hours (once the error was discovered) and investigated promptly with an apology given to the family following the Duty of Candour procedure.

The second death occurred earlier than expected overnight where the patient did not have a DNACPR form in place and RG nurses performed CPR until the paramedics arrived to record the death. The family were involved at every stage of the decision making process and were followed up retrospectively by the nursing teams and Family Support Services.

Learning will be gained in both of these cases through case study and team discussions with facilitative support from the Professional Development team as necessary.

Rennie Grove hopes to improve the promptness of Advanced Care planning through the training of Rennie Grove Senior nurses in the completion of DNACPR paperwork and communication processes in Priority Two of this year's Quality account.

Priority Three in this year's account 'Developing a Bereavement Pathway' also considers how we can improve our formal processes to capture and support needs of bereaved carers pre or post bereavement promptly and appropriately should a difficult or unexpected death occur, with the option of earlier referral for pre or post bereavement by the family support services as appropriate.

Quality Markers we have chosen to measure. Comparatives year on year

In addition to the limited number of suitable quality measures in the national data set for palliative care and hospice at home, we have chosen to measure our performance against the following:

- Clinical Complaints
- Deaths At Home
- Patients Achieved Preferred Place of Death (PPD) (if wish expressed)
- Drug Errors
- Adverse Incidents/Serious Incidents (SI)

INDICATOR	April/Mar 14/15	April/Mar 16/17	April/Mar 17/18
Clinical complaints	0	4	**8**
Clinical complaints completed	0	3	**7**
Clinical complaints process ongoing	0	0	**1**
No. Patient Deaths at Home	680	690 **67.3%**	**749** **65.5%**
Total number of H@H deaths	977 PPD 84%	1025 PPD **84.9**%	1130 PPD **82.9**%

INDICATOR	April 2014/15	April 2015/16	April 2016/17	April 2017/18
Drug Errors	2	9	4	4
Adverse Incidents/SI	10	1	0	0

Following the introduction of new guidance for the Duty of Candour regulation, two clinical incidents were followed up (in 2018) using the new RG Duty of Candour Policy and Procedure. One of these was followed up using the full procedural guidelines, the other was reported and investigated as a normal clinical risk incident. The Hertfordshire and Buckinghamshire Duty of Candour and Being Open procedures still provide useful educational plans to support staff training and enable understanding of the terminology and how this regulation is both relevant to our practice and reporting processes.

Quality and Audit Report 2017/18

Quality 2017/18

As an organisation we have developed our Quality Assurance Programme 2017-18 and Audit programmes to meet the demands of the new inspection processes, saving evidence electronically across the year in the Quality and Audit and CQC folders 2017/18. Evidence demonstrates a year on year comparison in the Audit reports and Action plans comparisons. An expert member of the Clinical Governance Committee has supported the audit department during 2017-18 and ratified the Quality Assurance Programme 2017/18, giving guidance from the Clinical Governance Committee to develop Quarterly Audit reporting templates and Action plans which were ratified at the committee in April 2018. These will provide a more streamlined reporting process for both Clinical Governance and Board meetings.

Following the last inspection we continue to use a number of the new data collection and reporting processes which were introduced last year :-

- Service Improvement and Innovation Log
- Clinical Dashboard and clinical incident reporting
- Survey Log monitoring negative responses and follow up

The Service **Improvement and innovation log** was commenced following the last CQC inspections. It refers retrospectively to evidence and areas for improvement across 2017/2018; the log also highlights innovations. The Quality and Audit department attends Senior Clinical Team meetings to generate items for inclusion on the log which is then shared bi-monthly with the Clinical Audit group in order to inform nursing teams of progress and is reported to Clinical Governance committee as requested.

The **Clinical Dashboard** is completed by the Senior Clinical Team and Audit department on a monthly basis and reports to the Clinical Governance Committee and Trustees for scrutiny quarterly. The document highlights any Safeguarding or Safety incidents of concern as well as numerical reports which include Clinical Incidents, Complaints, and Staff sickness. It also includes any new audits of note and presents positive and negative comments from Patient/Carer Surveys.

Clinical Incident reporting

The senior clinical team continue to use a Risk Matrix to score incidents as they come in to ensure that any Medium or High risk incidents are picked up promptly and reported externally if necessary. Exception reporting is used for moderate to high risk scores as a guide to reporting requirements internally. External reporting is considered for any Safeguarding, Accountable Officer, RIDDOR incidents as appropriate.

In order to meet the demands of the General Data Protection Regulations (GDPR) we now have a separate Information Governance reporting log to clarify reporting processes. The Information Governance Toolkit scoring matrix is used to identify any serious breaches. One report was sent to the Information Commissioner's Office (ICO) which detailed repeated default printing errors within the organisation. This was returned with the comment that no further action was needed as our responses and action planned to resolve the issues were satisfactory.

Rennie Grove Staff are encouraged to report openly with their **Duty of Candour** and incidents are managed supportively but with the risk framework in place. Ongoing monitoring of incidents is supported by Clinical line managers, the Senior Clinical Team, and Education team including Professional Development nurses, Quality and Audit and the Accountable Officer/Caldicott Guardian as appropriate. Key points of learning from incidents are shared with the Clinical Audit group and used as appropriate by the education team in training programmes across all of the Hospice @ Home and Grove House clinical teams across the year.

Audits completed during 2017/18

As noted above, the audit department is continually looking for ways of smartening reporting processes. With the arrival of new trustees and clinical governance members in 2017/18, the new quarterly templates and action plan templates have already been agreed for reporting in 2018. An individual Clinical audit template is also in the process of being agreed to ensure that there is uniformity of reporting across the breadth of audits from different sources such as CQC Controlled drug audit, Hospice UK infection control audits and Safeguarding Boards Assurance audits for annual Safeguarding Assurance. The Quality Assurance Programme unifies the whole programme by identifying the rationale for key audits and surveys (mandatory as requested by the organisation and statutory as required by law) with red amber green status for monitoring.

The programme includes a combination of clinical and non-clinical audits and surveys as well as other new projects for the organisation such as research projects or service evaluation that the Quality and Audit team have been requested to perform.

See appendix 3 pg. 51 for the audits and surveys completed in 2017-18.

Quality of Care and Education

Rennie Grove supports the position that **Professional Development** plays a key role in maintaining and improving quality and standards of care. Whilst already providing a wide variety of clinical and non –clinical (internal and external) programmes to support Rennie Grove staff in meeting the demands of NMC revalidation processes, we have been successful in building on this during 2017. A funding package from Thames Valley (TVHEE) has enabled the department to move forward in a number of exciting new courses. As **effective and sensitive communication** is key in the provision of high quality care provision, it is an important milestone that Rennie Grove has succeeded in obtaining communication skills licenses covering level 1 training in 'Sage and Thyme' workshops, as well as Intermediate and Advanced level communication workshops to support all of Rennie Grove clinicians in their ongoing professional development.
In April 2018 Rennie Grove also employed the first Preceptee who will learn palliative care skills working alongside Rennie Grove staff whilst completing the new Preceptorship competency framework for nurses new to Palliative care.
The Transition programme is also providing high quality courses to support external staff who wish to develop knowledge and skill in palliative care. This programme is a collaborative project with other local hospice providers.

Service Evaluation of the Education Team

As part of the 2016/17 programme the Quality and Audit team agreed to perform a service evaluation of the Education department. The aims included evaluating the current service, assessing whether staff training needs are being met and examining options if the organisation continues to try and meet the demands of external training. This exciting project included data collection from a number of areas including a staff questionnaire to all staff, staff diary sheets analysis of the education team and Education team Staff interviews. The project completed the Data collection process in March 2017 and was reported in July 2017 after publication of last year's Quality Account. See summary of Key results below

Key Summary Results:

- The overall Education Service was highly valued by staff although the staff report challenges to fully participate in some programmes (e.g. logistics, dislike/inappropriateness of online training for Virtual College mandatory modules, insufficient time/lack of managerial support to attend). Positive comments in particular were about the support provided for nursing staff by the 2 Professional Development nurses, especially with the management structural changes that removed a tier of support.
- All 4 Education Department members of staff significantly exceeded their contracted hours (on average by 12%) which would increase with current contracted hours if anticipated growth of the service is realised.
- Income from running external courses/student tariffs has doubled since last year.
- Investment in Cascade is expected to improve monitoring of compliance with mandatory training. Active management of non-attendance at booked internal training and one day sessions on mandatory training already reaping benefits.

An anonymous staff survey (completed by external auditors) in 2016 also showed that Rennie Grove staff (clinical and non-clinical) valued the training and development provided, with 77% of respondents stating that they receive the training /development they need to do their job well

Infection Control

During 2017 it was decided to absorb Infection control as part of the Professional Development Team responsibilities. Overarching responsibility lying with the Professional Development Lead, whilst one of the Professional Development nurses will lead and support link nurses. The Quality and Audit department will continue to support the Audit requirements across the bases.

One of the outcomes from the 2017 Service evaluation, was the release of some additional funds to appoint a part time external trainer. The new trainer will undertake

some of the existing mandatory training roles releasing some professional time for Infection control and other new training responsibilities.
During 2017/18 the Audit department has supported standard clinical infection control audits which have been supported by the Link nurses across the year. Including:- Handwashing, Sharps and Personal Protective Equipment and Dress Code audits within the Hospice at Home teams, as well as Buildings, Uniform and Laundry audits at Grove House.
In 2018 mandatory clinical infection control training has moved to e-learning complemented by the Glo Box on mandatory study days.

All new staff have Infection Control training as part of their induction, and non-clinical staff, including volunteers, receive our quarterly Infection control newsletter to keep them up to date on timely topics and changes to practice within the organisation.

Measuring Patient Carer Satisfaction

Surveys 2017/18

During 2017 we commenced a Survey log to capture negative comments from the surveys in a timely manner and help us identify lessons in care and themes that we can learn as an organisation. If patients or carer's identify themselves, the Quality and Audit team will follow up promptly by telephone to extend the feedback and support patients/carers as necessary. Learning from patients/carers is now more central in our quality assurance framework. It was a carer's comments regarding delayed bereavement follow up which contributed to Priority three of this year's Quality Account to update our Rennie Grove Bereavement Standard and Pathway.
Following last year's annual review of the surveys we now report using one Service User questionnaire that will enable smarter data reporting for patients and carers, but is combine in one report.

See Appendix 4 pg. 52 for response rates over time and Key elements of the 2017/18 survey reports. (Bucks/Herts)
The Children's service remains separate for survey reporting with their own biennial survey and will be reported later in 2018.

A review of the **Bi–ennial Other Health Care Professional survey 2018** resulted in a new electronic Survey this year using Survey Monkey. The response rate was disappointing in comparison to the previous paper survey. It was unclear whether this was due to the time of year i.e. before and after Christmas, or whether the route through practice managers was not an efficient way of publication. Of course we have followed up in learning through the positive and negative comments received, using team meetings and support of the Senior Clinical team to publish the results.
In order to try once more to obtain useful feedback from Other Heath Care Professionals we work alongside, we are considering an annual survey and targeted paper survey for 2019.

Rennie Grove Staff Survey 2018

During 2016 an external auditor performed a successful survey of Rennie Grove staff to assess staff satisfaction. The response rate was fantastic, 149 staff responded which represents a response rate of around 75%. Feedback from the survey enabled learning for the organisation and staff. The survey will be repeated again later in 2018 in order to give staff the opportunity to give anonymous feedback to the organisation, and reported in next year's quality Account. This survey will be repeated later in 2018.

Care Opinion

In order to broaden our possible lines of feedback from patients and carers Rennie Grove applied for, and was accepted on, a 2 year pilot project with Care Opinion. Care Opinion is an online opportunity for patients and carers. It has been successful in wider healthcare settings and is now looking to launch the project for End of Life Care in Hospices and the Community. We launched in September 2017. So far we have had no

stories published, but are looking to rebrand with a more Rennie Grove specific logo and target the Grove House services where we have patients attending for Day services.

Referrals and Capacity 2017/18

The Senior Clinical Team have been reviewing other processes that may also impact on the quality that Hospice at Home teams provide:-

- Referral processes Herts
- Capacity work Bucks 2016-17

The Herts teams continue to use a single point of access for all palliative care referrals. All referrals are triaged by a Clinical Nurse Specialist from one of the four providers including Rennie Grove, at the Peace Hospice in Watford. The new triaging process has been developed across the year and our Herts teams are involved in the triage rota. Untreated referrals are now excluded from statistics and 2017-18 saw an overall increase in referrals of 12% and 90% of referrals were accepted as opposed to 80% in 2016-17.

In order to improve communication with other Health care professionals the Herts teams are hoping to have read only access to EPaCCs and community ICT teams notes on System one.

A similar Single Point of Access (SPA) has been in place for some years for Bucks Hospice at Home teams and is based at Florence Nightingale Hospice in Bucks with the introduction of Smart Cards and access to 111 systems for Bucks nurses during 2018.

Capacity work during 2017/18 in the Bucks Hospice at Home teams led to some boundary changes in the teams and the development of new referral criteria which was shared in the Health care professional survey. This new criteria, published in December 2017 will hopefully impact on responsiveness to referrals.

During 2017, in order to further streamline management of services, the Quiet list was introduced for those patients who less frequently needed our service whilst still being appropriate to access support

Information Governance 2017-8

The Quality and Audit department has worked closely with the Information Governance Committee to fulfil requirements for ongoing compliance with the Information Governance Toolkit framework. All new staff are required to complete an online training module to support this process.

During 2017-8 we have undertaken a major review of our communications (comms) and implemented a Unified Comms architecture, compliant with the requirements for connection to HSCN (replacement for N3). HSCN access was secured in 3rd Quarter of 2017 and rollout has commenced of (read only) access to Summary Care Record for End of Life Care for Rennie Grove Buckinghamshire based Hospice at Home teams, thereby improving information sharing with NHS healthcare professionals. In Hertfordshire, the Hospice at Home nurses and Clinical Support Staff will be able to access the EPaCCs database (read only). Two key nursing leads and two Privacy Officers have been appointed to support the roll-out and ensure appropriate usage of the new Smart Cards.

An external expert auditor visited Rennie Grove in 2017 reviewing organisation processes and policy which provided some useful recommendations for continued improvement, including:- unification of our policy systems into one electronic folder (as the storage of paper folders was becoming difficult to maintain and update across the bases). An external organisation also scanned the ICT network to confirm it was secure and Rennie Grove now has Cyber Essentials certification.
In line with the requirements of data legislation we have now requested that staff report information breaches within 24 hours to enable prompt external reporting where required (one to date). All information breaches are documented on the Incident Log and will now include an external risk score using the Information Governance Toolkit reporting tool. One external information breach was reported during 2017-8. The Information Commissioners Office (ICO) confirmed receipt and closure within days, accepting it was an internal incident and the corrective actions were appropriate.

The staff awareness of Information Governance Principles survey was surveyed in 2017-8 and results reported to the IG Committee. Pointers on the key areas requiring reinforcement were circulated to the organisation within a month of the report.

The Quality and Audit team also carry out a number of routine information governance audits across the year including:- spot checks of confidentiality working practice across the office bases, consent form and electronic notes audits see Appendix 5 pg. 53-54 for results of Notes audit 2017/18. Outcomes for Rennie Grove will be evaluated after completion of actions included in this Action Plan.

A children's home notes audit is also planned for later in 2018.

Rennie Grove Human Resources and CASCADE

It had become increasingly apparent that administering the Human Resourses (HR) function using manual Excel spreadsheets for a growing organisation was becoming unworkable. Using Excel spreadsheets to collect, monitor and analyse data was labour intensive, created duplication and was open to risk due to the lack of an automated audit trail. This risk was highlighted in the external Information technology (IT) Audit (February 2014) noting that information for the audit was heavily reliant on the HR team's knowledge. Training records were also held on separate Excel spreadsheets by the Professional Development and Quality Audit team. It was viewed by the Trustees that this was unsustainable as Rennie Grove continued to grow therefore investment in an HR database was approved.

It was identified that investment in an HR database would deliver some of the following benefits to Rennie Grove:

- Business continuity – documented processes and workflow including task reminders means less risk, audit trail, accountability,
- Provision of meaningful management information and key performance data at the touch of a button, for example, employee turnover, pension scheme membership
- Training records – clear records for CQC plus course scheduling and course administration, reminders for mandatory training
- Immediate access to data for CQC PIR return
- Instant access to staff information for HR, line managers and employees (self-service) - supporting multi-site working
- Expenses – self-service automated process, timely, clear audit trail and authorisation sign off, fewer queries and payment issues.
- Compliance – automatic reminders for right to work checks, DBS checks, Nursing registration checks

The new system 'Cascade' has been launched and training initially for the HR Senior Management team and Professional Development team was undertaken during 2017. During 2018 the wider organisation is also being trained to enable such functions as the recording of Annual Leave which will enable more efficient and autonomous management by individuals of their data with their line managers.
The new system will enable a far safer, efficient and accessible system for all forms of data collection and audit trails for the future.

NHS
Aylesbury Vale
Clinical Commissioning Group

NHS
Chiltern
Clinical Commissioning Group

DATE:	May 2018
TITLE:	Rennie Grove Hospice Care Quality Account Review 2017 / 2018
AUTHOR:	James Limehouse, Commissioning Manager – Community Models of Care, Buckinghamshire CCG

Buckinghamshire Clinical Commissioning Group (BCCG) welcomes this quality account report and is pleased to have commissioned specialist palliative care services through Rennie Grove Hospice Care (RGHC) in 2017/18.

BCCG would like to acknowledge the excellent work that has taken place and the strive for continued improvement that is demonstrated in the way in which RGHC conduct themselves as an organisation and the evidence provided in the quality account that has been submitted and subsequently reviewed by BCCG.

"The CCG very much appreciates and values the comprehensive service provided by Rennie Grove. This quality account has provided us with the strongest possible assurance that the high regard we have for the service is well placed". Dr Malcolm Jones, Clinical Lead for End of Life Care, Buckinghamshire CCG.

BCCG acknowledges the increased level of activity that Rennie Grove has delivered whilst maintaining extremely high achievement of preferred place of death.

We would like to thank the staff at RGHC for their hard work in 17/18 and welcome the continued good relationship between BCCG and RGHC and look forward to maintaining that close working in 18/19.

NHS
Herts Valleys
Clinical Commissioning Group

Statement from Herts Valleys Clinical Commissioning Group

Herts Valleys CCG regard Rennie Grove Hospice Care as a key partner in the delivery of integrated palliative and end of life care for the patients of West Hertfordshire. The CCG value the excellent open and regular communication that we have with the hospice and are committed to working with Rennie Grove to continue to deliver a high quality and much valued service to our population.

During 2017/18 Rennie Grove Hospice care continued to provide high quality care, prioritising patient safety, clinical effectiveness and enhancing patients' and their families' experience. Progress towards these improvements was monitored through regular contract review meetings and quarterly end of life care provider meetings.

Rennie Grove Hospice care has demonstrated excellent partnership working and has worked collaboratively with our end of life care providers to remodel the palliative and end of life care workforce to ensure equity of access to specialist palliative care. Rennie Grove has supported with the implementation of the West Hertfordshire Palliative Care Referral Centre and has been committed to improving the sharing of information through embedding the Herts Valleys CCG Electronic Palliative Care Coordination System (EPaCCS) within their organisation to improve patient care and outcomes.

Looking forward to 2018/19, Herts Valleys CCG is delighted to continue to work closely with the hospice as a key partner in helping us to achieve the key objectives of the Herts Valleys CCG Palliative and End of Life Care Strategy. This five year strategy reflects the aims of both organisations to continually improve and provide high quality palliative and end of life care to its patients and the West Hertfordshire community**.**

Gemma Thomas
Herts Valleys CCG.
14 May 2018

Gemma Thomas
Head of Planned and Community Care
Planned and Primary Care
Herts Valleys Clinical Commissioning

Healthwatch Hertfordshire's response to Rennie Grove Hospice Care Quality Account 2018

Healthwatch Hertfordshire is again pleased to submit a response to Rennie Grove Hospice Care's Quality Account. The Account is, as in previous years, well-structured, very detailed and informative.

Priorities for improvement in 2018/19 are realistic, clearly explained and well evidenced. The appointment of a Clinical Nurse Specialist for the Children's Hospice at Home Service looks a good development to enhance the service and follows NICE guidance. We welcome the new approach to 'Do not Attempt Resuscitation' (DNACPR) to enable the preferences of the patient and family to be paramount. The approach is well planned and thorough. We also welcome the third priority to improve the consistency of bereavement support offered in line with current guidance.

Progress to address the 2017-18 priorities is shown in a balanced and transparent way. The use of technology to enable greater efficiency for the mobile workforce has been implemented and has proved successful (with the need to balance operational ease with information governance). The extension of the 'Helping Hands' project to Buckinghamshire after its success in Hertfordshire has been achieved. A commitment to ensuring the greatest impact from Patient feedback and user involvement focus has led to extending feedback channels including online and website.

We were interested to read the detail of the *Rennie Grove Research Study* and its findings. The positive family feedback and the (albeit limited) financial information suggest that palliative care in the home at the end of life is likely to bring both greater satisfaction to families and cost savings.

APPENDIX 1 Evaluation of Nurses' Laptops 2017

Indicator	Source	Jan 2017	Feb 2017	Mar 2017
• The caseload at start of the month (bearing in mind there could be other significant factors)	Activity report	478	462	463
• The number of admissions/referrals accepted (bearing in mind there could be other significant factors)	Activity report	109	98	127
• Number of Patient Visits (bearing in mind there could be other significant factors)	Activity report	1744	1499	1649
• Numbers of Staff (See explanation below)	HR	45 (FTE: 35.80)	48 (FTE: 38.72)	48 FTE: 38.72)
• Total number of laptops handed out by month end	IQuda	30 in use	30 in use	63 in use
• Value of Mileage expense claims divided by number of patients on caseload	Finance (TD)	£13,831/109 = £127	£16,241/99 = £164	
• Ask the individuals "How do you think the laptop has affected you and your role?"	Team Leaders in team meetings	See pg 2	See pg 2	See pg 2

Notes
Expenses figure based on month be fore's claims due to lapse time
HR data provided as total numbers on the following basis:

- Permanent employees only, no bank
- All Hospice at Home Rennie Grove Band 5, 6, 7 adult team nurses, includes Overnight Team, excludes Children's Team
- Total numbers and FTE
- Numbers to be produced at the last day of the month

Updated 09 March 2017

APPENDIX 1

Feedback from Nurses' meetings from February 2017:

"How do you think the laptop has affected you and your role?"
Nurse MH: • Having access to patient notes during Multi-Disciplinary Team meetings has enhanced our ability to partake in discussions regarding patient management – I am able to pull up the patient history in meetings with GPs and deliver an accurate update. • Although we try not to have timed visits, it is sometimes unavoidable. It can often mean we have a gap to fill between patients – now I am able to open my laptop in the car and update Infoflex with my earlier visit details, saving time at the end of the day. • As a non-medical prescriber, having access to patient records whilst out in the community has made my practice safer. It is especially helpful at the weekend when I am not near the office.
Nurse DB • We are fortunate enough to have very supportive GPs within our patch in both Princes Risborough and Chinnor. We have had the use of a room at the surgery so that we can make phone calls etc. to our patients but now we have access to the internet via the laptops we can now actually work remotely. It was clear that this would cut down in both travelling time and mileage costs but there have been other benefits too. We are now able to have up to date accurate information when we telephone our patients and other health care professionals in front of us enabling us to provide more comprehensive information. We are able to see what medications have been tried in the past rather than using educated guesswork, calls can be documented in real time rather than relying on notes and memory when we are writing up thus improving safety for our patients; • A hidden advantage is that we are on site to speak with the various medical staff saving phone calls, and enhancing our working relationships with the doctors - ultimately having a positive benefit to our patients and their families. Only last week two of us were working in the surgery and the doctors actually came to us for updates and to sort out medication queries – that has to be a first!!! • We are able to make referrals to other services with the help of the nursing administration team by email, previously this would have involved driving to the office or home to complete the paperwork e.g. for hospice admission thereby speeding up the process, in some cases that could take a further 24 hours before we are able to action this. • Time management has been more effective, previously would have had to either go back to the office after patient visits and in some cases that has allowed us to visit an extra patient during the day.

• A further advantage of this is that our response time is quicker and therefore more timely care and support can be given to our patients. • The actual laptops themselves are light and easy to carry and user friendly with a decent size screen.
CNS via JM: Good to use in the car in between patients to write up one visit and then review before the next one, this saves time and improves patient care as most up to date knowledge.
CNS via JM: Excellent use in meetings as can access every patient's notes so again can improve patient care and communication.
CNS via JM: Is good to access letters and up to date communication.
CNS via JM: In houses can still be difficult to get onto system in a timely manner and can make you lose focus if trying to talk to patient and log on at the same time.
CNS via JM: They do not feel that it is reducing mileage but is improving patient care and communication and makes us more professional in meetings.
Nurse AG: Whilst working at the referral hub last week and she said it was helpful to continue with Rennie Grove work while manning the hub. Working on referrals and updates/requests to GPs for medication changes etc which could then be undertaken straight away.

APPENDIX 2 Care Quality Commission Inspection results 2016

Rennie Grove Hospice Care

Grove House

Inspection summary

CQC carried out an inspection of this care service on 20 April 2016 and 21 April 2016. This is a summary of what we found.

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

APPENDIX 2 Care Quality Commission Inspection results 2016

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

Rennie Grove Hospice Care

Gillian King House

Inspection summary

CQC carried out an inspection of this care service on 17 February 2016 and 18 February 2016. This is a summary of what we found.

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

APPENDIX 2 Care Quality Commission Inspection results 2016

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

Rennie Grove Hospice Care

Rennie House

Inspection summary

CQC carried out an inspection of this care service on 12 May 2016 and 18 May 2016. This is a summary of what we found.

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

APPENDIX 3

Rennie Grove Audits/Surveys/Projects Apr2017-Mar 2018

Audit/Survey/Project	Month
• Quality Account to CCGs	MAY 17
• Quality Account published • External Staff satisfaction survey • Laundry Audit Grove House	JUN 17 JULY 16 reported June 17 JUN 17
• MOC Spot Checks	JAN 18
• Non-Medical Prescribing audit • CQC Controlled Drug audit	DEC 17 DEC 17
• Service User survey • RG Consent audit all caseload • Patient Records Audit	NOV 17 MAY 17 FEB 18
• Hand Hygiene Audit	MAR 18
• GH Building audit (Infection Control) • Spot checks – Third Party Suppliers	JAN 17 targeted re-audit MAR 18 FEB 18 (External auditor)
• Safeguarding Adults • Section1 Safeguarding Children's Audits	FEB 18 FEB 18
• Info governance staff questionnaire • Dress code Audit	FEB 18 MAR 17
• Uniform audit Grove House	SEPT 17
• Smart Card/Privacy Officer	Monthly check commenced FEB 17
• Children Home Notes Audit	NEW expected Autumn 2018
Other Projects	
• Service Evaluation Education Department	Data collection Dec 16-Mar 17 Reporting May/June 17
• Night Team Research Project (F2F interviews and survey)	Completed December 16 Reported 17 with additional data collection episode for final reports
• User Involvement/Patient Experience Review	Commenced Apr 17 with 3 year strategy planned
• CARE OPINION	Launch December 18
• Clinical Governance Newsletter	Winter 16 and Summer 17

APPENDIX 4

Patient and Carer Survey Response rates Apr 2017- March 2018

Date Range	Response Rates			
	Bucks – Patients and Carers		Herts – Patients and Carers	
Oct 17 to Mar 18	175/412	42%	112/329	34%
Apr 17 to Sept 17	163/380	43%	131/318	41%

Patient and Carer Survey Responses (Oct 16 to Mar 17)

Question	Bucks Score- Patients and Carers	Herts Score- Patients and Carers
Staff Introduce themselves? (Yes)	99%	100%
Contact details supplied? (Yes)	99%	96%
Information received useful? (Yes)	99%	98%
Treated with privacy, respect, dignity, compassion, kindness? (Yes)	99%	100%
Way phone calls dealt with during the day (Excellent, Satisfactory)?	99%	98%
Way phone calls dealt with overnight, at weekends, bank holidays (Excellent, Satisfactory)?	98%	97%
How satisfied with care/treatment (Very satisfied or satisfied)?	98%	97%
How likely to recommend to others (Extremely likely/likely)?	98%	96%
Satisfied RGHC holds confidential information securely? (Yes)	99%	98%
Needs with regard to culture, faith, dignity met? (Yes)	99%	98%
Feel involved in decisions about care? (Yes)	99%	94%
Staff ask how like to be addressed? (Yes)	95%	95%
Liaison between HCPs (Excellent or Satisfactory)?	98%	98%
Aware of how to complain? (Yes)	69%	62%
Rate food refreshments (Excellent, Satisfactory)?	N/A	100%
Rate transport (Excellent, Satisfactory)?	N/A	100%
Rate cleanliness (Excellent, Satisfactory)?	N/A	100%
Rate reception/welcome (Excellent, Satisfactory)?	N/A	98%

APPENDIX 5 ACTION PLAN FOR RENNIE GROVE RECORD KEEPING 2018

RECOMMENDATIONS FROM THE AUDITS DATE STARTED JAN 2018 DATE ENDED THROUGHOUT 2018							
	Recommendation	**Action Planned**	**Responsible Lead**	**Timescale**	**Risks highlighted**	**R / A / G**	**Evidence**
1	Understand if H@H post bereavement always offered.	Perform specific audit on bereavement follow up (H@H AND FSS?)	Head of Childrens Services	End of May 2018	Insufficient resource? Is offer of bereavement follow up clearly documented on IFF in standardised way?		Audit results
2	Prevent use of non-approved abbreviations (to minimize risk of errors).	Circulate approved list Reconsider use of brackets first time abbreviation used in single written report on IFF?	Head of Education and SCT	By end of April 2018	Spell checker on IFF? N/A to Physio?		Re audit in 2019
3	Reduce incidence of potential ambiguity (largely spelling issue)	Spelling issue (large contributor to potential ambiguity). Spell checker now reinstated on IFF?	Head of Education and IT	End of April 2018			Re audit 2019
4	Standardise documentation of ACP.		SCT and IT	End of May 2018	Difficult to interpret audit results		
5	Outside scope of these audits to assess that Mental Capacity assessments always done where consent in Best Interest	Consent audit of Mental Capacity assessments where Best Interests	Audit lead		Insufficient resource in Audit Team?		
6	Evidence asked about allergies outside the scope of these audits	JC asked SG to ensure this form always requires answering?	Head of Education and SCT	End of April 2018	Currently not able to demonstrate that asked about allergies		Change made to Infoflex?

7	IPOS completed for every change in Phase of Illness (unless documented that assessed, where?)	JC instigated automatic opening of IPOS form if change in Phase of Illness	Head of Education	End of April 2018	?		
8	Maximise documentation of all IPOS fields on Infoflex	Make all fields "Required" on IFF?	Head of Education	End of April 2018	Tool being used inappropriately. Insufficient detail, more information in Summary Reports.		Re-audit using Infoflex Support report?
9	Investigate why most patients have only one IPOS.		Head of Education And SCT	End of April			
10	Maximise compliance with gold standard that patients complete IPOS rather than staff		Head of Education	End of April 2018			
11	Ensure CSNAT always offered when appropriate?		Head of Education	End of April 2018			