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.
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Part 1: Rennie Grove

Chief Executive Statement, Our Purpose and Values

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
It gives me great pleasure to present the sixth Quality Account for Rennie Grove for 2018-2019.

**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 well for as long as possible and give them 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 and that patients and their families can make every moment matter.

In this Quality Account, we welcome the opportunity to promote the high quality of the services that we provide for adults and children and their families and to demonstrate to all stakeholders our commitment to quality care.

The patient is at the heart of all care provided by Rennie Grove. We endeavour to ensure that all our care is patient-centred and of the highest standard through clinical governance.

In 2018-19 Rennie Grove’s Hospice at Home services for adults and children cared for 1,745 patients (1,685 adults and 60 children). Over 2,191 patients and carers were seen by the wider Rennie Grove services and 517 were contacted by our Family Support Services. 160 patients attended day hospice sessions at Grove House, while 289 patients were seen at Nurse Assessment clinic.

Our Children’s Hospice at Home service continues to grow and is now covering areas of Hertfordshire including St Albans and Harpenden. In 2018-19 we cared for 60 children and their families and plan to extend boundaries to include children in Aylesbury Vale in 2019-20.

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.

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 2019*
Priorities for Improvement 2019-20
- Summary

Priority One: Patient Safety

To become an education centre for the Gold Standards Framework to deliver end-of-life care (EOLC) training to care homes in Buckinghamshire.

Lead - Head of Professional Development & Quality Assurance

During 2018-19 a number of medication incidents were reported which highlighted a need for further end-of-life training for care home staff in Buckinghamshire. The safe use of syringe pumps and the administration of end-of-life medications were areas that were highlighted in the incident reports. In the subsequent follow up of these incidents, care home managers acknowledged an interest in further training for their staff. Working with the Gold Standards Framework organisation, Rennie Grove’s professional development team will aim to become a nominated education centre for the Gold Standards Framework programme of education for end-of-Life care during 2019, providing an improved level of training for care home staff in Buckinghamshire.

Priority Two: Clinical Effectiveness

To embed the newly created Central Team as the fourth Rennie Grove team providing hospice at home care in Buckinghamshire (Bucks) during 2019-20.

Lead - Head of Nursing Buckinghamshire

During recent years the number of patients received on to the hospice at home caseload has increased. The increase in numbers was higher in the teams covering the south part of Bucks, which sometimes resulted in the need to close our list to new referrals and create quiet lists to accommodate more active referrals. With the number of patients needing Rennie Grove services projected to continue to increase year on year, this Priority focuses on spreading the patient caseload across the existing Buckinghamshire area more evenly. Once all four teams are established with full complement of staff, the new geographical spread should enable us to care for an increased number of patients with more parity of workload across the four teams.
Priority Three: Patient Experience

To launch a Bereavement Support Line run by Rennie Grove’s Family Support Services to support people not known to Rennie Grove who are bereaved within the St Albans and Harpenden area.

Lead - Head of Family Support Services

During 2018, following a review of current bereavement services (locally and within our Family Support Services), it was identified that there was a need to expand existing bereavement services to people not known to Rennie Grove in line with our strategic aim, ‘to reach more people within our local community’.

This priority was discussed at the Rennie Grove Bereavement User Group where it became apparent that the majority of the group would have opted to call a bereavement line for support.

A telephone support line was being run by Bereavement Matters (a charity run by the St Albans & District Bereavement Network for counselling and child sector services), but this has since been closed.

Rennie Grove worked collaboratively with Bereavement Matters to commence a project plan in which Rennie Grove would be the responsible lead. As lead in the project, Rennie Grove will offer Level 2 Psychological support to people who are bereaved (in the St Albans and Harpenden area) and who would have accessed support from Bereavement Matters.

The priority is in two parts:

- Launch a Bereavement Support Line.
- Support People not known to any of the Rennie Grove services within St Albans and Harpenden

Following its launch in July 2019, we will be measuring the effectiveness of this service, through monthly reports and qualitative data collected from Service User questionnaires which are already in place.
Priorities for Improvement 2019-20

Priority One:  Patient Safety (2019-20)

Responsible Lead: - Head of Professional Development & Quality Assurance

The Gold Standards Framework (GSF) Centre began in 2000 as part of the Department of Health NHS End of Life strategy and focused initially on GP practices. The programme was then extended to care homes (2004) and many other community and hospital settings before becoming an independent not-for-profit organisation. GSF has been recognised as a momentum of best practice countrywide, and is the most widely used end-of-life care improvement programme for frontline staff. Over 3,000 care homes have been trained by the organisation with hundreds accredited and many re-accredited several times. GSF is regarded as a kite mark for quality and a means to develop excellence in integrated cross boundary care. (GSF in Care Homes 2018)

During 2018 the GSF Centre proposed to invite organisations to become Gold Standards Regional Training Centres to provide local training (and implement the GSF Social Care Programme) with the aim of improving the coordination, collaboration and overall quality of end-of-life care as well as enabling people to live and die in their preferred place of care.

How the priority was identified.

During 2018-19 Rennie Grove staff reported a number of medication incidents (in care homes supported by Rennie Grove) which highlighted a need for further end-of-life training in Buckinghamshire. The safe use of syringe pumps and the administration of end-of-life medications were highlighted as issues in the incident reports. In subsequent follow up of these incidents, care home managers acknowledged an interest in further training for their staff. The priority was then identified for care homes in Buckinghamshire (with the possibility of extending the project to Hertfordshire once established).

To become a Training Centre in End of Life Care for the Gold Standards Framework (GSF) centre, in order to support the delivery of safe practice in end-of-life care for Rennie Grove patients living in Buckinghamshire care homes.
How the priority will be achieved.

Working with the GSF organisation the Rennie Grove professional development team will apply for Rennie Grove to become a nominated education centre. An initial invitation to tender for the project has been received which will be completed and returned by the end of April 2019. If successful, training will begin in May 2019.

Rennie Grove will:

- Recruit at least ten care homes in Buckinghamshire to take part in the project by:
  - approaching care homes on Rennie Grove’s database
  - advertising through Sage and Thyme training
  - advertising at Rennie Grove’s annual conference and in the bespoke education leaflet
- Have a nominated training lead to attend and represent Rennie Grove as a ‘Train the Trainer’ to coordinate the project for Rennie Grove.
- Plan to deliver the workshops at South Bucks Day Hospice who have excellent training rooms in central High Wycombe.
- Appoint Rennie Grove link nurses to the care homes who will act as champions for each of the four Buckinghamshire teams.
- Roll out the project, attending key core training dates and annual meetings to ensure that we stay on track with the safe practice standards advised by GSF.

How the priority will be monitored.

The Rennie Grove learning and development co-ordinator will carry out the ongoing administrative tasks to support the project lead. If required, the quality and audit department will support monitoring processes to ensure timely feedback for GSF reporting requirements.
Priority Two: Clinical Effectiveness (2019-20)

Responsible Lead: Head of Head of Nursing Buckinghamshire.

During recent years (2014-2018), referral rates for Rennie Grove hospice at home teams in Bucks have varied between 806 and 1048 referrals per annum, with the weighting of these referrals being noticeably higher in the south teams (Wycombe 273-459 referrals, South Bucks 334-436, Ridgeway 199-275) for the same four year period. Referral numbers were also met with a busier workload and a consistently high turnover for the south teams. This created the need to monitor referrals closely and at times close books, creating quiet lists to accommodate more active referrals at point of need.

With the number of referrals to Rennie Grove predicted to increase year-on-year, the following priority was agreed for 2019-20, in order to provide a more equitable spread of referrals, caseload and staffing across the Bucks teams. (See Appendix 1 pg 39 for Bucks teams’ referral and caseload statistics 2014-19.)

The Priority is to embed the newly created Central Team as the fourth Rennie Grove team providing hospice at home care in Bucks during 2019-20. Once all four teams are established with full complements of staff, the new geographical spread should enable us to care for an increased number of patients with more parity of workload across the four teams.

How will priority two be achieved?

The new team structure comes with a new aim ‘to standardise the ways in which care is delivered to help improve efficiency’. The south teams will be based at Gillian King House in Chalfont St Giles and the north teams at Rennie House in Tring. Cross-team working will be encouraged to support annual leave and sickness. Existing staffing from the old three team structure will provide the initial new four team structure; healthcare assistants will also work across teams according to need. Although initially this will be a challenge to working practice and ongoing rotas, by adjusting the allocation of GP practices, the predicted caseloads per team will fall to an average of 60-65 patients. (Bucks average caseload of 250 patients). Once embedded, the new structure should enable caseloads to increase to 70-75 patients per team, with an overall average monthly caseload of 280-300 in Bucks.
How will the priority be monitored?

The process will be monitored by:

- regular fortnightly support and discussion meetings with senior nurses’
- monitoring changes and making adjustments as necessary.
- Nurses working the early shift will check-in with the manager on call each day to troubleshoot staffing or other ongoing care issues.
- Using cross team cover when shortages are identified in the rota, with the quietest team most likely to volunteer cover.

Following the initial settling-in period, weekly team meetings will provide a forum for nurses to discuss and feedback how the change is working.

The Head of Nursing Buckinghamshire will monitor caseloads and staffing numbers and grant permission to call in bank staff if needed.

Overall monthly reports will be gathered by the senior clinical team and reports will go to the Clinical Governance bi-monthly for monitoring.
Priority Three: Patient Experience (2019-20)

Responsible Lead: Head of Family Support Services

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

What the quality statement means for Rennie Grove:

Service providers ensure systems are in place for people closely affected by a death including: sensitive communication, provision for 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

How the priority was identified

During 2017-18, following a review of current bereavement services (locally and within Rennie Grove), it became apparent that there was a gap in local bereavement services in the St Albans and Harpenden area. A need was identified to expand existing bereavement services to people not known to Rennie Grove services. During the review, the priority was discussed with the Rennie Grove Bereavement User Group where it became apparent that the majority of the group would have opted to call a bereavement telephone number for support had it been available.

Following the review Rennie Grove worked collaboratively with Bereavement Matters, a charity run by the St Albans & District Bereavement Network for counselling and child sectors services on a project plan in which Rennie Grove would be the responsible lead. The priority was then identified:

To launch a Bereavement Support Line run by Rennie Grove Family Support Services, to support people who are bereaved within St Albans and Harpenden area who are not known to Rennie Grove. The priority is in line with the Rennie Grove Strategy aim, ‘to reach more people within our local community’.

The priority is in two parts:

- Launch a Bereavement Support Line.
- Support people not known to any of the Rennie Grove services within St Albans and Harpenden
How will the priority be achieved?

The project plan will be used as the basis for the project. A group of Rennie Grove volunteer listeners will be identified and trained in telephone listening and support.

Rennie Grove will offer Level 2 Psychological support to people who are bereaved (in the St Albans and Harpenden area) who would have accessed support from Bereavement Matters. Resources required will be sourced and instruction given to listeners in the training period.

The manner in which calls are logged/documentined will be agreed for monitoring purposes.

Appropriate support and contact numbers will be available for the listeners should there be any concerns that require escalation, such as safeguarding concerns. Each telephone session will have a supervisor present to escalate any safeguarding issues and debrief the volunteer call handlers after their session.

Regular supervision contact time will be available for those who require it.

How will the priority be monitored?

The Head of Family Support Services will agree how calls will be monitored in a way that is straightforward, but also enables safety for the bereaved caller and the listener.

Reporting lines will be agreed to ensure that support is available for listeners and concerns forms available electronically for reporting should safeguarding or other concerns arise from the calls.

Statistical logs will be designed to enable easy monitoring of calls received on a monthly/quarterly basis so that resources can be reviewed appropriately.
Reports on Priorities for Improvement 2018-19

Priority One: Patient Safety (2018-19)

The Rennie Grove Children’s service has been in existence for 25 years. The team has 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 BMJ 2017, 26: 559-568). NICE Guidance (2017) also advise that specialists are in place to support children’s palliative care services.

A full service review of Rennie Grove’s Children’s Hospice at Home service was completed in 2017 and highlighted that the needs of children with life limiting and life-threatening conditions would be better met if there was increased specialist symptom management knowledge and a skill mix 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 at 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 admissions and enable children to choose home as a preferred place of death in line with NICE Guidance 2017.

Embedding the roles of the CNS and Health care assistant

The new roles were soon embraced by the team, as both new post holders had a wealth of experience; the CNS with experience from other healthcare providers, and the HCA had worked in both Rennie Grove adult and overnight teams and had knowledge of the Infoflex record and electronic worksheets used the hospice at home teams.

We have been unable to evidence reduction in hospital/hospice admissions due to the low number of deaths (4) and the nature of long-term care in children’s palliative care.

However the aim ‘to adapt the children’s model of care to embed the clinical nurse specialist and health care assistant roles in line with the adult teams’ remained a valid priority.

It was noted in a clinical audit of adult and children’s electronic notes during 2017 that the children’s team were not using the electronic Infoflex record routinely for all documentation.
(as Infoflex had been designed primarily as an adult resource) but had been using the paper notes in the home, omitting to document key elements e.g. consent to care and risk assessments on the Infoflex record.

Our priority for Patient Safety was therefore reviewed to look at documentation. During 2018 a two stage home notes and electronic Infoflex audit was carried out in order to identify gaps in documentation in the electronic record. Using the results of the audit and the skills of the CNS and Children’s lead, items were identified for amendment on Infoflex in order to improve it for children’s records.

**Progress with the priority and how was it measured**

At the end of 2018 members of the children’s team supported the home notes audit during a busy week of visits which demonstrated high standards of documentation in both standard notes documentation and end-of-life care planning. The accompanying electronic notes audit demonstrated that the high standards in the home notes were not mirrored in the electronic record.

A further piece of work has begun to select the key documents that could be copied on to the Infoflex record in order to make it a more accurate and legal record for the children’s notes.

This project is already showing results as the Infoflex record now includes the ‘Care needs’ children’s document which is completed in the home, as well as key risk assessments that are now available electronically.

Some other indicators are also showing improvement on the electronic record:-

- **Allergy records** are now being monitored regularly in the home and the electronic record has shown improvement to 100%.

- **Consent** - from very few electronic notes indicating consent agreed in autumn 2018, to 100% of electronic records completed on Infoflex in the last audit in February 2019.

**Future Plans**

With improvements already noted in the electronic record, the ongoing plan for 2019 onwards is to complete the home notes and electronic notes audits annually in conjunction with the Adults audit (with an amended audit tool which truly reflects the children’s record).

The team has also identified the need to develop an electronic diary for the team to improve safety for lone working and visibility and monitoring of workload on a day-to-day basis.
Priority Two: Clinical Effectiveness (2018-19)

Responsible Lead: Head of clinical services Herts

Completion of the Do Not Attempt Resuscitation (DNACPR) form has traditionally been carried out by doctors. However, the NHS East of England DNACPR Policy 2015 supported the view that 'senior nurses with appropriate training if competent' could be involved in the process of DNACPR discussions and completion of paperwork in the home. Foundations should be in place 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 healthcare professionals are informed of the DNACPR decision’. These papers have been forerunners in raising the possibility of nurse completion of DNACPR forms in Hertfordshire. For these reasons Rennie Grove made a commitment to this as a Priority for 2018-19.

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.

Progress so far

Rennie Grove worked closely with The Hospice of St Francis during 2018 in order to develop the training programme. Two members of Rennie Grove Senior Clinical Team attended ‘Train the Trainer’ sessions and during the year a Rennie Grove teaching programme was completed to train Band 6 and Band 7 nurses to be competent in the completion of DNACPR paperwork.

The training included communication skills (to support sensitive completion of the task), Rennie Grove policies and processes, recording and follow up communication with other healthcare professionals (OHPs).

A Rennie Grove register of nurses is now held to record the nurses who have trained, and copies of forms are held for audit purposes.

Initial targets were to train all Band 6 and 7 nurses in Hertfordshire. Currently seven nurses have been trained with seven nurses practicing. (Two nurses have since left Rennie Grove employ). In order to maintain safe practice and protect nurses, newly promoted senior nurses are not trained until well past their mentorship period, ensuring that individual nurses feel competent for the additional extended nursing role.
Supervision sessions are also offered by the Head of Clinical Services Herts on a regular basis to support nurses in the ongoing completion of DNACPR forms.

**How is progress monitored?**

Copies of the DNACPR decision paperwork have been stored in nominated folders in the Hertfordshire bases. Nurses also record the decision electronically on Infoflex. Other healthcare professionals and relevant multi-disciplinary members are informed of the decision. An email is sent to district nurses and other relevant OHPs once the paperwork has been completed.

An annual notes audit of the DNACPR paperwork was completed in October to provide a baseline report of current practice. A comparative best practice form was used as a benchmarking tool to compare with all DNACPR forms completed.

Twenty two DNACPR forms were audited between 30 September and 1 October 2018. The audit highlighted some inconsistencies in documentation and gaps in full completion of certain boxes e.g. full documentation about whether a relative/NOK was present. Findings were shared with Head of Clinical Services Herts who provides ongoing supervision for nurses across the year. Subsequent spot checks of forms received in January noted improvement in this area.

An electronic notes audit on Infoflex was also performed to explore the gaps and identify further training needs or changes to the current process. The electronic audit included the following areas: - preferred place of death (PPD) / preferred place of care (PPC) / professionals contacted including ambulance letter / fax to other key healthcare professionals / GPs / out of hours service informed, and other district nurses emailed. Action plans and learning from the audit is still in progress, which includes some inconsistencies in the electronic recording of PPC and PPD. In order to improve this part of the process Infoflex support has created some learning tips and will include them in regular update sessions across the year.

**Some hiccups**

During the audit process it was noted that the process of completing communication with OHPs was different at both bases. While clear documentation was found on Infoflex, it will be a main action point to ensure that an audit trail can be found and to guarantee that this point of the pathway is performed to a high standard.
The way forward

It is recognised that DNACPR orders and advanced care planning are challenging areas. They are also integral to providing a plan of care tailored to patients’ and carers’ wishes for end-of-life care in the community. With ongoing training, supervision and monitoring, Rennie Grove will continue to train senior nurses in Hertfordshire in this process and roll out across the Buckinghamshire teams once agreed by the Clinical Commissioning Groups.
Priority Three: Patient Experience (2018-19)

Responsible Lead: Family support Services Lead

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 expressed the same dissatisfaction.

The following priority was developed to improve people’s bereavement experience, by improving the timeliness and consistency of the bereavement services offered.

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.

Progress so far: Review of the bereavement standard

A complete review of the Rennie Grove Family Support Services (FSS) and Hospice at Home bereavement process took place in 2017-2018. This highlighted a need to review the current bereavement standard and proposed a new bereavement pathway to clearly demonstrate the process of support from referral to delivery of the service.
The new standard statement:

‘The bereaved are supported, as appropriate to their needs, during the process of mourning and in their adjustment to loss. Pre-bereavement and specialist support is also available as appropriate for children and young people’.

The standard also contains a commitment for nursing teams ‘to telephone offering support between the death and the patient’s funeral’. The Family Support letter will then follow (posted 6 weeks after the death).

Following the review, members of the professional development team visited nurses’ team meetings to roll out the standard and work with teams to develop their bereavement process in line with the new standard.

A new process was developed by the hospice at home teams which included a prompt initial telephone call followed by an individual bereavement card and a second telephone call/visit within the first month. The healthcare assistants supported the process by performing weekly checks of the patients who had died and ensuring that follow up telephone contacts went on the electronic daily work sheets.

A new bereavement pathway was also developed to give clear detail of the Family Support process, from the first bereavement contact with the nursing teams through the referral and assessment process to delivery of support and review.

See Appendix 2 page 40 Rennie Grove Bereavement Pathway

The pathway demonstrates the depth of Rennie Grove bereavement services which are tailored to meet individual requirements and include:- one to one bereavement support; emotional/social support groups; volunteer support visitors; children’s support facilitator and team; E listener service and volunteers; and an annual service of thanksgiving in the north and south areas of Rennie Grove service provision. Signposting to external and alternative services is also provided if Rennie Grove do not meet the needs of the client.

How was the priority monitored?

This priority was developed to improve people’s bereavement experience, by improving the timeliness and consistency of the bereavement services offered.

In order to monitor timeliness of hospice at home follow up we completed a patients’ records audit in February 2019, looking at the whole caseload. Of the patients selected who had died at home, 100% had been followed up by the hospice at home teams within one week, either by telephone or visit. One patient who had died in a hospice had not been contacted. Infoflex support also ran a random spot check of data on the patients’ electronic records; this identified the same close to 100% record of call or visit within a week. This demonstrates consistency in the process. Where gaps were found, patients had died away from home, in a care home or hospice (where Rennie Grove nurses are not always informed of the death/or the bereavement follow up is provided by another service).
The new process supported by the healthcare assistants is working well, with deaths being followed up on a weekly basis in all of the hospice at home teams to ensure that bereavement calls go on the worksheet in a timely fashion, and a bereavement card is posted. Alternatively, if hospice at home nurses are in the home at the death, they give the carer a Next Steps Leaflet; the next contact by Rennie Grove being the letter sent by the Family Support Services offering support six weeks after the death.

Finally, because comments from the carer survey had been the initial trigger for the priority, carers’ comments continue to be monitored for both positive and negative responses. During 2018-19 no further negative comments have been received about delays in bereavement support.
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 2018-2019

In 2018-19 Rennie Grove’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 11% of the total income (which includes a children’s grant) with the remainder generated through fundraising, retail and trading, lottery activity and investments.

2b  Participation in National Clinical Audit

- During 2018-19 and prior to this document, no national clinical audits or confidential enquiries covered NHS services were provided by Rennie Grove.

- During that period Rennie Grove 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 is eligible to participate in during 2018-19 are as follows: NONE.

- The national clinical audits and national confidential enquiries that Rennie Grove participated in during 2018-19 are as follows: Not applicable
• The national clinical audits and national confidential enquiries that Rennie Grove participated in and for which data collection was completed during 2018-19 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 2018-19. This is because there were no national clinical audits relevant to the work of Rennie Grove.

• Rennie Grove was not eligible in 2018-19 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 is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2018-19 audits or enquiries related to specialist palliative care. Rennie Grove will also not be eligible to take part in any national audit or confidential enquiry in 2019-20 for the same reason.

2c Participation in Research

1) The number of patients receiving NHS services provided or subcontracted by Rennie Grove in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was 0.

2) The research project carried out in 2017-18 in conjunction with the University of Northampton was completed and is now being written up for submission and peer review. Three papers have been prepared: 1) the cost of care using a hospice at home service in the community. 30 families gathered information on all visits and their duration during a period of up to two weeks during the last three months of life. The daily cost of care in the home was compared to that of an inpatient hospital stay. 2) From the night service data and a questionnaire to those who had used the service in the previous year, we have written a paper on how this service saves hospital admissions. 3) From questionnaire data from patients and staff we have assessed the levels of satisfaction with the Rennie Grove night service.
2d  **West Hertfordshire Specialist Palliative Care Research Group**

Specialist palliative care services are seeing more patients with increasingly complex symptoms and situations and there is a drive to reach people earlier in their disease trajectory. 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. 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 Wellsted is providing the group with advice and support in the field of research as well assisting in research design and development.

The first piece of 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.

The study uses a mix of objective and self-reported measures, as well as measures that are reported by healthcare professionals as part of routine care including Integrated Palliative Outcome Scale (IPOS) and Australian-modified Karnofsky Performance Scale (AKPS), to avoid the risk of overburdening patients and relying on self-reporting alone. Results of the project are not yet available and will be reported in the 2019-20 Quality Account.

2e  **Use of the CQUIN payment framework**

In Hertfordshire up to 2.5% of Rennie Grove’s income in 2018-19 is CQUIN dependent and conditional on achieving quality improvement and innovation goals agreed between Rennie Grove 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 CQUIN framework.
2f Statement from the Care Quality Commission

Rennie Grove is required to register with the Care Quality Commission and is currently registered to carry out the regulated activities for people of all ages:

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 during 2018/19.

Rennie Grove has not participated in any special reviews or investigations by the Care Quality Commission during 2018-19 and has had no inspection. (Ratings for last inspection in 2015-2016 see appendix 3 pg’s 41-43)
2g Data Quality

Statement of relevance of Data Quality and actions to improve Data Quality. Rennie Grove did not submit records during 2018-19 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

This is because Rennie Grove is not eligible to participate in this scheme. However in the absence of this we have worked to complete and submit the new Data Protection and Security Toolkit. We have a unified communications architecture which includes secure access through a managed firewall to the HSCN.

GDPR 9 2h allows the sharing of patient data for direct care purposes-health and social care. In addition Rennie Grove seeks consent if any data is shared for the purposes of research. An audit of the signing of patient consent forms occurs annually.

We have several policies related to data protection, information governance and data quality all of which are actively managed and maintained.

2h Data Protection and Security Toolkit (DPST)

During 2018-19 Rennie Grove completed the Data Protection and Security Toolkit, achieving the acceptable level.

2i Clinical coding error rate

Rennie Grove was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission. This is because Rennie Grove 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 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 2018-19 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 2018-19
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 2018-19 Rennie Grove had one formally report unexpected death which did not occur during or by cause of a Rennie Grove care episode. This death was reported externally and to the Board.

Currently the Clinical incident reporting process is used for the reporting of any unexpected /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.
During 2018-19 zero incidents were reported which required the use of the Duty of Candour process.

Rennie Grove demonstrates a commitment to improve the promptness of advanced care planning through the training of Rennie Grove Senior nurses (bands 6 and 7) in the completion of DNACPR paperwork and communication (in Hertfordshire) as demonstrated in the report on
the (2018-19) Priority Two of this year’s Quality account. When agreed by Bucks CCG’s Rennie Grove will aim to train Bucks nurses in the same process.

Priority Three in the 2018-19 report also demonstrates how the revision of the Rennie Grove bereavement standard and bereavement pathway enables improvement and more timely first contact by telephone or visit from our Hospice at home teams. The Family Support Service’s new bereavement pathway also demonstrates clearer lines of referral, following a difficult or unexpected death, which enables appropriate internal/external referral to meet carers’ needs. Pre and post bereavement referral is now available should an unexpected death occur.

**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)

**See Below tables which demonstrate this data over 3 years.**
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>April/Mar 16-17</th>
<th>April/Mar 17-18</th>
<th>April/Mar 18-19</th>
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<tbody>
<tr>
<td>Clinical complaints</td>
<td>4</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Clinical complaints completed</td>
<td>3</td>
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<tr>
<td>Clinical complaints process ongoing</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Number of patient deaths at home.</td>
<td>690 67.3%</td>
<td>749 65.5%</td>
<td>767 69%</td>
</tr>
<tr>
<td>Total number of hospice at Home deaths</td>
<td>1025 PPD 84.9%</td>
<td>1130 PPD 82.9%</td>
<td>1111 PPD 88.1%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>April/Mar 2016-17</th>
<th>April/Mar 2017-18</th>
<th>April/Mar 2018-19</th>
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</thead>
<tbody>
<tr>
<td>Drug errors</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Serious incidents</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Following the introduction of guidance for the Duty of Candour regulation, Rennie Grove has developed a Duty of Candour Policy and Procedure. All clinical incidents reported are given a risk score. During 2018-19 no incidents have required follow up under Duty of Candour. The Rennie Grove Policy and Procedure together with the Herts and Bucks 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 relevant to our practice and reporting processes.
Quality and Audit Report 2018-19

Quality 2018-19

During 2018-19 Rennie Grove has developed the Quality Strategy, placing the Care Quality Commission Key Lines of Enquiry as central to our reporting processes. The Quality Assurance Programme 2018-19 remains the central document which provides an overview of the audit programmes for the year and is ratified at Clinical Governance level. Evidence is demonstrated with a year-on-year comparison in audit reports and action plans. Key audits across the year are agreed at Senior Clinical Team level and given final ratification and constructive criticism for improvement at the quarterly Clinical Governance Committee.

With Key Priorities of Quality Account 2019-20 focussing on the development of Rennie Grove services and outreach to more people in our communities, it is all the more important that we continue to provide the ongoing high quality care and strive for improvement in the care that we provide to the Rennie Grove patients on our current caseload.

Following the last CQC inspection we continue to use the following data collection methods for reporting processes:-

- service improvement, innovation and accolade log
- clinical dashboard for clinical incident and ongoing reporting
- survey log monitoring negative responses and follow up

The service improvement and innovation and accolade log is populated to demonstrate evidence of service improvement as well as any areas of innovation or accolades that have been noted across the year.

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 audits of note and presents positive and negative comments from patient/carer surveys.

Clinical incident reporting

During 2019 a new clinical incident log has been developed to improve reporting processes across the year. The new log is in the excel format and enables individual reports to be isolated and counted. It will provide a more reliable tool for reporting once embedded in the reporting process.

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 also used with moderate to high risk scores, acting as a
trigger for more formal investigation and consideration for external reporting. External reporting is considered for any safeguarding, accountable officer, RIDDOR incidents as appropriate. An additional safeguarding risk score is used for Grade 3 and 4 pressure ulcers to enable decision making for external reporting to safeguarding.

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 Commissioner’s Officers (ICO) scoring is used to identify any serious breaches that require external reporting.

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, education team, 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 at Home and Grove House clinical teams across the year.

**Audits completed during 2018-19**

As noted above, the audit department is continually looking for ways of smartening reporting processes. The Quality Assurance Programme identifies the 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 4 pg. 44 for the audits and surveys completed in 2018-19.

**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. While 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 2018-19. As effective and sensitive communication is key in the provision of high quality palliative care provision, it is important 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. This training will continue collaboratively with the Bucks Healthcare Trust and is also open to other healthcare professionals.
The first preceptor completed the new Rennie Grove preceptorship programme in 2019 (and is now working as a hospice at home staff nurse for Rennie Grove), with a second preceptor starting the programme in September 2019.

Bucks New University is also providing a two year assistant practitioner course programme for two of Rennie Grove’s health care assistants. Once completed this award enables entry to year two of the nurse training course at the university.

The transition programme was also successfully completed in February 2019 which provided 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, but will not be repeated in 2019-20.

The hospice at home nurses across all teams continue to provide superb support and supervision for a number of student nurses and other health care professionals such as paramedics. In fact an accolade which Rennie Grove nurse mentors were proud of this year was the nomination for a Nursing Times Award in the ‘Student nurse community section’. In 2018 one of the Herts hospice at Home nurses was also awarded an accolade as ‘Mentor of the year’, for work with visiting students from University of Hertfordshire.

With the implementation of training for senior hospice at home nurses in Herts to enable completion of DNACPR paperwork, (demonstrated in the 2018 Priority Two) it has now been agreed that Bucks nurses can also train in this extended role. Rennie Grove will be rolling out the same training and supervision sessions for Bucks senior nurses once the programme has been formally agreed by the Bucks clinical commissioning groups.

Following a successful internal project in 2018, looking at the effectiveness of the IPOS and Karnofsky phase of illness measurement tool in Herts, it is great news that Rennie Grove has been accepted on to the new ECHO/ OACC project being run by Hospice UK which launched in April 2019. The project will begin on May 30th and will involve Zoom online conferences to help organisations learn from each other and to move forward the work of developing the OACC set of Measurement tools, including the IPOS and the Karnofsky phase of illness measurement tool. This project is innovative and could be instrumental in embedding the tool as an outcome measurement platform for collaborative working in palliative care. It is therefore a great privilege to be involved in the project and two Rennie Grove staff members (from the education and Herts nursing team) have already taken part in the preliminary stages of this collaborative project.

Dying Matters Week and supporting people pre and post bereavement has always been a focal point for the professional development team working with the Family Support Services.

Finally, the Rennie Grove Annual Conference continues to provide an educational forum both for Rennie Grove learning and networking, internally and externally. This year’s conference will be focusing on complexities in palliative care in October 2019.
**Infection Control**

*Infection control* remains a stand-alone and important topic which is supported by the education and audit departments working with link nurses to cover a number of important small audits across the year. During 2018-19 the programme included: handwashing, dress code audits within the hospice at home teams, as well as buildings, uniform and laundry audits at Grove House.

In 2018-19 mandatory clinical infection control training has moved to e-learning, complemented by some face-to-face sessions with 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 2018-19

In July 2018 Rennie Grove enrolled with Smart Survey to act as the main survey collector for reporting purposes, as it provided a safer mode for GDPR with data collected and stored in the UK. The first two reports have been produced and agreed.

Following the commencement of a negative comment log in 2017 we have been populating this and aiming to contact all those patients/carers if contact details are provided. Learning themes are also considered by the senior clinical and education team who share the themes for learning with their teams. In order to learn from the survey responses, the comments are coded for learning to match the evidence and to populate the CQC Key Lines of Enquiry.

See Appendix 5 pg 45-47 for response rates, Key elements of the 2018-19 Adults’ quarterly reports (Bucks/Herts) and Children’s survey reports. (The Children’s surveys report annually).

The Biennial Other Health Care Professional survey 2018 was completed electronically during 2018. As uptake and response rates were poor, this survey will be reviewed and repeated in the autumn 2019, probably returning to a paper mailing.

Rennie Grove staff survey July 2018.

During 2018 Rennie Grove undertook a further staff survey, run by an independent organisation who work with Hospice UK, to assess staff satisfaction. The survey provides opportunity for staff to feedback anonymously and includes some free format questions so employees can expand on their answers. The response rate of 72% was strong with 159 staff taking part. Once again, the survey results demonstrated the high level of commitment and passion of staff who work for the service. Feedback from the survey enabled learning and planning for the organisation and to ensure continuous improvement, the survey will be repeated later in June 2019.

Care Opinion

In order to broaden Rennie Grove lines of feedback from patients and carers, Rennie Grove applied for, and was accepted on, a two year pilot project with Care Opinion. Care Opinion is an online opportunity for patients and carers to give feedback on services. The project was launched with invitations to feedback electronically to go into patient and carer surveys, patient first visit packs and on the Rennie Grove website. While Care Opinion has been successful in wider healthcare settings, Rennie Grove has only received feedback three times via this medium. The project draws to a close in September 2019. At this point we will look to continue having the electronic option for feedback still available, but look to monitor the response process within the organisation.
**Information Governance 2018-19**

The quality and audit department has worked closely with the Information Governance Committee to fulfil requirements for ongoing compliance with the Data Protection and Security Toolkit and data protection legislation. All new staff are required to complete an online training module to support this process.

An external expert auditor visited Rennie Grove in 2018 and reported to the Board in March 2019, reviewing our compliance with the General Data Protection Regulation and providing several useful recommendations for continued improvement. In 2018 Rennie Grove achieved the Cyber Essentials certification and for 2019 has embarked on the process of applying for Cyber plus Certification, a higher standard of security testing which would be accepted as external confirmation of compliance with a substantial part of the DSPT.

In line with the requirements of data legislation we continue to request that staff report information breaches within 24 hours to enable prompt external reporting where required (none since May 2018). All information breaches are documented on the incident log and will now include an external risk score using the ICO reporting tool.

The staff awareness of Information Governance Principles was surveyed in 2018-9 using the 17 questions within the DSPT and overall very positive results reported to the Information Governance Committee. Pointers on 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 6 pg 48 for results of Notes audit 2018/9.

**Rennie Grove Human Resources and CASCADE HR**

Cascade HR, the chosen HR database, launched in 2017 with training across the organisation completed by mid-2018. Cascade enables employees to view and update certain areas of their personal HR records, including the electronic booking of annual leave and processing of expenses. The professional development team use the training module on Cascade to book and administer the non e-learning courses and employees can view their own comprehensive training record.

As well as greatly increasing efficiencies, Cascade provides immediate, meaningful management information and key performance data. The system facilitates compliance monitoring in terms of employment checks such as DBS, professional nursing registration and right to work checks. Importantly, it also provides an audit trail of changes made and has greatly reduced the risk to the organisation.
DATE: June 2019

TITLE: Rennie Grove Hospice Care Quality Account Review 2018 / 2019

AUTHOR: Asela Ali, Ian Cave, Niamh Whittome

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 2018/19.

Rennie Grove continues to pay a pivotal role in bringing partner EoL organisations together across Buckinghamshire by effectively Chairing the Palliative Care Provider Board. This is forward thinking, constructive and actively seeking to find ways to improve the experience of patients by improving integrated working across organisational boundaries.

We welcome the Gold standards Framework as a move to improve quality standards across Bucks care providers and its strategic link in with the 2019 LeDeR System Report to improve EOL care for LD patients in the county.

We are pleased to endorse the decision to focus on spreading the patient caseload across the existing Buckinghamshire area more evenly while you embed the newly created central team during 19/20.

“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.

We would like to thank the staff at RGHC for their hard work in 18/19 and welcome the continued good relationship between BCCG and RGHC and look forward to maintaining that close working in 19/20.
Statement from Herts Valley 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 Rennie Grove Hospice Care and are committed to working with Rennie Grove Hospice Care to continue to deliver a high quality and much valued service to our population.

During 2018/19, 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 Peace Hospice Care and Hospice of St Francis to develop the Rapid Personalised Care Services (RPCS) pilot.

Looking forward to 2019/20, Herts Valleys CCG is delighted to continue to work closely with Rennie Grove Hospice Care as in helping to achieve key objectives of Herts Valleys CCG Palliative and End of Life Care Strategy and working with our new Adult Community Service contract, Central London Community Health NHS Trust.

Amanda Burfot
Planned and Primary Care Commissioning
Herts Valleys CCG.
4th June 2019
Thank you for inviting us to comment on your Quality Account. Congratulations on your achievements in 2018-19. We were very pleased to see that you created a new bereavement pathway because of feedback from carers. It was positive that carer feedback in this area had improved as a result.

We note the positive results of the patient survey 2018-19. We are interested in more detail on this. We also read about negative comments log. This seems like a useful way of learning. We hope you share positive comments and use them as an opportunity for learning as well. We believe that staff satisfaction is important in providing great care. This means we are interested in more detail about satisfaction levels and plans to improve them. We also read about the pilot for patient feedback with Care Opinion. We are happy to include your Bucks services on our website, so people can feedback on them. We agree that it is important to gather patient feedback beyond the friends and family test.

We note the plans to launch a bereavement support line in Hertfordshire. We hope that if it is a success, it rolls out to Bucks. We recommend you also use feedback from line users to monitor this priority. We welcome your new teams to Bucks. As these changes happen, we encourage you to monitor patient and carer feedback closely in case user experience changes.

Finally, we recommend that all documents for the public use Plain English. This means that more people will be able to understand important information about health and social care.

We look forward to working with you next year.

Thalia Jervis
Chief Executive
Healthwatch Hertfordshire’s response to Rennie Grove Hospice Care Quality Account 2018-19

Healthwatch Hertfordshire is again pleased to submit a response to Rennie Grove Hospice Care Quality Account. As with previous Accounts it is very accessible, well-structured and clear and shows a good continuity in themes from previous quality accounts. There is a strong statement that the patient is at the centre of all care provided by Rennie Grove and how this is achieved in practice.

Priorities for improvement in 2019/20 are clearly summarised, before more detail is provided. We very much welcome the decision to launch a bereavement support line in the St Albans and Harpenden area and attempt to reach and support people not previously known to any of Rennie Grove’s services. Other priorities for the coming year focus on services in Buckinghamshire.

The document also includes data showing usage of the services - as an example the growth in the Children’s Hospice at Home service.

Progress to address the previous year’s priorities is shown and also includes the next stages to ensure improvements are built on and embedded. Areas of focus are all important issues for patients and carers and we welcome progress on ensuring the effective and sensitive handling of DNACPR matters, enhanced support for bereaved parents and carers and the establishing of a clinical nurse specialist role in the children’s team.

Finally the Account shows a strong commitment to effectively measuring patient and carer satisfaction and encouraging feedback. Although the Care Opinion approach has not led to significant feedback, it is good that other options for feedback electronically will be explored.

Steve Palmer, Chair Healthwatch Hertfordshire, May 2019
### APPENDIX 1. Bucks Referral and Caseload statistics 2014-2019

#### Referrals

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#### Caseload range

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<thead>
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<tbody>
<tr>
<td>Ridgeway</td>
<td>77-91</td>
<td>79-104</td>
<td>68-86</td>
<td>71-98</td>
<td>60-72</td>
</tr>
<tr>
<td>South Bucks</td>
<td>77-92</td>
<td>85-117</td>
<td>89-113</td>
<td>76-112</td>
<td>68-91</td>
</tr>
<tr>
<td>Wycombe</td>
<td>72-88</td>
<td>74-95</td>
<td>80-95</td>
<td>79-97</td>
<td>63-88</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td></td>
<td></td>
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<td>10-55</td>
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</table>

#### Caseload at end of year

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Ridgeway</td>
<td>80</td>
<td>85</td>
<td>91</td>
<td>73</td>
<td>65</td>
</tr>
<tr>
<td>South Bucks</td>
<td>85</td>
<td>104</td>
<td>97</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Wycombe</td>
<td>75</td>
<td>94</td>
<td>90</td>
<td>94</td>
<td>70</td>
</tr>
<tr>
<td>Central</td>
<td></td>
<td></td>
<td></td>
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<td>56</td>
</tr>
</tbody>
</table>
## APPENDIX 2. Bereavement Pathway

### Bereavement pathway

<table>
<thead>
<tr>
<th>Accessing Support</th>
<th>Referral process</th>
<th>Assessment process</th>
<th>Delivery of support</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member of the Nursing Team will call a patient’s next of kin between death and the funeral to offer support. A member of the Nursing Team will call and offer support on the telephone or a visit if wished, a month after the patient has died. Referrals are accepted for any Relative, Carers, Family member and/or close friends, including children of patients that have died under the care of Rennie Grove Hospice Care.</td>
<td>Referrals can be made by Rennie Grove Hospice Care clinicians via the internal referral process. Those that were close to the patient can self-referral if they feel that they would benefit from support either during illness or after bereavement. Referral will be received via Clinical Admin. Information on the Family Support Service is provided in the first visit packs. A letter is sent to the Next of Kin six weeks after the death of the patient.</td>
<td>Client will be assessed by one of the Family Support Team. The assessment will help to identify the level of bereavement support required. <strong>Level -1</strong> general emotional support and signposting <strong>Level -2</strong> 1-2-1 listener-support or Bereavement Support Groups <strong>Level -3</strong> Counsellors <strong>Level -4</strong> Psychologist, Mental Health Services (GP must be notified) Allocation will be discussed with client after the assessment to see which service is suitable to meet the client’s needs. Some clients may be signposted to more relevant local services.</td>
<td><strong>Bereavement Groups:</strong> Groups are held once a month in various locations. Each client attending bereavement groups can attend the group for up to 18 months. Through the group work they will be encouraged to form friendships and have a discharge plan for leaving the group. <strong>Listening Support</strong> Each client will be given initially up to 6 sessions and a review with maximum of 16 sessions. Clients allocated to listeners will be discussed in the volunteers’ supervision. <strong>Counselling Support</strong> A Counsellor or PSS therapist will be allocated to the client depending on client’s need. Client allocated to councillors will be discussed in supervision two weekly. Each client will be supported initially up to 6 sessions and maximum of 24 sessions. <strong>Children</strong> are offered a bespoke service from Our Children’s Therapist or Children’s Support Volunteers.</td>
<td>Every Client who is receiving Listening or Counselling support will have a 5, 12, 16 session (maximum 24) review to ascertain progress through the support offered. Discharging a Client will be a planned process assessed within the review. Validated outcome measure tool will be used in order to assess client progress.</td>
</tr>
</tbody>
</table>

Service is delivered by RHHC staff and volunteers.

Core hours are Monday to Friday 9-5pm but service delivery can be flexible to meet client need.
APPENDIX 3. Rennie Grove Last Care Quality Commission inspection results 2016

<table>
<thead>
<tr>
<th>Rennie Grove Hospice Care</th>
<th>Grove House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inspection summary</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Overall rating for this service</strong></td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service safe?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service effective?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service caring?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service responsive?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service well-led?</td>
<td>Good ●</td>
</tr>
</tbody>
</table>
APPENDIX 3. Rennie Grove Last 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.

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good ●</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the service safe?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service effective?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service caring?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service responsive?</td>
<td>Good ●</td>
</tr>
<tr>
<td>Is the service well-led?</td>
<td>Good ●</td>
</tr>
</tbody>
</table>
## APPENDIX 3. Rennie Grove Last Care Quality Commission inspection results 2016

**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  

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.
## APPENDIX 4. Rennie Grove Audits/Surveys/Projects Apr2018-Mar 2019

<table>
<thead>
<tr>
<th>Audit/Survey/Project</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Account to CCGs</td>
<td>May 18</td>
</tr>
<tr>
<td>Quality Account published</td>
<td>Jun 18</td>
</tr>
<tr>
<td>External Staff satisfaction survey</td>
<td>July 18 reported summer 18</td>
</tr>
<tr>
<td>Laundry Audit Grove House</td>
<td>Jan 18</td>
</tr>
<tr>
<td>MOC Spot Checks</td>
<td>Nov 18</td>
</tr>
<tr>
<td>Non-Medical Prescribing audit</td>
<td>Oct 18</td>
</tr>
<tr>
<td>CQC Controlled Drug audit</td>
<td>Nov 18</td>
</tr>
<tr>
<td>Service User survey</td>
<td>Jul 18</td>
</tr>
<tr>
<td>Rennie Grove Consent audit all caseload</td>
<td>Mar 19</td>
</tr>
<tr>
<td>Patient Records Audit</td>
<td>Feb 18</td>
</tr>
<tr>
<td>Hand Hygiene Audit</td>
<td>Mar 18</td>
</tr>
<tr>
<td>Grove House Building audit (Infection Control)</td>
<td>Jan 19 GH</td>
</tr>
<tr>
<td>Spot checks - Third Party Suppliers</td>
<td>July 18 GH</td>
</tr>
<tr>
<td>Safeguarding Adults</td>
<td>Nov19</td>
</tr>
<tr>
<td>Section1 Safeguarding Children’s Audits</td>
<td>Nov19</td>
</tr>
<tr>
<td>Information governance staff questionnaire</td>
<td>Feb 19</td>
</tr>
<tr>
<td>Dress code Audit</td>
<td>Mar 17</td>
</tr>
<tr>
<td>Uniform audit Grove House</td>
<td>Sept 18 due summer 19</td>
</tr>
</tbody>
</table>

### Other Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPOS project phase 1</td>
<td>Summer 2017 Herts</td>
</tr>
<tr>
<td>ECHO OAAC/IPOS/Karnofsky project With hospice UK support</td>
<td>May 2019 commencement of project</td>
</tr>
<tr>
<td>User Involvement/Patient Experience Review</td>
<td>Commenced Apr 18 with survey review and first visit pack patient review</td>
</tr>
<tr>
<td>Care Opinion</td>
<td>Launch Dec 18 project end Sept 19</td>
</tr>
<tr>
<td>Clinical Governance Newsletter</td>
<td>Spring 19 due summer 19</td>
</tr>
</tbody>
</table>
### APPENDIX 5. Service User Survey Response rates Aug 2018- March 2019

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Response Rates</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bucks</td>
<td>Herts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bucks Patients</td>
<td>Herts Patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and Carers</td>
<td>and Carers</td>
<td></td>
</tr>
<tr>
<td>December 2018 to March 2019</td>
<td>111/225</td>
<td>103/213</td>
<td>49.33%</td>
</tr>
<tr>
<td>August to November 2018</td>
<td>92/343</td>
<td>129/345</td>
<td>26.82%</td>
</tr>
</tbody>
</table>


![Bar chart showing response rates](chart1.png)

**Friends & Family question. Service User Survey Aug 2018 to Nov 2018 - Bucks**

![Bar chart showing response rates](chart2.png)


Having used this service, how likely are you to recommend it to other members of your family and friends?

0.54% Extremely likely
8.23% Likely
3.13% Others


Having used this service, how likely are you to recommend it to other members of your family and friends?

64.17% Extremely likely
11.67% Likely
4.17% Others
APPENDIX 5

Friends & Family question. Family Experience Survey - Children’s Hospice at Home - Bucks & Herts - Dec 2018
APPENDIX 6 - NOTES AUDIT

Rennie Grove - NOTES AUDIT - NON IPOS - February 2019

- Bereavement follow up
- DNACPR (DNAR on IFF)
- Preferred place of death recorded
- Preferred place of care recorded
- ACP started?
- Preferred language recorded
- Religion recorded
- Ethnic Group recorded
- Living alone/with others recorded
- All abbrevs on RGHC approved list or Max Watson 2016
- No irrelevant speculation last 4 contacts
- All entries are clear and unambiguous last 4 contacts
- All entries are factual with no subjective statements last 4 contacts

Y = Yes, N = No, N/A = Not Applicable

48 Rennie Grove Quality Account 2018-19 registered charity No. 1140386