

Introduction

Dr Kershaw's Hospice continues to welcome all feedback to enable us to make improvements to our services. We share issues raised with our staff and provide support in terms of organisational and/ or personal learning, additional training and guidance on changes to practice. We encourage open and transparent reporting on concerns and complaints and endeavour to resolve them as soon as possible once they have been brought to our attention. This is supported by a complaints policy and Complaints and Concerns are discussed at the relevant sub committee meetings.

This report covers a summary of concerns and complaints received during the financial year 1st April 2024 – 31st March 2025., This report is published on the Dr Kershaw's Hospice website in line with NHS England guidelines.

Overall Summary

It is important to note that we received so many kind responses to our patient experience surveys throughout this period. In response to the question, 'Overall, how was your experience of the Dr Kershaw's services that you or our patient accessed?', we received 153 responses to this question. 146 respondents rated the service 'very good'. We also received 102 other compliments in the form of cards or feedback forms.

During the 12-month period, Dr Kershaw's Hospice received 24 concerns and/or complaints broken down as follows:

Type	Clinical / Non-Clinical	Number Received
Concern	Clinical	12
Concern	Non-Clinical	4
Informal Complaint	Clinical	2
Informal Complaint	Non-Clinical	3
Formal Complaint	Clinical	1
Formal Complaint	Non-Clinical	2

In terms of the concerns raised, eight of the clinical concerns were raised via our Patient Experience Survey that are sent out following a patient being discharged or a bereavement. Two of the non-clinical concerns were raised via a survey. All Formal Complaints were written complaints. Both Non-Clinical complaints were investigated by the Director of Income Development and Marketing and the Clinical complaint was investigated by the Director of Clinical Services.

The graph shown in Figure 1 outlines the themes of concerns and complaints raised in the time period.

Thematic Analysis of Concerns & Complaints

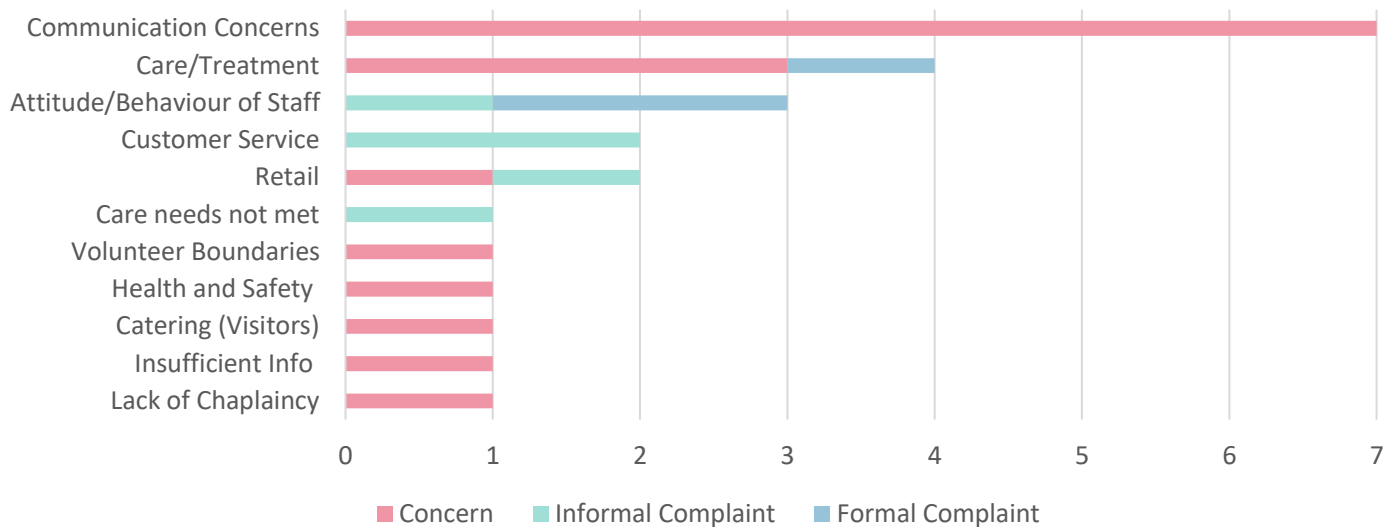


Figure 1 | Thematic Analysis of Concerns and Complaints

Detailed Summary of Issues Raised

Communication Concerns (7)

- A patient's family member felt that on one occasion it was not made clear to the patient what intervention was taking place. An apology was made, and the individual expressed feeling happy with the rest of the services. The family member was also concerned that it was not clear that the surveys were not anonymous. The Director of Clinical Services fed back that this has been taken on board and consent statements added to future surveys to be more transparent.
- On a patient experience survey a family member stated they felt communication towards the patient's family could have been improved. A second survey respondent expressed they wished that they had been provided clearer information of what to expect as their loved one neared end of life. After several failed attempts to make contact both concerns were closed.
- An individual felt it insensitive that when making an online donation the confirmation message read 'Thank you for your order'. An apology was made and the confirmation message was amended.
- A patient's family member was upset after being shown a picture of the patient's pressure sore. An apology was offered and accepted and feedback was provided to relevant staff.
- While providing care to an individual on Hospice at Home a concern was raised from a family member that there had been a number of conversations regarding medication which had not been clear. Due to several care providers being involved the Community Services Manager contacted the Specialist Palliative Care Team to discuss the ongoing management plan. Alternative care providers were discussed with the complainant, should they wish to cease Hospice at Home but they declined, and care continued. All points raised were investigated and addressed with relevant staff.
- A family member felt the way discharge from Hospice at Home was communicated was insensitive, and that the assessment of the patient's pain was not sufficient. However, they felt that once admitted to the IPU they 'couldn't have asked for better care.' The Director of Clinical Services and End of Life Nurse Educator are designing a training session on Pain Management to address any concerns.

Care/Treatment (4)

- A patient's family made a complaint that during the patient's final days it felt processes and procedures were followed unnecessarily on the IPU, when comfort should have been a priority. The complainant spoke positively of their experience of the Hospice at Home service. The Director of Clinical Services investigated the concerns raised, and addressed all points in writing, offering a full apology. A Mandatory Enhanced Communication training session was developed for staff following this complaint. No further communication was received from the complainant.
- A survey respondent stated that she felt clinical staff encouraged regular repositioning unnecessarily, against the request of the patient. After several failed attempts to make contact the concern was closed.
- A patient's family felt it was unclear regarding who to contact when discharged from one care service to another, after the patient's condition stabilised. They stated feeling happier and more confident once their loved one was back in Dr Kershaw's care.
- A family member raised a concern regarding what they felt was an insufficient initial assessment and dissatisfaction with care received from a different care provider. With consent the concerns were directed to the second care provider for consideration, and feedback was provided to relevant staff regarding concerns raised. An apology was made and further support offered, but declined.

Attitude/Behaviour of Staff (3)

- Following resignation, an ex-employee made a formal complaint about 2 staff members. The Director of Income Development and Marketing investigated the points of the complaint, and feedback the outcome in detail, via letter to the ex-employee.
- A member of the public made a verbal complaint that whilst in a supermarket she had felt harassed by one of our Lottery Representatives. A full investigation was conducted by the Head of Lottery and Donor Stewardship, including discussions with the Lottery Representative, who felt the complainant had acted in an aggressive manner towards her. The complainant was contacted via telephone for further discussion and to resolve the situation and declined a written copy of the investigation outcome. The Lottery Representative was fed back to that no member of the public should ever be followed and they should remain at their stand as long as they feel safe to do so and/or seek support if needed.
- A volunteer submitted a formal complaint regarding the fact they had been informed by a member of staff they were being withdrawn from their role. They felt they had not been consulted on their experience of the situation. This complaint is currently under investigation.

Customer Service (2)

- A customer complained that upon collecting 50 calendars they were not supplied with envelopes. The Head of Retail confirmed we do not issue the calendars with envelopes, but could supply A4 envelopes, although they would not be a perfect fit. The customer accepted the offer.
- The Caring Hands team attended a new patient's home to commence the care package. On arrival the patient had not yet been discharged home. The patient's wife was contacted the following day to discuss

discharge. During the call, the individual complained that the carers smelled of very strong perfume on arrival and she did not like it. An apology was given and reassurance this would not happen again. Upon investigation it was discovered that a previous service user had C.Diff, hence a body spray had been used.

Retail (2)

- A resident living above the Lees Shop made a verbal complaint to the Shop Manager that their property was burgled and it is believed the shop bin was moved and used to gain entry. The Head of Retail requested that the Facilities Team secure the bin to the wall to avoid any future recurrence.
- Following the failed delivery of a sofa the customers were offered a full refund. Upon collection of the refund at the Furniture Hub the individual claimed that damage had been caused to the property. The Sales and Distribution Manager attended the property and although it was believed the damage was not caused by the sofa, offered to complete the small amount of paint work required. The offer was declined. The Head of Retail has now implemented a Damage Waiver Form for future deliveries.

Care Needs Not Met (1)

- NCA shared a complaint that they had received with us, as 3 of the 18 points raised related to care received at the Hospice. The patient's family felt that the patient had not been referred for palliative care soon enough. The Medical Director investigated the complaint and responded via the NCA. Upon investigation it was found the patient had been denied admission at an earlier date due to the IPU being at capacity, but this admission was for pain management and not palliative care. The first referral for palliative care was made to Hospice at Home and this care commenced promptly. Concerns were also raised regarding how quickly and efficiently a medication amendment was made, upon investigation it was found that the nurse present did everything in her power to make sure the patient received the medication required promptly.

Volunteer Boundaries (1)

- The IPU received a call from a family member to thank them for the excellent care received at the Hospice, including the Volunteer Companion Service. It transpired during the call that a volunteer had made contact with a patient after their discharge from the Hospice. Although the family were not concerned by this, the IPU Manager felt that this should not have happened. The IPU Manager met with the volunteer to reiterate professional boundaries and expectations and the concern was resolved.

Health and Safety (1)

- A retail volunteer expressed concern that the service lift in the Shaw Shop had now been out of service for several months. The volunteer felt this should have been rectified much sooner as it could cause a health and safety concern for staff and volunteers handling donations in the shop. The Volunteer Coordinator was able to explain that the lift needed a full replacement, the process involved in securing multiple quotes and the Shaw shop were updated with a timetable of expected works.

Catering - Visitor (1)

- An anonymous survey suggested it would be beneficial for visitors to have access to drinks and ready-made sandwiches outside of café opening times, particularly evenings. The Corporate Services Manager implemented an out of hours offer behind reception with the requested items.

Insufficient Information (1)

- A patient experience survey for our Caring Hands service suggested a list be provided for families when care commences, with information on useful products, e.g. incontinence pads/wet wipes. A document listing all items is already provided in the Caring Hands folder which the above family member had unfortunately missed.

Lack of Chaplaincy (1)

- A family member provided excellent feedback on the care the Hospice provided. However, commented they were surprised that the Hospice did not have a Chaplain. It was specifically expressed that this was not a complaint. The Clinical Team have contact details for local religious leaders and details for the NCA Chaplaincy team should a request be made.

Outcomes and Learning

We are pleased that we have been able to resolve the concerns and complaints that have been raised in the period in a satisfactory manner.

All staff complete Communication Training as part of our Mandatory Training Programme. The CEO hosts quarterly Vision and Values sessions and invites all staff to attend. Our values are well-promoted and staff awareness is high which shows in the number of compliments received and the low number of concerns and complaints. If an incident occurs or a complaint is made, staff involved are asked to complete Reflective Documents which supports further learning and improvement.

We have also introduced Difficult Conversation Training available to all staff, and patient facing volunteers to further support our staff.

We will continue to encourage transparency around complaints to ensure that we understand the experience of our service users and continue to identify areas of improvement, as is reflected in the actions detailed in this document.