

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 Steering Group meetings.

This report covers a summary of concerns and complaints received during the financial year 1st April 2025 – 31st March 2026. 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?’, 109 respondents rated the service ‘very good’ and 2 respondents rated the service ‘good’. We also received 104 thank you cards and 27 feedback forms which we are very grateful for.

During the 12-month period, Dr Kershaw’s Hospice received 13 concerns and/or complaints broken down as follows:

Type	Clinical / Non-Clinical	Number Received
Concern	Clinical	0
Concern	Non-Clinical	6
Informal Complaint	Clinical	1
Informal Complaint	Non-Clinical	4
Formal Complaint	Clinical	1
Formal Complaint	Non-Clinical	1

In terms of the concerns raised, two of the clinical concerns were raised via our Patient Experience Survey that are sent out following a patient being discharged or a bereavement. Both Formal Complaints were written complaints. The Non-Clinical complaint was investigated by the Head of Lottery and the Clinical complaint was investigated by the Director of Clinical Services.

An issue is considered an informal complaint when a concern has been escalated to a Senior Manager and a written response is required, a verbal complaint has been made or where a survey response is escalated to the Director of Clinical Services.

An issue is considered to be a formal complaint where the complaint is made in writing, is directed to the Complaint Resolution Lead directly or has been escalated from an Informal Complaint.

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

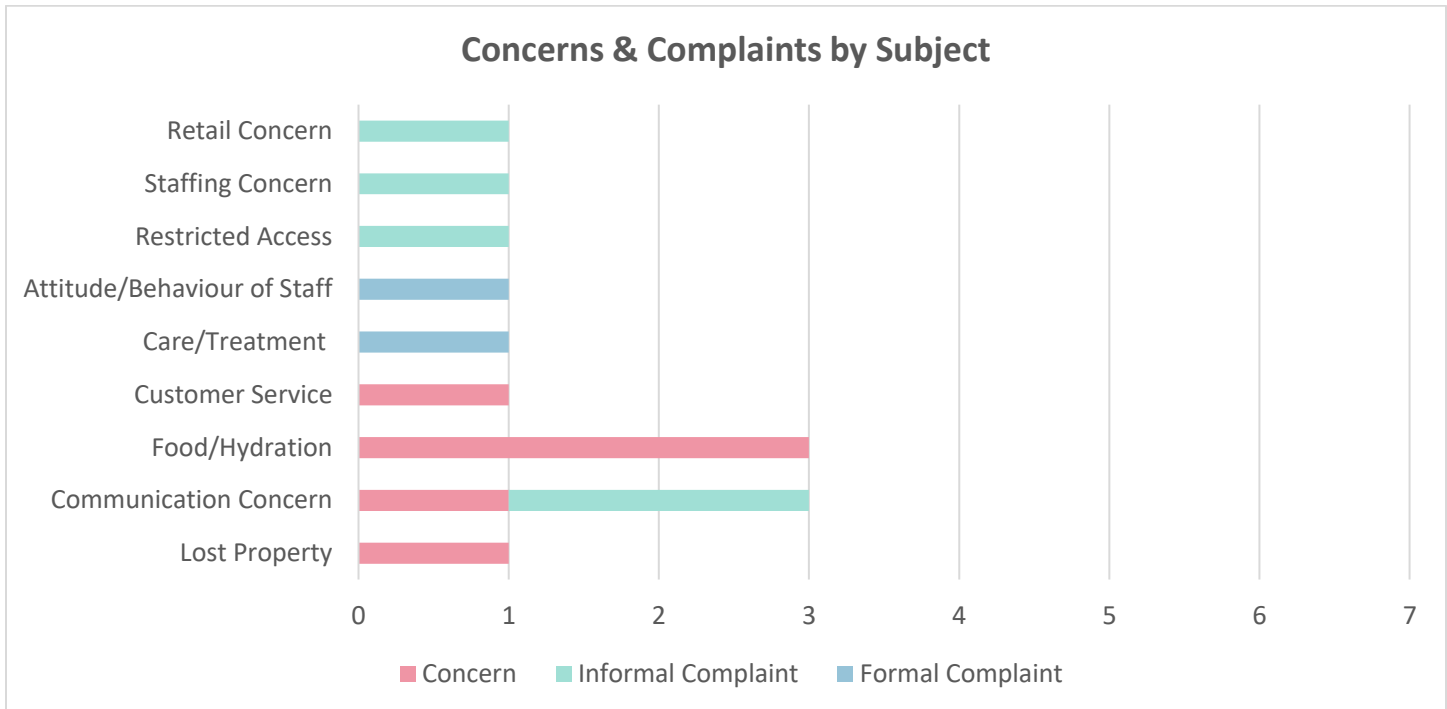


Figure 1 | Thematic Analysis of Concerns and Complaints

Detailed Summary of Issues Raised

Communication Concerns (3)

- A member of the public contacted the Hospice because the information on the raffle (Lottery) draw website page was not accessible using a screen reader. We have a legal obligation for websites to be accessible. The CEO met with the Marketing and Communications team to address accessibility on the both the lottery web page and the wider website.
- A patient's family member expressed dissatisfaction with our Hospice at Home service via the bereavement service stating a staff member had seemed rude. This was in the context of expressing wider dissatisfaction with the care provided by other healthcare professionals. The staff member in our bereavement support service spent some considerable time listening and by the end of the conversation the family member expressed appreciation for the call. The staff member also arranged to provide ongoing bereavement support to the family member.
- During a Subject Access Request (SAR) a concern was raised regarding the level of communication received during a HR process, and the effect on the individual's wellbeing. An independent internal investigation was carried out to check the appropriate processes had been followed and an outcome letter was issued to the staff member. Actions were identified and addressed to help prevent a recurrence.

Care/Treatment (1)

- The Hospice supported a complaint made directly to the Northern Care Alliance (NCA) and provided a response written directly to complainant and emailed to NCA as a part of their ongoing investigation. A family member had concerns about the care/treatment received across a number of health care services. Following an initial complaint response the CEO and Director of Clinical Services met with the complainants to fully understand the

concerns raised. The complaint has since been resolved, and the family members have supported the Training Department to develop more robust communication training, which includes a family members' perspective.

Attitude/Behaviour of Staff (1)

- A member of the public emailed the Hospice about the behaviour/attitude of one of our lottery canvassers locally. An investigation was carried out which involved the canvasser and the Manager of the location where the incident occurred. The location Manager confirmed that they had witnessed the incident and were happy for our canvasser to continue visiting them.

Customer Service (1)

- A member of the public attending an off-site Hospice event emailed the Hospice due to the behaviour of others on tables at the event, which had caused them upset, and also the lack of diet beverages and inconsistent charging at the venue bar. This concern is still under thorough investigation.

Staffing (1)

- Following a conversation with a volunteer who had been inconsistently attending volunteering they contacted the Hospice, expressing they felt upset and undervalued. Both the Volunteer team and the Head of Retail were contacted to ensure a full investigation was carried out. The Volunteer was contacted, kept informed and reassured about how much the Hospice valued her contribution and that communication was the real issue opposed to regular attendance. The Volunteer understood this and was thankful for the time taking in resolving the situation for them.

Restricted Access (1)

- A patient's family member attended the Hospice reception on and was upset about not being able to access his father's memorial tree. He had raised concern previously and been told the fence was temporary. The Director of Clinical Services apologised to the individual and ensured that they had access, addressing the further requests for the area around the his tree to be tidied and also put in place a clearer process for staff to ensure out of site hours access to the two Life for a Life trees behind the fencing, which has a locked gate for Hospice security.

Food/Hydration (3)

- During a spot check, food identified as past its use by date was found in the kitchen storeroom. A meeting was held with the Catering Supervisor and an investigation conducted to establish how this had happened. A full review of processes and the Catering policy was undertaken and additional audits implemented to ensure guidance is being followed and to prevent recurrence.
- Responses received from our patient visitors survey indicated that even greater choices should be available for our patient visitors through our catering service – such as food availability outside of mealtimes (including halal options).

- A second survey response requested greater non-red meat options and decaffeinated tea. Both survey concerns are still under thorough investigation.

Lost Property (1)

- A patient's family member visited the Hospice hoping to see picture that was previously displayed in the Hospice, many years ago. Following the new build, of the Inpatient Unit (IPU) the picture had not been re-sited and despite searching the Hospice, the picture has not been able to be located, and this was explained to the patient's family member.

Retail (1)

- A Volunteer at a Hospice Shop raised the fact that paper towels, for hand drying had stopped being supplied in the shops for staff and volunteers to use, which they felt was not hygienic. The Head of Retail investigated this concern and addressed it with Hospice Facilities Department, arranging to have drying facilities fitted and available in the shop and then communicated this action to the Volunteer.

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 timely and satisfactory manner. All formal complaints were replied to in the designated timeframes outlined in the Concerns and Complaints policy. One complaint regarding Care/Treatment was reopened due to the complainant being dissatisfied but a full resolution has since been achieved.

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 overall low number of concerns and complaints. If an incident occurs or a complaint is made, this is addressed quickly, and staff involved are asked to complete Reflective Documents which supports further learning and improvement.

We have also continued to provide our 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.