

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 additional training or 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. Complaints and Concerns are discussed at the relevant sub committee meetings.

During 2023, we introduced Feedback Forms for our Wellbeing Centre Activities and Support Groups. This has allowed us to collect relevant feedback in a timely manner and whilst care and support is being provided.

In order to move reporting of complaints in line with other Hospice reports, this report covers a summary of complaints received between 1st January 2023 – 31st March 2024. The report in 2025, will cover the financial year 1st April 2024 – 31st March 2025. The Board is asked to approve the complaints report, to be 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?’, 157 respondents rated the service ‘very good’ and 2 respondents rated the service ‘good’. We also received 104 thank you cards and 78 feedback forms which we are very grateful for.

During 2023, Dr Kershaw’s Hospice received 17 concerns and/or complaints and 5 in the first quarter of 2024, broken down as follows:

Type	Clinical / Non-Clinical	Number Received
Concern	Clinical	10
Concern	Non-Clinical	8
Informal Complaint	Clinical	1
Informal Complaint	Non-Clinical	2
Formal Complaint	Clinical	1

In terms of the concerns raised, seven of the clinical concerns were raised via our Patient Experience Survey that are sent out following a patient being discharged or a bereavement, two were verbal and one was written. The non-clinical concerns were raised verbally and one via a survey. One of the informal complaints was written and one was verbal. The formal complaint was a written complaint and was handled by our Director of Clinical Services and Medical Director.

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

Thematic Analysis of Concerns & Complaints

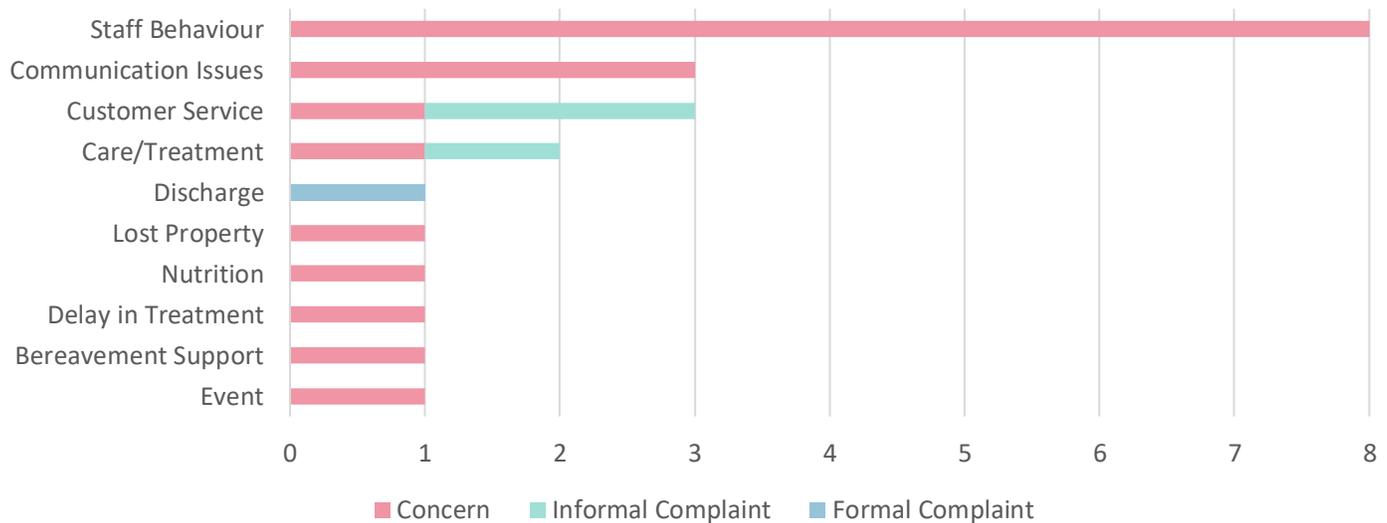


Figure 1 | Thematic Analysis of Concerns and Complaints

Detailed Summary of Issues Raised

Staff & Volunteer Behaviour (8)

- Four of the concerns raised were from volunteers or potential volunteers whereby they were unhappy following communication with staff or other volunteers. All of the concerns were handled appropriately and closed with a satisfactory conclusion.
- Two concerns raised were by shop customers who were unhappy with the way they were spoken to. The concerns were handled by the Head of Retail and all processes were followed correctly.
- A comment on social media suggested that we discriminated against a disabled person going through the volunteer process. There was a miscommunication between family members and the post was removed.
- A patient's relative was unhappy with how she was spoken to by a staff member. Following an investigation by the Director of Clinical Services, the conversation was factual and was not meant to cause offense.

Communication Issues (3)

- A patient's relative felt that communication between the Medical Team and the Cancer Multi-Disciplinary Team (MDT) was inadequate and the 14-day admission period was too rigidly enforced. The Medical Director handled this concern and agreed suitable actions with the relative. Communication was made to Cancer MDT to advise quicker responses were required for patients in the Hospice. The Medical Director clarified with the Medical Team (consisting of new junior doctors) that the 14-day admission period was flexible and would depend on the deterioration/stability of the patient.
- A patient's relative felt that discharge discussions should be with the family and not the patient. The Director of Clinical Services confirmed that where a patient has capacity it must be discussed with them but would feedback to staff that family should be present where possible.

- A patient's relative felt confused regarding who to contact as multiple services were involved. The Community Services Manager called the relative and they advised it was a confusing time with no time to process anything, however, Hospice at Home did leave a leaflet and explained things clearly.

Discharge Concerns (Formal)

- Formal complaint linked to a satisfaction survey raised in 2022 that was addressed and closed. A patient was discharged to a Nursing Home in a medically safe way due to an improvement in their condition. Sadly, the patient had a stroke two days after discharge and passed away. Following thorough investigations by the Director of Clinical Services and the Medical Director and a face-to-face meeting, the complaint was resolved. Review of the medical notes showed that discharge discussions were appropriate and the patient's condition did improve whilst at the Hospice. Unfortunately, it could not be known that the patient would have a stroke. The complaint was resolved satisfactorily with a mutual understanding from both parties.

Customer Service (3)

- Survey received from a relative advising that they felt survey was sent too soon after bereavement. Director of Clinical Services called Respondee and advised several timeframes had been trialled and research had been completed to send surveys at the most appropriate time but we appreciated the distress it may have caused. Bereavement support was offered but declined at the time.
- Lottery Canvasser spoke to a donor and advised that he had called earlier that day but no one was home. The donor checked his CCTV and the Lottery Canvasser had not called earlier. Donor unhappy with dishonesty and called to unsubscribe from the lottery. Apologies given and extra training completed with Canvasser.
- A customer at the Furniture Hub was unhappy with the service received after furniture was delivered. The delivery driver accidentally broke the arm off the sofa and the customer was offered a 10% discount. The Director of Income Development handled this and came to a satisfactory solution with the customer.

Care and Treatment Concerns (2)

- A relative was disappointed that bed rails were not provided despite her husband's repeated falls from the bed. Caring Hands were not the main care provider but expressed concerns to the District Nurses however, the patient's movements would have put them at risk of entrapment if bed rails were provided.
- Relative wrote to advise she had concerns regarding medications prescribed to her mother at end-of-life. This was raised around one year after care had ended. The Director of Clinical Services contacted the complainant and advised that from reviewing the notes the medication appeared suitable. However, we have since introduced further improvements so that Hospice at Home can contact Hospice On-Call Doctors for medication advice.

Lost Property (1)

- Survey received advising that loved one was not wearing their watch when collected by Funeral Directors. The watch was documented on the valuables disclaimer but not mentioned elsewhere on the patient record.

We were unable to locate the watch or confirm that it was discharged with the patient. Apologies given to family.

Nutrition and Hydration Concerns (1)

- A survey response indicated that more food options should be provided to meet patient's dietary requirements such as halal. Halal meals can be provided however, consideration was given to pre-prepared menus which would incorporate halal choices.

Delay in Treatment (1)

- A relative stated in a survey that "care was good but sometimes rather late as Uppermill was often the last stop", they also mentioned that two of the carers were a "little light-hearted". After following this up the Respondee advised that the carers were not disrespectful it was a commentary on traffic in Saddleworth and not meant to be considered a concern.

Bereavement Support Concerns (1)

- A relative received a bereavement card from the Hospice following a loved one passing away which is standard procedure. The relative was unhappy with the card as it felt too 'impersonal'. Apologies provided however, following discussion at Clinical Governance Sub Committee and the previous behaviour witnessed by the Wellbeing Centre Team, it was decided that bereavement cards should continue to be sent as we have received no other complaints.

Event Concern (1)

- One of Dr Kershaw's Strictly Come Dance participants was concerned with the behaviour of the Hospice we were collaborating with. Both CEO's met following the event and we were advised that a meeting was conducted with their Event Co-Ordinator and it was decided that the Hospice's would not collaborate on this event again.

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 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.