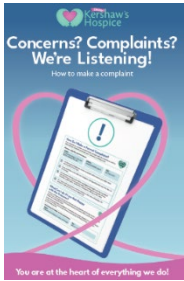


## Introduction

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.



In 2022, we introduced a robust electronic system for collecting feedback and updated the Concerns & Complaints Policy in line with this new process. The 'Concerns? Complaints? We're Listening!' Leaflet was also updated with guidance on how to make a complaint. These are available around the hospice and can be requested by patients or service users at any time.

This report provides a summary of complaints received between 1<sup>st</sup> January 2022 – 31<sup>st</sup> December 2022. The Board is asked to approve the annual complaints report for 2022, to be published on the Dr Kershaw's Hospice website in line with NHS England guidelines.

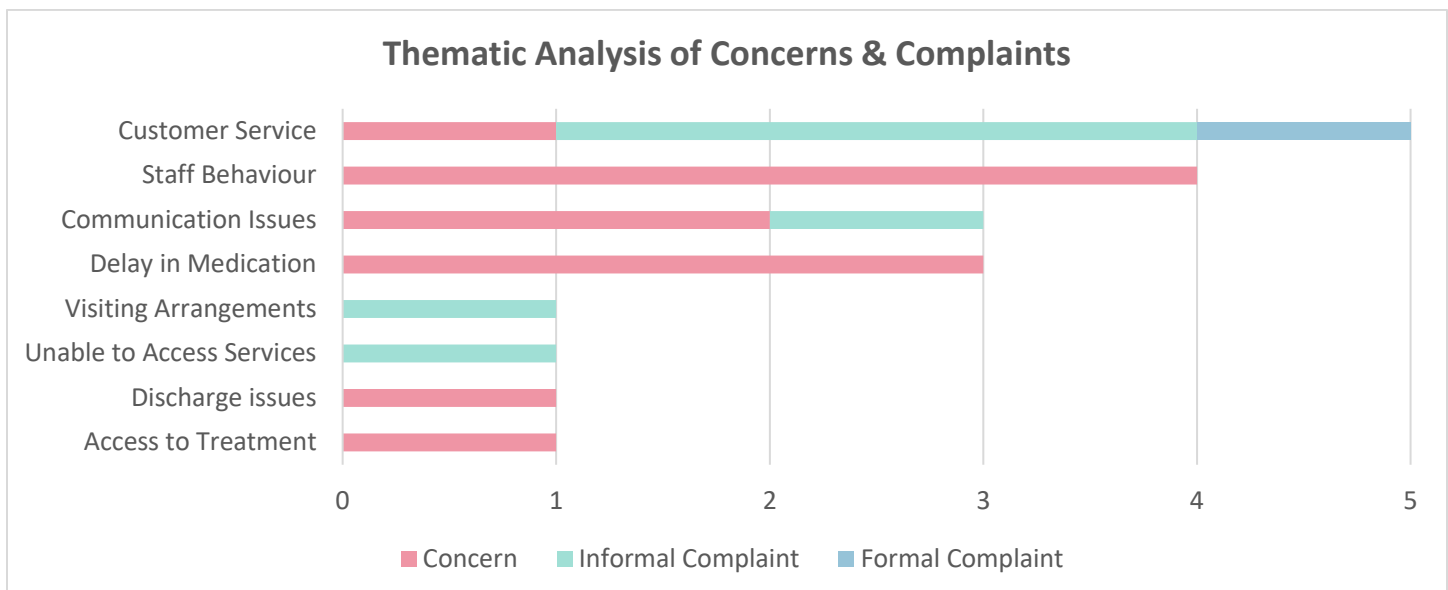
## Overall Summary

It is important to note that we received so many kind responses to our patient experience surveys throughout 2022, in response to the question, 'Overall, how was your experience of the Dr Kershaw's services that you or our patient accessed?', 184 respondents rated the service very good or good. We also received 107 thank you cards which we are very grateful for.

During 2022, Dr Kershaw's Hospice received 17 concerns and/or complaints, broken down as follows:

Type	Clinical / Non-Clinical	Number Received
Concern	Clinical	9
Concern	Non-Clinical	3
Informal Complaint	Clinical	3
Informal Complaint	Non-Clinical	3
Formal Complaint	Non-Clinical	1

The graph below shows the themes of the concerns and complaints raised in 2022.



In terms of the concerns raised, the clinical concerns were raised via our Patient Experience Survey that are sent out following a patient being discharged or a bereavement. The non-clinical concerns were raised verbally. Five of the informal complaints were written and one was escalated from a verbal concern. The formal complaint was a written complaint and was handled by our Chief Executive Officer.

## Detailed Summary of Issues Raised

### Customer Service

- Following a large donation, a human error meant that the process for sending a formal 'Thank You' letter was not sent out to the donor. Our CEO personally handled this matter and met with the complainant to discuss. Following investigations, a letter of apology was sent to the complainant explaining that this was a human error and not an issue with our electronic processing systems.
- Two informal complaints were made regarding customer service at a Dr Kershaw's Shop and whilst making a donation at Reception. As a result, we introduced formal customer service training for our volunteers.
- A concern was raised when an anniversary card was sent to a bereaved relative and the name of her loved one was incorrect. An apology was issued and we have made the decision to stop sending anniversary cards but will continue to send out bereavement cards.
- Due to staffing issues, there was no Income Development Staff Member available to attend a fundraisers event. The fundraiser was informed prior to the event and was understanding. However, a Trustee did attend (in a non-Trustee capacity) and the other attendee's recognised that there was no Dr Kershaw's presence. As a result, we issued an apology and have changed the policy so that a member of staff will always attend fundraisers events.

### Staff Behaviour

- We received two concerns regarding the attitudes of our Lottery Promoters. The Director of Income Development & Marketing handled both of these issues and apologised to the complainants for any distress caused. The concerns were discussed directly with the Lottery Promoters involved. Both Promoters have worked with Dr Kershaw's for a number of years without any other concerns raised and therefore, the matters were considered closed.
- In December 2022, a relative of a Caring Hands service user was upset with the behaviour of a staff member. This has been investigated and the staff member had been instructed to attend the next Communications Training session.
- Current investigation into a misplaced moneybag in a patients home.

### Communication Issues

- A family of a patient on the In-Patient Unit reported several issues including no fans available on a hot day, catheter care, medication, staff being unresponsive to requests and poor attitudes. A thorough investigation was carried out and all staff that were on shift were interviewed to establish the events that took place. It was found that we had fallen short of our usual standards on this occasion and that our customer service and communication with the family was unacceptable. Staff members that were involved apologised to the family and this was accepted. The family sent a thank you card and gift at a later date and accepted our sincere apologies. Staff members were invited to a 'Dealing with Concerns & Complaints' training session.
- A relative was unhappy as they were not on the nominated visitors list and were unable to visit our patient. Upon phoning the In-Patient Unit to discuss, the staff member passed the phone to a different relative without consent which caused some distress to the complainant. An issue was also raised around whether an Interpreter should have been made available to the patient. The Lead Nurse for Clinical Services investigated this matter and sent out a detailed e-mail advising that the patient had not requested, nor seemed to require an Interpreter, however arrangements could be made if required. In terms of visiting, we apologised for the way in which the matter was handled and arranged a 'Dealing with Concerns & Complaints' training session for all clinical staff. We arranged a garden visit for the relative so that they were able to visit our patient at the hospice whilst still adhering to the Hospice Visiting Policy.
- A patient was cared for by our Hospice at Home Team at a Nursing Home. The next of kin raised a concern in a survey that they felt uninformed during the period of care. The Lead Nurse for Clinical Services contacted the family to

discuss. Following an investigation, it was found that our Hospice at Home Team were providing updates to the Nursing Home but this was not being passed onto the family. A new process was implemented whereby if no family was present during a visit, we would make efforts to inform them of the care provided via a phone call.

## Delay in medication

During the months of April and May 2022, we received 3 concerns via our surveys relating to delays in pain medication being given on our In-Patient Unit. As a result, a new process has been implemented. Each patient has an end-of-bed chart for staff members to complete when medication is requested, passed onto the relevant staff member and medication given. This has allowed us to audit the process and on average, show that pain medication is given within 15 minutes of a request. This will also allow us to investigate concerns of this nature more thoroughly.

## Visiting Arrangement's

A relative was unhappy with the visiting policy during COVID-19 restrictions. The Government had just updated the guidance so we were able to resolve the complaint by amending our visiting arrangements to allow up to 5 visitors at any time (rather than 5 nominated visitors).

## Unable to Access Services

A relative submitted a concern on our website following the death of her husband who was cared for by our Hospice at Home Team. She was advised that her husband did not meet the criteria for Caring Hands (our domiciliary care service) and then did not receive any bereavement support following her loss. Following investigations, we found that the advice given regarding Caring Hands was provided by the District Nursing Team during a period of influx of new employee's. We have distributed information to the Community Team's with advice on what services we offer and their purpose. With regards to the offer of bereavement support, we had incorrect and obsolete next of kin details. Following this incident, we will now follow up with a letter if we are unable to contact any of the listed next of kin.

## Discharge Issues

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. The Lead Nurse for Clinical Services offered our apologies to the relative of the patient and advised that we would to improve our approach to discharge discussions.

## Access to Treatment

The Hospice at Home Team had been asked by the SPCN Team to visit a patient who was experiencing pain as they were unable to do so. The Hospice at Home Team had a pre-scheduled visit to change a syringe driver, so they were delayed in arriving at the patient's home. We have since distributed information to the Community Team's advising that the Hospice at Home Team is a rapid response service and therefore, the other Community Team's will need to commit to pre-scheduled visits to prevent situations such as this.

## **Outcomes and Learning**

We are pleased that we have been able to resolve the concerns and complaints that have been raised in 2022 in a timely manner. Our other achievements include, new electronic reporting system, an updated policy and a flowchart showing how concerns and complaints should be escalated. These developments have made it much easier to collate information and report accordingly.

All staff complete Communication Training as part of our Mandatory Training Programme and any clinical staff that have not yet completed 'Dealing with Concerns & Complaints' Training will be encouraged to participate at future sessions. 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.