



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNT – 2023/24

Chief Executive Statement

It is with pleasure that I present you with the Katharine House Hospice Quality Account for 2023 – 2024. The year has been extremely successful with activity in all our services increasing, whilst broadening the range of support we offer to patients and their families.

Under the leadership of our relatively new Director of Care, David Fletcher, and with the addition of another senior clinician, the clinical leadership has continued to strengthen and become more robust. I am extremely proud of the positive and flexible approach of our care teams to the raft of changes and initiatives that have been introduced across our services.

The year has seen the development and growth of the therapy, wellbeing, and outpatient services we offer to our patients and their families. We have also seen the development of an integrated 24/7 advice line run by specialist nurses. This is the first significant cross-organisational development, in which the four hospices serving Staffordshire and Stoke-on-Trent have come together on a pan-Staffordshire initiative.

The charity makes no charge to its patients, their families or carers for the services it provides. Usually, 30% of the funds needed to deliver charitable services are provided by the NHS and the remainder is sourced through the operation of a lottery, retail operations, fundraising, voluntary donations and legacies from members of the public.

The Charity, through its Trustees, is directly answerable to its members, who are also members of the local community we serve. The Hospice is answerable to the public, for they are under no obligation to continue to fund the Hospice if they find fault with the services we deliver or the actions we take.

It is a fundamental tenet of the delivery of hospice care that the services provided are delivered to a high standard. The public, as the main contributors of funds, do so in the expectation that those members of our community who need to access the hospice's services will receive a good and safe standard of care. Our new clinical governance framework implemented in November 2022 enabled fulfilment of this obligation and has demonstrated increased engagement from staff surrounding the effective management of clinical risk and pursuit of continuous improvement.

Our mission is to support patients with complex, progressive illnesses from diagnosis to the end life through free, high quality, specialist palliative care, advice and guidance, and we care for those close to them. In our endeavours to achieve our mission we strive to maintain a culture of clinical excellence by seeking feedback and encouraging all staff to share their views openly. We are pro-active in our responses, identifying weaknesses and taking action to ensure that we learn and improve.

I am the officer responsible for preparing this report and have done so together with the Registered Manager and Hospice Lead Nurse. I am satisfied that the information contained in this report is accurate and is a true and fair reflection of the quality of Katharine House Hospice's services.

Dr Richard Soulsby
Chief Executive

1.1 Introduction

The annual Quality Account provides the opportunity for Katharine House to share an overview of the quality provided by our services over the previous year. This report will share how well we have delivered services to our community that are safe, caring, responsive, effective and well led. We will highlight our priorities for the coming year and appraise how well we met our objectives over the previous year, based on our care strategy.

This is the fifteenth Quality Account submitted by Katharine House and is produced in compliance with the Health Act 2009, NHS (Quality Accounts) Regulations 2010 (amended 2011) and the Health and Social Care Act 2012.

1.2 Registration

Katharine House Hospice is required to register with the Care Quality Commission and is registered with no conditions attached. The Care Quality Commission has not taken enforcement action against Katharine House Hospice during 2023/24. Furthermore, Katharine House Hospice has not participated in any special reviews or investigations by the CQC during the reporting period. The hospice's services were last formally inspected by the Care Quality Commission in July 2016. All areas were rated good and there were no requirements or recommendations made.

Earlier this year the Care Quality Commission has implemented a new approach to its inspection and monitoring of providers. Katharine House has yet to experience this approach.

The last full inspection report for the hospice is available via the Care Quality Commissions' website by following the link below.

<https://api.cqc.org.uk/public/v1/reports/f0c17376-ac0e-4a36-93a2-8ca106ccaffe?20211030120000>

The inspection regime provides an external view on the operation of care organisations and thereby helps to identify areas for improvement. Although essential, it represents just one aspect of the systems in place which assure the quality and safety of care provided.

1.3 User involvement and patient feedback

Trustees are committed to improving services not only through the identification of needs, but also by seeking user perspectives. Patient engagement is a vital component of clinical quality and is often considered central to the design and implementation of sustainable systems of care.

During the year the hospice introduced two initiatives:

1. The implementation of a purpose built database to monitor all complaints and compliments received.
2. Signing up to I Want Great Care, where patients and families can provide feedback through an independent web-site.

Obtaining feedback is often challenging for palliative and end of life care organisations. Many Hospice patients often have limited life expectancy, and their priorities and energies are focused on personal issues whilst others are too frail to become involved. Navigating ethical, moral and therapeutic challenges whilst seeking information to improve services requires skill, timing, and sufficient infrastructure to be completed successfully.

In navigating this challenge Katharine House Hospice uses a combination of feedback mechanisms during the year under review to obtain feedback including:

- Service surveys
- Compliments
- Comments
- Complaints

166 reviews were received on I Want Great Care which gave an overall rating of 5 out of 5 across all seven domains:

- Experience
- Involvement
- Caring
- Support Staff
- Dignity/Respect
- Information
- Trust

629 compliments were received from 01/04/2023 to 31/03/2024 inclusive:

A sample of the feedback provided by families and relatives can be found below.

“Having seen all the wonderful ladies & men, I must let you know how much your teams have brightened up my wife over the last 7 weeks. I believe they were also taken with her wit and her impromptu actions & fun. Please thank all those who have visited our house for being so prompt and for all the advice I have received during this difficult period.”

“This is to thank all the lovely people who looked after me during my stay at KHH from young M and the other student nurses to F who made me look respectable by doing my hair a few times a week. To L for our chats and help with crosswords. To the fabulous doctors who made such a difference. A big thank you to everyone. I cannot fault anything about my stay.”

“It was fortuitous that on Friday 24 March that Dr C from Katharine House saw my son and I at County Hospital, and that she was able to offer C a bed at the hospice due to her condition.

“C was admitted on Monday 27 March and allocated room 3, together with an outlook over the patio and gardens of the hospice.

“From the onset it became quite apparent that the staff, both medical and caring had been selected not only for their professional abilities, but also their compassion and caring natures.

“My family, visiting friends, relatives and I witnessed the care, attention and compassion that was genuinely offered, and this was evident round the clock with me staying overnight during the period of C stay.

“It was amazing to see how, when required, medication was administered in an instant and caring way.

“I will be forever grateful for the care and interaction that I experienced with doctors, nurses, carers, trainee nurses, cleaners and G with his toast and marmalade on brown! A complete team effort! A bonus were the numerous instances when therapy was offered and accepted that gave me so much relief. I would like to thank all of those who so kindly offered their services to give relief to a peripheral neurotrophly suffer. It even assisted brother and sister-in-law in France on hearing about the therapy.”

“D telephoned the Patient Pathway Team, having found out about KHH on Google. Her grandmother M has recently become palliative, and the family wanted to be proactive and look into what options are available for at home care and EoL care. After a long conversation about M, the various services KHH offer, and a promise of a call back from an Advice Line nurse for further advice on what to do for M going forward, D said she was very grateful and had found KHH Patient Pathway Team to be one of the kindest and friendliest services she had spoken to so far.”

We consider and act on every piece of feedback received from our users to identify all opportunities to improve. We strive to increase the ease and opportunity for users of our services to provide their feedback. Patients and relatives will be able to use paper forms, telephone, smart phones, tablets, or computers to share their views. This will enable sector specific benchmarking, increase our ability to communicate directly with stakeholders, and share our performance with the public, demonstrating our commitment to honesty, transparency, and candour.

1.4 Clinical Governance Framework

The Board of Trustees are responsible for the management and administration of the charity and are legally accountable for the activities of the hospice including the quality and safety of care services. The board meets bi-monthly and delegates care, clinical, clinical education and research oversight to the clinical committee, which meets quarterly.

A revised clinical governance framework was developed and launched in November 2022 to increase staff engagement and provide a seamless route of communication “from board to floor” across all care services.

A revised clinical Quality Forum and the clinical team leaders’ meeting both report to the clinical committee via the Director of Care through clinical governance reports. The Quality Forum meets monthly to explore themes and trends identified from governance processes whilst sharing learning to enable continuous improvement and clinical excellence. Finally, the clinical team leaders’ meeting is scheduled weekly and enables service leads to identify, share and manage operational issues which may affect delivery including staffing, risks & issues, training and education, and resilience planning.

The revised framework increases staff access and input to governance processes and closes the feedback loop to demonstrate the value of engagement and the output of submissions. The Quality Forum is open to all staff and dually hosted face-to-face and virtually to support staff attendance and engagement. Meetings are also recorded to enable staff working across a 24-hour rota to access the meetings and learn from incidents when they are unavailable to attend. The team leaders’ meeting is informed by regular staff briefings / handover meetings where staff are provided with the time to feedback on all matters associated with the effectiveness of service delivery.

Metrics following the implementation of the revised framework have demonstrated greater staff engagement across all roles in the identification and management of risk, learning from incidents, and quality improvement initiatives. This engagement has likely contributed toward the improvement of quality and performance metrics over the last quarter of the reporting period.

1.5 Safety of Controlled Drugs

Following the Shipman Inquiry there is a requirement for hospices to appoint an Accountable Officer for Controlled Drugs. The role of this person is to ensure the safe management of controlled drugs, from ordering through to their administration or disposal. The appointed person for this role at Katharine House Hospice is the Director of Care and in his absence, it is the Hospice Lead Nurse. The Director of Care has undertaken the Accountable Officer for Controlled Drugs training. The Hospice’s Administration Manager has also undertaken this training.

Controlled Drugs are checked daily by a registered health care professional and a witness. Internal audits of the safe management of Controlled Drugs are undertaken quarterly by the Accountable Officer. A pharmacist from University Hospitals of North Midlands completes an unrelated annual audit on the safe and appropriate storage of medicines, including Controlled Drugs.

There has been improvement in the Hospice’s compliance with the CQC standards for the management of Controlled Drugs and each of the quarterly audits were compliant, demonstrating effective practice.

The Accountable Officer is required to make quarterly reports to the Accountable Officer for Controlled Drugs at NHS England for any incidents surrounding Controlled Drugs within the organisation. These reports are submitted via the Local Intelligence Network (LIN). All quarterly occurrence reports were submitted in a timely manner to the LIN and the Accountable Officer attended all quarterly regional meetings as required by legislation.

33 Controlled Drug incidents were reported to the Local Intelligence Network (LIN) during the previous year, 30 of which were no harm, 3 were low harm.

Below is a breakdown of all medication errors, included in this breakdown are the 33 Controlled Drug errors reported to the LIN. None of the errors led to patient harm.

Type	Number
Administration error – before reaching patient	0
Recording errors	12
Administration error – Patient received but not taken	3
Administration error – omitted dosage	5
Administration error – patient taken	10
Dispensing error – before reaching patient	8
Lost / stolen / missing drugs	1
Stock error	0
Delivery error	0
Destruction error	3
Discharge procedure error – patient not affected	1
Prescribing error – before reaching patient	6
Prescribing error – patient taken	4
Prescribing error – omission on chart	1
Transcription error – before reaching patient	0
Transcription error – patient affected	1
Other	7

Learning was identified in each instance resulting in a change to education or internal process and all incidents were closed by the regulator without requiring further clarification.

1.6 Infection Control

The Hospice is committed to the prevention and control of infections. The Hospice has a fully trained and competent registered nurse who leads on infection control. This role incorporates training of staff, policy development, and advising on infection control issues.

The Infection Prevention and Control Policy was comprehensively updated in 2022 and is regularly reviewed by the senior clinician group in response to the changing environment and government guidance.

2023-2024 observed 3 patients testing positive for Covid which was contracted prior to admission. 2 patients contracted Covid after admission. We also cared for patients with Extended-spectrum beta-lactamases (ESBL) and Methicillin-resistant Staphylococcus aureus (MRSA). All patients were nursed in side rooms for the duration of their stay. One patient was admitted with carbapenemase-producing Enterobacterales (CPE), who was found to have been in close contact with another patient who subsequently tested negative for CPE.

1.7 Training and Education

Trustees have a strong commitment to the professional and personal development of all staff, especially those providing support to patients and their families. Katharine House Hospice continued its commitment to high compliance of safeguarding and mandatory training courses including fire safety, manual handling, infection prevention and control, cardio-pulmonary resuscitation, care planning, and T34 training. The end of year report identifies that 91% of care staff completed their mandatory training modules.

Katharine House Hospice also supports a staff led lunch and learn programme which engages subject matter experts to present an education session on their chosen field of expertise. Sessions take place every week lasting an hour and are recorded to increase access. Lunch and learn topics have included:

- Abbott Nutrition
- Lymphoedema
- Communicating Differently
- Antimetics
- Stoma Care
- MND
- Documentation
- Bereavement
- Diabetes
- Oral Care
- Governance
- Quality Improvement
- Multi Systems Atrophy
- Leadership Skills
- Medicines management

2. Reflecting on our Priorities for Improvement 2023/24

2.1 Commencement of out-patient services

These services have been launched and have developed over the year. Services relocated back to the Therapy and Wellbeing Centre include medical and specialist nursing appointments, counselling and complementary therapy, and the lymphoedema services. These services have increased activity since returning.

These have been enhanced through the addition of wellbeing programmes which include:

- Financial advice
- Carers group
- Bereavement café
- Tai-Chi
- Falls clinic
- Fatigue, Anxiety & Breathlessness

2.2 Roll out on-line training and development

The Hospice has adopted a well-respected provider of on-line training, BlueStream Academy. The system has been rolled out across all staff groups, both care and non-care.

Care staff groups have completed 2,674 of 2,927 mandatory modules within the system which equates to training compliance of 91%.

2.3 Implement an incident reporting system

The system has proved more complex than anticipated to implement and is due for completion in July 2024. It will become the central system for submitting, receiving and processing all clinical incidents and data breaches.

2.4 Implement a complaints and compliments system

This was completed in May 2023, with complaints being retrospectively input from our previous systems back to 1 April 2022. The impact of this system is discussed in section 6.2

3. *Progress on the Care Strategy*

The current care strategy was approved in November 2021 following community engagement and aimed to increase the provision of flexible specialist palliative care to patients, develop new opportunities for collaboration, support improved forward planning for patients, target support for patients who deteriorate rapidly, meet the supportive needs of patients, and educate our staff and the community in principles of effective end of life care.

The strategy demonstrated our commitment to transformational change in the improvement of service quality and performance. We are approaching the end of year three and are ahead of schedule across most domains. Due to a need to prioritise the use of our resources the trustees decided not to proceed with the compassionate communities workstream. Nevertheless, Katharine House Hospice is committed to engaging with the community and is utilising local networks to increase collaboration between services to fulfil our mission.

4. *Priorities for Improvement 2024/25*

There are four priorities for improvement identified for 2024/25:

1. Increase capacity in, and therefore responsiveness of, the therapies, wellbeing, and outpatient services.
2. Commence implementing a new clinical system, SystemOne, during the year, to complete and launch in Summer 2025.
3. Develop and agree plans to refurbish the inpatient unit.
4. Seek to reduce the levels of medication incidents.

Alongside these priorities there is continuing work to engage with patients earlier in their disease and to increase the rate of preferred place of death.

4. Statement of Assurance from the Board

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of an annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- ✓ The Quality Account presents a balanced picture of the Hospice's performance over the period covered.
- ✓ The performance information reported in the Quality Account is reliable and accurate.
- ✓ There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- ✓ The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- ✓ The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Approved by the Board of Katharine House Hospice:



22 May 2024

Mr P R Catchpole Chairman



22 May 2024

Dr R Soulsby Chief Executive

5. Mandated Statements

Section 5 sets out statements that must be included in the Quality Account. Many of the mandated statements are not applicable to Katharine House Hospice, relating to acute services, ambulance trusts, or mental health services. These are excluded.

5.1 Review of Services

a) Inpatient Unit

The Hospice building accommodates our consultant-led 8 bedded inpatient unit. The unit includes 4 individual en-suite rooms and two two-bedded bays all equipped to provide the very best clinical care in a comfortable setting. Admissions are accepted 365 days per year from a range of sources including primary care, community care, other hospices and all hospitals throughout the region.

The year in review has been challenging but positive for the inpatient unit who accepted 167 admissions over the year. This performance demonstrates growth from last year's figures enabling 20 more patients to be admitted, a 14% increase.

Inpatient unit specific quality key performance indicators also demonstrate improvement. There has been a reduction in falls leading to harm. Due to one patient being exposed to Carbapenemase-producing Enterobacteriaceae through poor communication, internal systems have been reviewed to reduce the risk of this occurring again.

The number of medication incidents and errors have increased. This is felt to be due to a drive to change our culture of improving quality and safety, leading to improved reporting of issues. This initiative will continue into 2024/25.

b) Outpatient and wellbeing

The outpatient and wellbeing team has evolved significantly post pandemic to respond to the changing patient need whilst delivering high levels of quality and efficiency. The new therapies and wellbeing centre will host a range of clinics to support patients to manage their illness including complementary therapy, physiotherapy, occupational therapy and more.

Reflecting on performance is challenging due to the significant service changes which have taken place over the last two years. Home visits and outpatient attendances increased from 163 to 672 as the services commenced. Wellbeing services and Fatigue, Anxiety, and Breathlessness education sessions commenced during the year delivering sessions to 286 individual attendees.

Some of this activity replaced telephone contacts which fell by 11% to 4,274.

Complimentary therapy was provided to 439 patients or relatives over the year just under 50% more than in the previous year.

c) Palliative Care Nurse Specialist Team

The Palliative Care Nurse Specialist Team (PCNS) enables the preferred place of care to be received at home and manages the most complex palliative patients in our community. The senior nurse team has prescribing capability to support the creation and delivery of complex care plans, providing the very best care in the patient's home to support preferred place of care and death.

The annual number of referrals for PCNS services increased 7% to 544 resulting in 1,327 home visits up 3.4%. Whilst we have improved the appropriateness of services delivered by the PCNS service, this work is ongoing. It is likely the role of PCNS will be to support complex patients to die at home, avoid crisis and subsequent admission to hospital thereby enabling us to meet the patients' choice of preferred place of care and preferred place of death.

The extension of the Hospice's own advice line from 5 to 7 days a week has resulted in a significant increase in telephone support, up 16% to 4,224.

d) Hospice at Home rapid response

Our Hospice at Home team provides provide crisis support at times of clinical change which often prevents crisis admission to hospital. This vital service enables family members or health care professionals to arrange longer term packages of care and support. The team provides personal palliative care including washing, dressing, changing bedding, comfort visits including toileting and pressure area care. The team also liaises with other health care professionals including District Nurses and the Palliative Care Nurse Specialists to get the best outcomes for the patient and their families.

2023/24 saw considerable growth in all its key service activities:

- Hours of care provided for hospice at home increased 13% to 6,417
- Hours of care provided to give respite to carers increased 63% to 1,324
- Telephone support by the service increased 3% to 2,099 calls.

e) Lymphoedema

Our Lymphoedema service helps patients manage Lymphoedema that is related to their illness or its treatment. Lymphoedema is a swelling caused by the build-up of lymphatic fluid in the tissues under the skin. Each patient receives a specialist assessment followed by a treatment plan which may include skincare advice, healthy eating advice, exercise programmes, measurement and fitting of compression hosiery and specialist decongestive treatments.

The Lymphoedema service delivered 1% fewer telephone treatments and advice, dropping by 19 to 1,733 but increased face-to-face treatments by 11% to 1,853.

f) Family Support

Our skilled team of counsellors and pastoral volunteers offer psychological, pastoral and spiritual support for patients and relatives from the point of diagnosis to post bereavement. Each patient is assessed and offered a support

plan to best meet their needs which may include, in person or remote one to one counselling, group sessions and / or onward referral and advice.

Demand and provision have grown considerably during the 2023/24 year. Referrals increased by 34% to 281, face-to-face sessions increased 51% to 1,364 and telephone or on-line support 433% to 2,580.

5.2 Participation in Clinical Audits

Katharine House Hospice does not participate in NHS national clinical audit programmes or confidential enquiries.

We undertake internal audits as part of our annual audit programme. These may be ad hoc audits or repeat audits. The internal audit programme for 2023/24 covered a range of areas including:

- Controlled Drugs Accountable Officer Audit per quarter
- Transdermal Patch
- Falls
- Hand Hygiene
- Medication Management
- PCNS Service
- Trustee Audit Medical Service
- Hospice at Home Service

Audits are initially presented to the senior clinicians' group to enable the distribution and swift implementation of recommendations and actions. Audits are then submitted to the Quality Forum and Clinical Committee to enable organisational learning and provide Trustee assurance.

5.3 Research

Katharine House Hospice has not engaged in any formal research in the period covered by this account however, has started to engage with the National Institute for Health Research to become level 1 compliant.

5.4 Commissioner agreed Quality Initiatives

Katharine House Hospice does not have any quality initiatives agreed with the Integrated Care Board and no quality inspections were completed in the year under review.

Katharine House Hospice income in 2023/24 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

5.5 Data Quality

The mandated statements do not on the whole apply to Katharine House Hospice. Katharine House Hospice did not submit records during 2023/24 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Katharine House Hospice is compliant with level 2 of the NHS Information Governance Toolkit. All care staff and volunteers completed Data Awareness refresher training via the NHS e-learning for health and/or refresher training on GDPR via the BlueStream Academy during 2023/24.

6. Review of Quality Performance

Katharine House Hospice has reviewed all of the data available on the quality of care in the services it provides.

Katharine House Hospice considers that this data is accurate as the data output is reviewed quarterly by the senior clinical managers and other staff at the Quality Forum before being reported to the Clinical Committee.

6.1 Quality Indicators

<u>Measures</u>	<u>23/24</u>	<u>22/23</u>	<u>21/22</u>	<u>20/21</u>	<u>19/20</u>
No. patients cared for with MRSA	1	0	0	0	0
No. patients contracting MRSA when in the hospice's care	0	0	0	0	0
No. patients contracting MRSA per 100 bed days	0	0	0	0	0
No. patients cared for with C Difficile infection	1	0	2	1	2
No. patients contracting C Difficile infection when in the hospice's care	0	0	0	0	0
No. patients contracting C Difficile infection per 100 bed days	0	0	0	0	0
No. patients cared for with ESBL infection	1	2	0	2	0
No. patients contracting ESBL infection when in the hospice's care	0	0	0	0	0
No. patients contracting ESBL infection per 100 bed days	0	0	0	0	0

<u>Measures</u>	<u>23/24</u>	<u>22/23</u>	<u>21/22</u>	<u>20/21</u>	<u>19/20</u>
No. patients developing pressure ulcers whilst in the hospice's care	25	26	21	24	51
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days.	10.61	12.28	9.49	13.97	22.48
No. complaints and adverse comments received	43	22	8	4	9
No. complaints and adverse comments received as a % of patients accessing services	2.28	1.44	0.30	0	0
No. required actions specified by the Care Quality Commission	0	0	0	0	0
No. recommendations made by the Care Quality Commission	0	0	0	0	0
No. reported drug errors	13	11	4	4	6
No. reported drug incidents	62	48	19	20	38
No. reported drug issues per 100 bed days	2.80	2.79	0.86	1.39	2.25
No. patient accidents and safety incidents reported in the year	34	32	32	20	22
No. patient accidents and safety incidents per 10,000 hours of care	5.35	5.44	5.90	4.16	3.29

There have been no “never” events or serious untoward occurrences in the five years reviewed.

6.2 Compliments and complaints

In May 2024 we implemented a new system for capturing compliments and complaints. This opened up access to reporting adverse comments and complaints and helps in the management of complaints. Furthermore, we have transferred comments received from other sources into this system. As a result both the levels of compliments and complaints have increased dramatically, furthermore some complaints cannot easily be dealt with as contact details are not always provided. We categorise complaints as Minor (adverse comments) Serious (indicating a potentially serious failure, for example to provide caring, safe, responsive services, or a failure to follow policy or good practice, and Moderate (lying between the two).

2023/24 Complaints by seriousness and outcomes recorded.

Category	Upheld	Partly upheld	Not upheld	No determination	Total
Serious	0	0	0	0	0
Moderate	3	1	4	0	8
Minor	15	7	9	3	34
Total	18	8	13	3	42

Although complainants may not wish for a formal response we seek to investigate complaints to enable learnings to be ascertained and in doing so determine an outcome of the complaint. Of the 42 complaints, we could not reach a determination in 3 cases due to a lack of information and/or context.

We have also started to record all forms of compliments received and in 2023/24 recorded 629 positive comments received.

6.3 What our staff say about us

Staff surveys are conducted annually and in the year under review we sought staff and volunteer views. Results from the Staff survey were published in October following the participation of 134 staff and volunteers. 44% of all respondents worked in the Hospice or Community teams. Notable findings include:

- 95% felt proud to work for the Hospice.
- 89% were enthusiastic about their role.
- 88% felt people of all different backgrounds, characteristics and beliefs are welcome.
- 83% felt we were an inclusive employer, 5% did not.
- 76% felt we promote a positive culture, 7% disagreed.
- 70% of staff felt empowered in their roles, 8% did not.
- 62% felt comfortable knowing concerns would be appropriately dealt with, 14% disagreed.
- 66% of felt that we encourage and listen to employee feedback, 12% disagreed.
- 58% felt included in decisions that affected their roles, 13% did not.

Negative points indicated respondents did not feel much changed as a result of completing the survey.

7. Comments Received

Any letters received by the Hospice following consultation on this Quality Account are attached below. – No comments were received.