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Executive Summary

1. The CCG view complaints as a rich source of information about how services can be improved and how they act as a tool for risk management. We follow the principles of good administration outlined by the Parliamentary and Health Service Ombudsman in the Principles for Remedy guidance and consider the impact of the organisation’s actions on the individual concerned. The CCG is committed to ensuring that challenges facing patients raised as concerns or complaints are captured and that, where appropriate, changes in commissioning practices are recommended and implemented to improve patient experience.

2. The organisation also has a statutory duty to respond to complaints from users of its services and services it commissions and the recording and reporting under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 of the following:

   - The number of complaints
   - The number that were well-founded/upheld
   - The number referred to the Parliamentary and Health Service Ombudsman
   - The subject matter of complaints
   - Matters of importance arising from the complaints or handling thereof
   - Action taken, or being taken, to improve services as a result of complaints received.

3. The purpose of this report is to give an overview of all Complaints, Patient Advice and Liaison Service (PALS) contacts and compliments for the year 1 April 2015 to 31 March 2016. This provides assurance that the Clinical Commissioning Group (CCG) is systematically recording complaints received and concerns raised noting trends and taking action where necessary.

Background

4. Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 set out the rights of complainants and the expectations to investigate and respond in an appropriate and timely manner. The CCG monitors compliance with these requirements by measuring:

   - Performance of acknowledgement of complaints within 3 working days:
   - Performance against the anticipated timescale for final response to formal complaints set at 25 days:
5. A full written response is sent from the Chief Officer within 25 working days of receipt of a complaint, or within a timescale that has been agreed with the complainant should the complaint be sufficiently complex that investigation is required by multiple providers.

6. Responses to complaints and concerns raised via local MP’s are afforded the same timescales as other complaints and concerns and are agreed and signed by the Clinical Chair.

7. In March 2016, the complaints policy was reviewed and updated and ratified by the CCG Governing Body. The policy ensures the CCG has robust arrangements in place to deal effectively with any complaint or concern raised and that it is reporting in line with up to date national guidance.

**Complaints Activity 2015/16**

8. In 2015/16, the CCG received a total of 15 formal complaints. 100% were acknowledged within 3 working days. Of the 15 formal complaints received, 2 were not pursued by the individuals who had raised them and 1 was not raised directly with the CCG, leaving a total of 12.

9. Of the 12 complaints pursued in 2015/16, 11 (92%) were fully responded to within the set timescale of 25 working days. The extended response time of the remaining complaint was negotiated with the complainant in line with the 2009 regulations. This extension was required due to the complex nature of the complaint and the need to ensure that a thorough investigation was undertaken by each provider involved.

10. The graph on the following page shows the number of formal complaints for 2015/16. The graph for 2014/15 is also shown to allow for comparison. Whilst 1 formal complaint was not raised directly with the CCG, it has been included to demonstrate how the CCG acted as an intermediary when a complaint was not addressed satisfactorily by a service provider. This table therefore represents all formal complaints received by the CCG in 2015/16. When compared with figures from 2014/15 a decrease of 5 can be seen (29%). From the graph below, an increase of activity can be seen during Quarter 4 2015/16 (January – March 2016) and is likely to be attributable to high activity levels over the winter period.
Upheld Complaints

11. It is a requirement of the complaints regulations that Clinical Commissioning Groups set out in their annual report the number of complaints that were well founded and therefore upheld during the year.

12. The table on the following page contains this data including a summary of each complaint inclusive of outcome. In 2015/16, 10 of the 12 complaints (80%) received were considered to be well founded and therefore upheld.

Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

13. All complainants are advised of their right to approach the PHSO if they are dissatisfied with their response. All referrals to the PHSO and their outcomes are reviewed by the CCG to identify learning and improvement. In 2015/16, 1 case relating to Continuing Healthcare was referred to the PHSO but was not pursued by the PHSO.
### Complaints Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Q1 15/16</th>
<th>Q2 15/16</th>
<th>Q3 15/16</th>
<th>Q4 15/16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not upheld</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Upheld</td>
<td>3</td>
<td>1</td>
<td></td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Case not pursued by complainant</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Referred to the PHSO</td>
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<td></td>
<td>1</td>
<td></td>
<td>1</td>
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<tr>
<td>Complaint not held by CCG</td>
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<td></td>
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<td><strong>Total</strong></td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>15</td>
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</table>

### Complaints by service line

15 The table below highlights the top themes for the year 2015/16. Non-urgent patient transport and Out of Hours services account for 58% of the total complaints received. The red stars (★) indicate the areas for which a complaint was received but was not pursued. The CCG works closely with all of its providers and meets regularly to monitor key performance issues and the implementation of action plans where needed.

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
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<tr>
<td>NHS 111</td>
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<td></td>
<td></td>
<td>1</td>
<td>1</td>
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<tr>
<td>Out of Hours Service</td>
<td>1★</td>
<td>1★</td>
<td>2</td>
<td>4</td>
<td></td>
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<tr>
<td>Non-urgent patient transport</td>
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<td>1</td>
<td>1★</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Continuing Healthcare Assessments/Finance</td>
<td>1</td>
<td></td>
<td>1★</td>
<td>2</td>
<td></td>
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<td>Hospital Procedures</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>12</td>
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17 A sample of complaints received in 2015/16 and their status/outcomes can be seen at Annex 1.

18 An outline of complaints received directly by a sample of our providers can be seen at Annex 2.

### Patient and Advice and Liaison Service (PALS)

**Identified themes from PALS**

A large number of PALS concerns received are primary care related. These are forwarded to NHS England as is required. Themes relate to choice and flexibility of access to GP and Dental Practices. NHS England is reviewing its feedback mechanisms to CCGs and it is expected that additional information will become available in due course.

The CCG received a number of PALS concerns about Non-urgent Patient Transport Services similar to the complaints above. Concern about waiting time for treatment is also
a significant theme. Referral to Treatment Time (RTT) is an area where improvement is known to be required and this is in line with the challenges reported in other Board reports outlining the actions to be taken to deliver the key NHS constitution measures for Referral to Treatment in 18 weeks.

PALS Contacts

20 There were 177 contacts into the PALS Service for the period 2015/16. In 2014/15, there were 279. A decrease of 102 in the number of PALS contacts is evident in the comparison of figures.

21 The tables below are provided to show a comparison for the drop in figures for PALS. The intention is to annually provide year on year comparative data, the aim being to show the longer term picture.

From 1 October 2014, the Blueteq database was used and the figures are therefore an accurate reflection of PALS contacts. The drop in calls may be partly due to the settling of the service, whereby callers for the Wiltshire area were still calling the Bath telephone number for a short period. A new telephone number was created for BaNES CCG PALS and Complaints, along with updated information for the CCG website accessed by the public. The drop in contacts tallies with the change in contact details, which took place in December 2014.

October to March 2014/2015 – 6 month period – CCG Blueteq Database

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<tr>
<th></th>
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<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<tr>
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<td>47</td>
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<td>14</td>
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October to March 2015/2016 – 6 month period – CCG Blueteq Database

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<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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<td>22</td>
<td>17</td>
<td>10</td>
<td>15</td>
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Financial Year - 2014/2015
Financial Year - 2015/2016

Monthly Figures 2015/2016

PALS Contacts by Quarters 2014/15

<table>
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<tr>
<th></th>
<th>Q1 April-June</th>
<th>Q2 Jul-Sept</th>
<th>Q3 Oct-Dec</th>
<th>Q4 Jan-Mar</th>
<th>TOTAL</th>
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<tr>
<td></td>
<td>72</td>
<td>68</td>
<td>97</td>
<td>42</td>
<td>279</td>
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</table>
PALS contacts by Quarters 2015/16

<table>
<thead>
<tr>
<th></th>
<th>Q1 April-June</th>
<th>Q2 Jul-Sept</th>
<th>Q3 Oct-Dec</th>
<th>Q4 Jan-Mar</th>
<th>TOTAL</th>
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<tr>
<td></td>
<td>41</td>
<td>42</td>
<td>49</td>
<td>45</td>
<td>177</td>
</tr>
</tbody>
</table>

The highest percentage of enquiries relate to issues concerning Access and Waiting (29%) Financial/Policy Issues (24%) and Clinical Care (23%). The table below shows a breakdown of the areas these enquiries relate to.

PALS Contacts by Service Line Category

22 The table below shows the 177 contacts made into the PALS service with a breakdown for each Category shown per Quarter. All data has been collected using the Blueteq Software system.

<table>
<thead>
<tr>
<th>PALS by Category</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Access and Waiting</td>
<td>12</td>
<td>16</td>
<td>11</td>
<td>13</td>
<td>51</td>
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<tr>
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<td>2</td>
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<tr>
<td>Clinical Care</td>
<td>11</td>
<td>8</td>
<td>12</td>
<td>9</td>
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<td>8</td>
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Total Cases for Year 2015/16: 177
# Breakdown per Quarter by Category

## Access and Waiting

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<th>Sub-Category</th>
<th>Location</th>
<th>Location Type</th>
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<td>NHS England – GP Surgery</td>
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<tr>
<td></td>
<td>Access and Waiting</td>
<td>Choice and flexibility of access</td>
<td>NHS England - Dental</td>
<td>Primary Provider</td>
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<td></td>
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<td>Entitlement to NHS services</td>
<td>Royal United Hospital Bath NHS Trust</td>
<td>Acute Provider</td>
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<td></td>
<td>Access and Waiting</td>
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<td>Primary Provider</td>
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<td>BaNES CCG</td>
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<td></td>
<td>Access and Waiting</td>
<td>Transport delayed</td>
<td>Arriva</td>
<td>Primary Provider</td>
</tr>
<tr>
<td></td>
<td>Access and Waiting</td>
<td>Transport delayed</td>
<td>Arriva</td>
<td>Primary Provider</td>
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<td>Primary Provider</td>
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<td>Transport did not arrive</td>
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<td>Transport did not arrive</td>
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<td>Primary Provider</td>
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<td></td>
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<td>Quarter 2</td>
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<td>Acute Provider</td>
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<td>Choice and flexibility of access</td>
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<td>Choice and flexibility of access</td>
<td>Sirona Care &amp; Health</td>
<td>Primary Provider</td>
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<td>NHS England – GP Surgery</td>
<td>Primary Provider</td>
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<tr>
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<td>Access and Waiting</td>
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<td>NHS England – GP Surgery</td>
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<td>Quarter</td>
<td>Access and Waiting</td>
<td>Total</td>
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<td></td>
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<td><strong>NHS England – GP Surgery</strong></td>
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<td><strong>Primary Provider</strong></td>
<td><strong>Sirona Care &amp; Health</strong></td>
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<td><strong>Out Of Hours - OOH</strong></td>
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<td><strong>Out Of Hours - OOH</strong></td>
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<td><strong>Choice and flexibility of access</strong></td>
<td><strong>Primary Provider</strong></td>
<td><strong>NHS England – GP Surgery - Out of Area - Wiltshire</strong></td>
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</tr>
</tbody>
</table>
Choice and flexibility of access & Entitlement to NHS services & Waiting time for transport & Service not available & Choice and flexibility of access & Service not available

<table>
<thead>
<tr>
<th></th>
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<tr>
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<td>NHS England - Dental</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

**Compliments:**

Compliments are received throughout the year about services provided by the CCG in general and/or PALS To PALS Officer. Examples include:

*Your support, advice, detail and prompt replies are very much appreciated and very impressive. Thank you.*

*‘Thanks for your help. I have an appointment to see the consultant or one of his team - Thanks again’.*

*‘Thank you for your help – “I would still have been trying to organise it now but for you!”*  

*There was urgency on a patients need to start a drug immediately that day and they required a quick response. With the support of the CCG Pharmacy Lead, we were able to answer within the same hour with advice for how to move forward. The individual thanked PALS and the CCG staff for an immediate response as the situation had caused them great anxiety and the help had helped to remove this.*

**Conclusion**

All Complaints and PALS are brought to the attention of the relevant CCG Senior Commissioning Manager and/or Quality and Clinical Lead to ensure that actions needed are monitored and implemented. The PALS team ensure that these actions are in hand prior to closure of concerns raised.
### Learning and Improvement: Actions following a sample of complaints

<table>
<thead>
<tr>
<th>Issue</th>
<th>Outcome/recommendation</th>
<th>Complaint status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Concerns raised regarding the non-urgent patient transport service</td>
<td>New electronic systems for journey planning implemented minimising the risk of human error. Locality manager monitoring future journeys.</td>
<td>Closed</td>
</tr>
<tr>
<td>where failure to collect/return has led to missed outpatient</td>
<td></td>
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<tr>
<td>appointments.</td>
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<tr>
<td>2 Concern raised regarding no call back received from the Out of</td>
<td>Full investigation undertaken by the OOH service and Community provider. Additional training implemented for OOH call handlers. Additional training implemented for District Nurses from Sirona Care and Health.</td>
<td>Closed</td>
</tr>
<tr>
<td>Hours (OOH) and no end of life care plan in place.</td>
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<tr>
<td>3 Concern raised regarding the discharge of an elderly patient who</td>
<td>Complaint dealt with in its entirety by the acute provider. Consent not given to share the outcome of the investigation with the CCG.</td>
<td>Closed</td>
</tr>
<tr>
<td>had no care support at home and subsequently readmitted the same day</td>
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<td>after a fall.</td>
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<tr>
<td>4 Concern raised regarding OOH GP cover at weekends in the Somer</td>
<td>Explanation of the NHS 111 service as complainant was unaware.</td>
<td>Closed</td>
</tr>
<tr>
<td>Valley area.</td>
<td></td>
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<tr>
<td>5 Concern raised regarding the non-urgent patient transport service</td>
<td>Patient’s appointment schedule covering a 4 week period was provided to the transport service by the CCG to enable pre-planned journeys. All journeys were monitored by the locality</td>
<td>Closed</td>
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<tr>
<td>failing to collect a patient for regular appointments in Oncology.</td>
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<tr>
<td></td>
<td>Concern raised regarding the loss of patient property from a care home setting.</td>
<td>Liaison with the care home, description of property lost given, property located and returned to patient’s relative.</td>
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<tr>
<td>6</td>
<td><strong>Concern raised regarding the overall process, delays experienced and poor communication regarding Continuing Healthcare (CHC) retrospective payments.</strong></td>
<td>Liaison between the CCG CHC team and community services CHC team. The process has been strengthened by the CCG recruitment of an independent nurse assessor to support the team and clear the backlog.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Concern raised regarding inappropriate questions asked by an NHS 111 call handler and the attitude of a clinical advisor.</strong></td>
<td>Apologies given by NHS 111 after a full investigation. Additional staff training implemented for call handlers and clinical advisors.</td>
</tr>
</tbody>
</table>
Sample of provider complaints and actions

<table>
<thead>
<tr>
<th>Provider</th>
<th>Theme</th>
<th>Actions taken</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath Doctors Urgent Care (BDUC)</td>
<td>Lack of GP availability</td>
<td>Remodelling of service to reallocate resource to meet demand</td>
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<td></td>
<td>Long waiting times</td>
<td>Improve communication to patients by displaying wait times in the waiting area</td>
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<td></td>
<td>Compliance with national guidelines</td>
<td>National Guidelines laminated and displayed in all clinical rooms</td>
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<tr>
<td>Arriva Transport Solutions Limited (ATSL)</td>
<td>Outbound journeys that are late</td>
<td>New electronic systems for journey planning implemented minimising the risk of human error. Locality manager monitoring future journeys.</td>
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<td></td>
<td>Inbound journeys that are missed</td>
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<tr>
<td></td>
<td>Inbound journeys that are late</td>
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<td></td>
<td>Crew behaviour</td>
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<td></td>
<td>Care standards</td>
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<tr>
<td>Avon and Wiltshire Mental Health Partnership (AWP)</td>
<td>Clinical Care</td>
<td>Assurances provided that any restraining intervention is used as a last resort with patient safety considered foremost.</td>
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<td></td>
<td>Bed Management</td>
<td>Better explanations given to service users regarding the level of detail provided to their GP after episodes in urgent care</td>
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<td></td>
<td>Attitude of Staff</td>
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<tr>
<td>Sirona Care and Health</td>
<td>Communication</td>
<td>New approach to customer care implemented leading to a substantial reduction in complaints received.</td>
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<td></td>
<td>Quality of Care</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Delays in access to services</td>
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</tbody>
</table>