

# Complaints Report

**Quarter 2, 2017/2018**

(1 July 2017 to 30 September 2017)

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## Overview

Successes	Priorities
<ul style="list-style-type: none"> <li>• In quarter 2, the Patient Support &amp; Complaints Team acknowledged receipt of 100% of complaints within the agreed standard for timeliness.</li> <li>• There was a 15% decrease in complaints regarding appointments and admissions compared to quarter 1.</li> <li>• There was a 20% reduction in the overall number of complaints received by the Bristol Heart Institute compared to quarter 1.</li> </ul>	<ul style="list-style-type: none"> <li>• To increase divisional focus on ensuring timely complaints responses – in quarter 2, 83% of formal complaints and 65.8% of informal complaints were responded to within the agreed timeframe.</li> <li>• To continue to focus on getting the tone and substance of response letters right. Quarter 2 saw a reduction in the number of dissatisfied responses to our complaints investigations (9.9% compared to 18.2% in the previous quarter).</li> </ul>
Opportunities	Risks & Threats
<ul style="list-style-type: none"> <li>• Work has commenced with the Patients Association to develop a toolkit for complaints investigations; this will be made available nationally and will be launched at a complaints conference hosted by UH Bristol in March 2018.</li> <li>• The Trust's new complaints review panel met twice in quarter 2 (in October and November 2017 with the Divisions of Medicine and Diagnostics &amp; Therapies respectively), including lay representation. Feedback from both sessions has been very positive; points of learning have been welcomed and embraced by the divisions.</li> </ul>	<ul style="list-style-type: none"> <li>• The trend in complaints about appointment administration issues continued into quarter 2, with 45 complaints received in the quarter, compared to 46 in quarter 1.</li> <li>• Although complaints about Bristol Eye Hospital remain lower than they were for much of the year prior to May 2017, there is an emerging pattern of monthly increases in complaints since that time which the division is monitoring closely.</li> <li>• Complaints about 'attitude of nursing/midwifery staff' and 'clinical care (nursing/midwifery) both rose in quarter 2.</li> </ul>

## 1. Complaints performance – Trust overview

The Board monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received;
- Proportion of complaints responded to within timescale; and
- Numbers of complainants who are dissatisfied with our response.

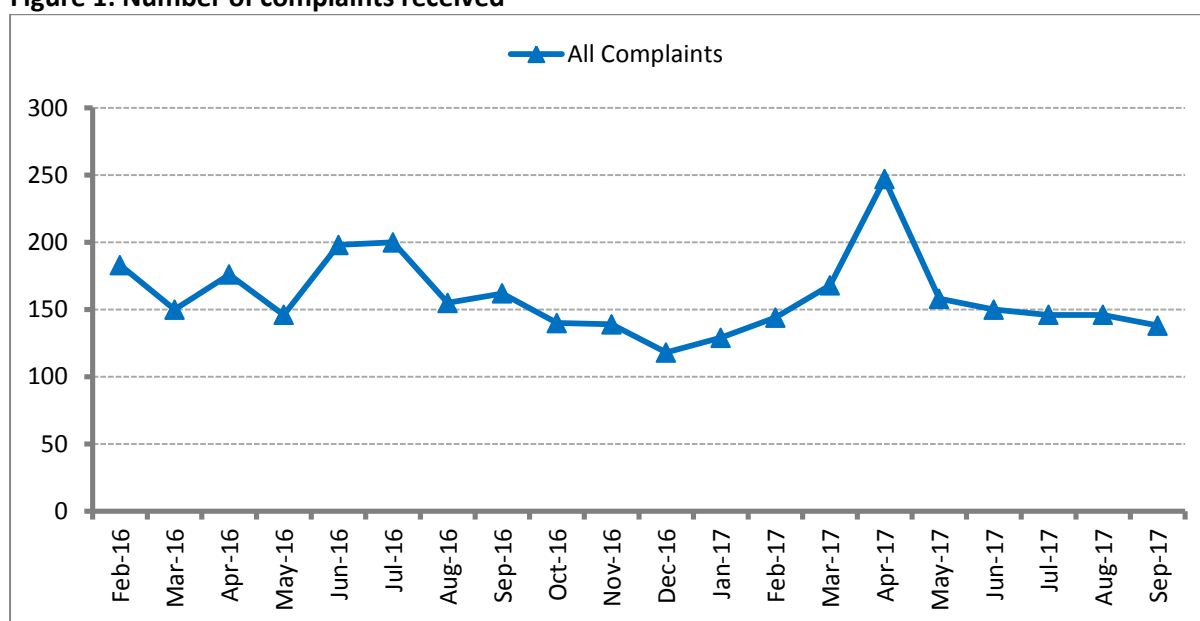
As complaints can be about inpatient stays, Emergency Department (ED) attendances, outpatient appointments, diagnostic tests, or matters indirectly linked to that, such as car parking, toilets, catering, portering, websites, call centres, etc., we now report complaints as a proportion of activity separately for inpatient, outpatient, ED and other. The data for this measure is shown later in this report at section 3.2.1.

### 1.1 Total complaints received

We received 430 complaints in Q2 of 2017/18. The total figure of 430 includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)<sup>1</sup>. This figure does not include concerns which may have been raised by patients and dealt with immediately by front line staff. The number of complaints received in Q2 represents a decrease of 22.5% compared to Q1 of 2017/18, the latter of which was particularly high at 555, due to a special cause variation in April 2017 (as reported in Q1). However, the Q2 total of 430 is also a decrease of 16.8% on the corresponding period one year previously.

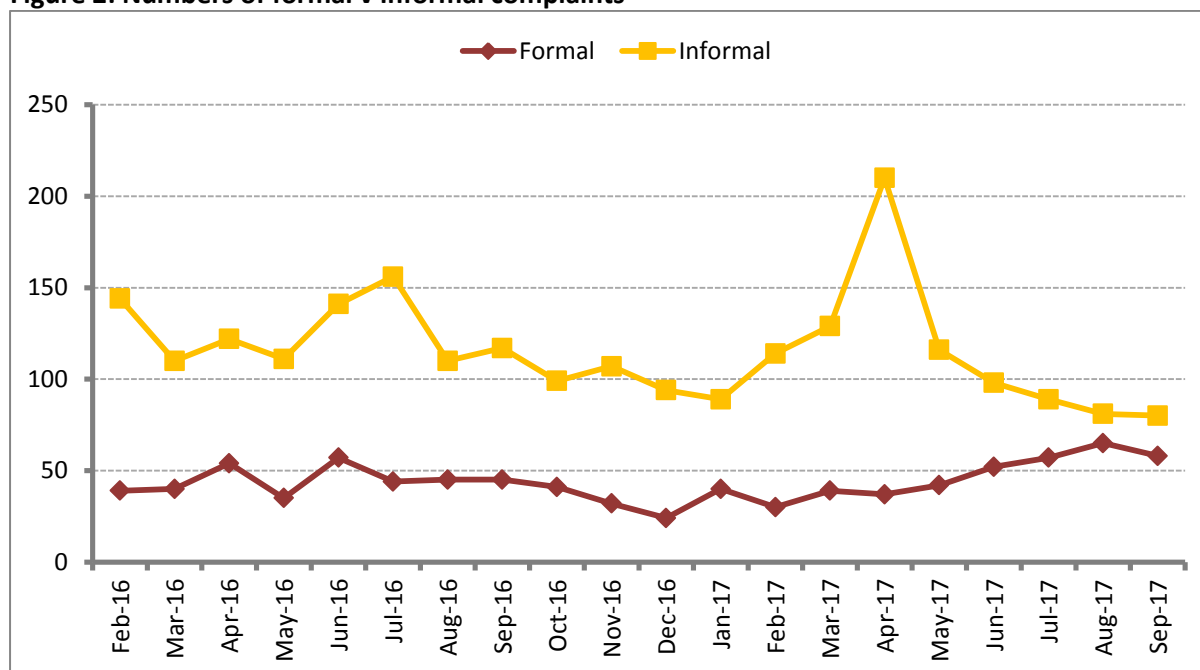
Figure 1 shows the pattern of complaints received in the last 20 months, which is when the Trust commenced recording complaints on the Datix system. Figure 2 shows complaints dealt with via the formal investigation process compared to those dealt with via the informal investigation process, over the same period.

**Figure 1: Number of complaints received**



<sup>1</sup> Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

**Figure 2: Numbers of formal v informal complaints**



## 1.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with, or arrange a meeting to discuss, our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days.

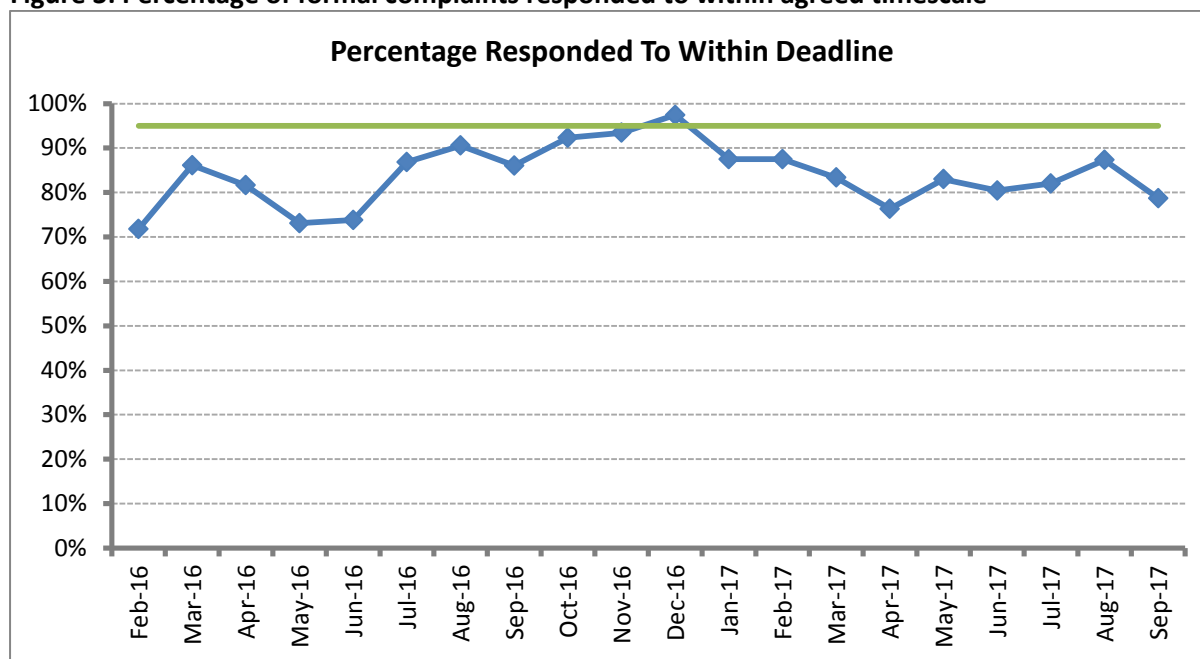
When a complaint is managed through the informal resolution process, the Trust and complainant also agree a timescale and this is usually 10 working days.

### 1.2.1 Formal Investigations

The Trust’s target is to respond to at least 95% of complaints within the agreed timescale. The end point is measured as the date when the Trust’s response is posted to the complainant. In Q2 of 2017/18, 83.0% of responses were posted within the agreed timescale, compared to 80.2% in Q1 2017/18, 86.0% in Q4 of 2016/17 and 88.1% during the same period one year previously. This represents 36 breaches out of 182 formal complaints which received a response during Q2 of 2017/18<sup>2</sup>. Figure 3 shows the Trust’s performance in responding to complaints since February 2016.

<sup>2</sup> Note that this will be a different figure to the number of complainants who *made* a complaint in that quarter.

**Figure 3: Percentage of formal complaints responded to within agreed timescale**



### 1.2.2 Informal Investigations

In Q2 2017/18, the Trust received 250 complaints that were investigated via the informal process. During this period, 237 informal complaints were responded to and 65.8% of these (156 of 237) were resolved within the time agreed with the complainant.

### 1.3 Dissatisfied complaints

Reducing numbers of dissatisfied complainants was one of the Trust’s corporate quality objectives for 2015/16, remained a priority throughout 2016/17 and will continue to be closely monitored in 2017/18. We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are then dissatisfied with the quality of our investigation into and response to their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation to that we do not make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint<sup>3</sup>.

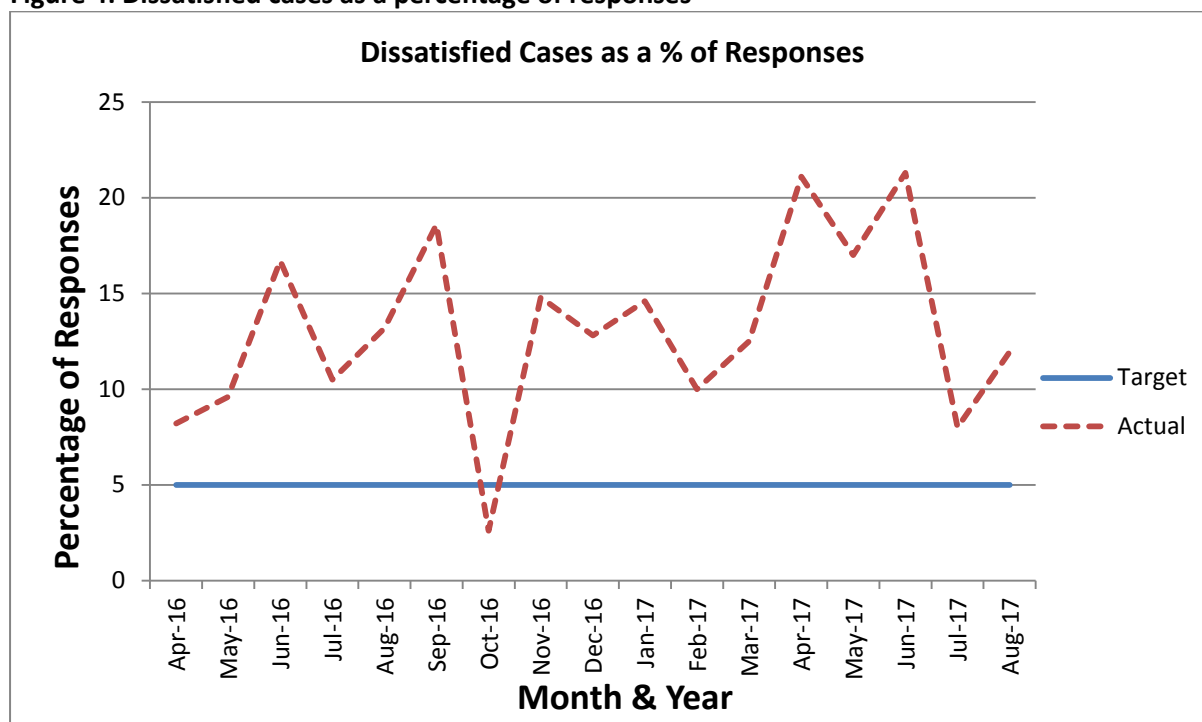
The way in which dissatisfied cases are reported is expressed as a percentage of the responses the Trust has sent out in any given month and our target is for less than 5% of complainants to be dissatisfied. This data is reported two months in arrears in order to capture the majority of cases where complainants tell us they were not happy with our response.

In Q2, by the cut-off point of mid-November 2017 (the date by which the dissatisfied data for July and August 2017 was finalised), 12 people had contacted us to say they were dissatisfied. This represents 9.9% of the 121 responses sent out during those months. Previously, in Q1, of a total of 132 responses sent out in the quarter, 24 had received a dissatisfied response at the point when monthly data was frozen for board reporting. This represented 18.2% of the responses sent out.

<sup>3</sup> Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

Figure 4 shows the percentage of complainants who were dissatisfied with aspects of our complaints response up until July 2017.

**Figure 4: Dissatisfied cases as a percentage of responses**



For each case where a complainant advises they are dissatisfied, the case is reviewed by a Patient Support and Complaints Officer, leading to one of the following courses of action, according to the complainant’s preference:

- The lead Division is asked to reinvestigate the outstanding concerns and send a further response letter to the complainant addressing these issues;
- The lead Division is asked to reinvestigate the outstanding concerns and arrange to meet with the complainant to address these issues
- On rare occasions, a letter may be sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Ombudsman to independently review their complaint. This option might be appropriate if, for example, if a complainant was disputing certain events that had been captured on CCTV and were therefore incontrovertible.

In the event that we do not have enough information to initiate the process outlined above, the allocated caseworker from the Patient Support and Complaints Team will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant wishes to be answered. Following this, the process noted above would then be followed.

In all cases where a further written response is produced, the draft is reviewed by the Patient Support and Complaints Manager and by the Head of Quality (Patient Experience and Clinical Effectiveness) before sending it to an Executive Director for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting), the case will be escalated to an Executive Director (usually the Chief Nurse) to review. As part of the escalation, Divisions are asked to consider whether some form of independent input might assist with achieving resolution and to discuss this with the Executive Director.

All dissatisfied cases are now reviewed by the Patient Support and Complaints Manager and the Head of Quality (Patient Experience and Clinical Effectiveness) on a monthly basis and learning from this review is shared with the Divisions. Those reports are then shared with the Patient Experience Group for information each quarter.

## 2. Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. Table 1 provides a breakdown of complaints received in Q2 2017/18 compared to Q1. In Q2, complaints in most of the major categories/themes decreased, including appointments and admissions (decreased from 159 complaints to 136). There were only slight increases in complaints about access and information & support.

**Table 1: Complaints by category/theme**

Category/Theme	Number of complaints received in Q2 (2017/18)	Number of complaints received in Q1 (2017/18)
Appointments & Admissions	136 (31.6%) ↓	159 (28.6% of total complaints) ↑
Clinical Care	121 (28.1%) ↓	129 (23.2%) ↑
Attitude & Communication	107 (24.9%) ↓	191 (34.4%) ↑
Information & Support	25 (5.8%) ↓	37 (6.7%) ↓
Facilities & Environment	17 (4%) ↑	16 (2.9%) ↓
Discharge/Transfer/Transport	15 (3.5%) ↓	17 (3.1%) ↑
Documentation	6 (1.4%) =	6 (1.1%) ↑
Access	3 (0.7% of total complaints) ↑	0 (0%) =
<b>Total</b>	<b>430</b>	<b>555</b>

Each complaint is also assigned to a more specific sub-category, for which there are over 100. Table 2 lists the ten most consistently reported sub-categories. In total, these sub-categories account for almost three quarters of the complaints received in Q2 (310/430).

**Table 2: Complaints by sub-category**

Sub-category	Number of complaints received in Q2 (2017/18)	Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)
Cancelled/delayed appointments and operations	68 (9.3% decrease compared to Q1) ↓	75	54	66
Clinical care (Medical/Surgical)	58 (17.1% decrease compared to Q1) ↓	70	70	54
Appointment administration issues	45 (2.2% decrease compared to Q1) ↓	46	35	152
Clinical care (Nursing/Midwifery)	28 (55.6% increase compared to Q1) ↑	18	13	13

Attitude of medical staff	28 (3.4% decrease compared to Q1) ↓	29	27	14
Failure to answer telephones/failure to respond	25 (13.6% increase compared to Q1) ↑	22	22	24
Communication with patient/relative	18 (20% increase compared to Q1) ↑	15	20	25
Attitude of nursing/midwifery staff	16 (433.3% increase compared to Q1) ↑	3	4	5
Discharge arrangements	13 (30% increase compared to Q1) ↑	10	12	13
Lost/misplaced medical records and/or test results	11 =	11	5	9

Complaints about ‘discharge arrangements’ and ‘lost medical notes and test results’ have been included for the first time in Q2 as these two sub-categories have replaced ‘transport’ and ‘attitude of administrative staff’ in the list of most frequently reported complaints themes.

There were increases in Q2 in respect of complaints received about ‘clinical care (nursing/midwifery)’ - from 18 in Q1 to 28 in Q2; and in complaints received about ‘attitude of nursing/midwifery’, from 3 in Q1 to 16 in Q2.

Complaints about ‘clinical care (nursing/midwifery)’ were received by all bed-holding Divisions: Women & Children – 12; Medicine – 9; Surgery – 5; and Specialised Services – 2.

Complaints about ‘attitude of nursing/midwifery’ were also received by all bed-holding Divisions: Medicine – 7; Surgery – 4; Women & Children – 3; and Specialised Services – 1.

In Q1, the number of complaints in respect of ‘appointment administration issues’ was flagged as a potential concern. This pattern was sustained in Q2, with only a 2% decrease compared to Q1.

In Q2, complaints in this sub-category were received by all clinical Divisions, as follows:

- Surgery – 21
- Medicine – 8
- Specialised Services – 7
- Women & Children – 5
- Diagnostics & Therapies – 4

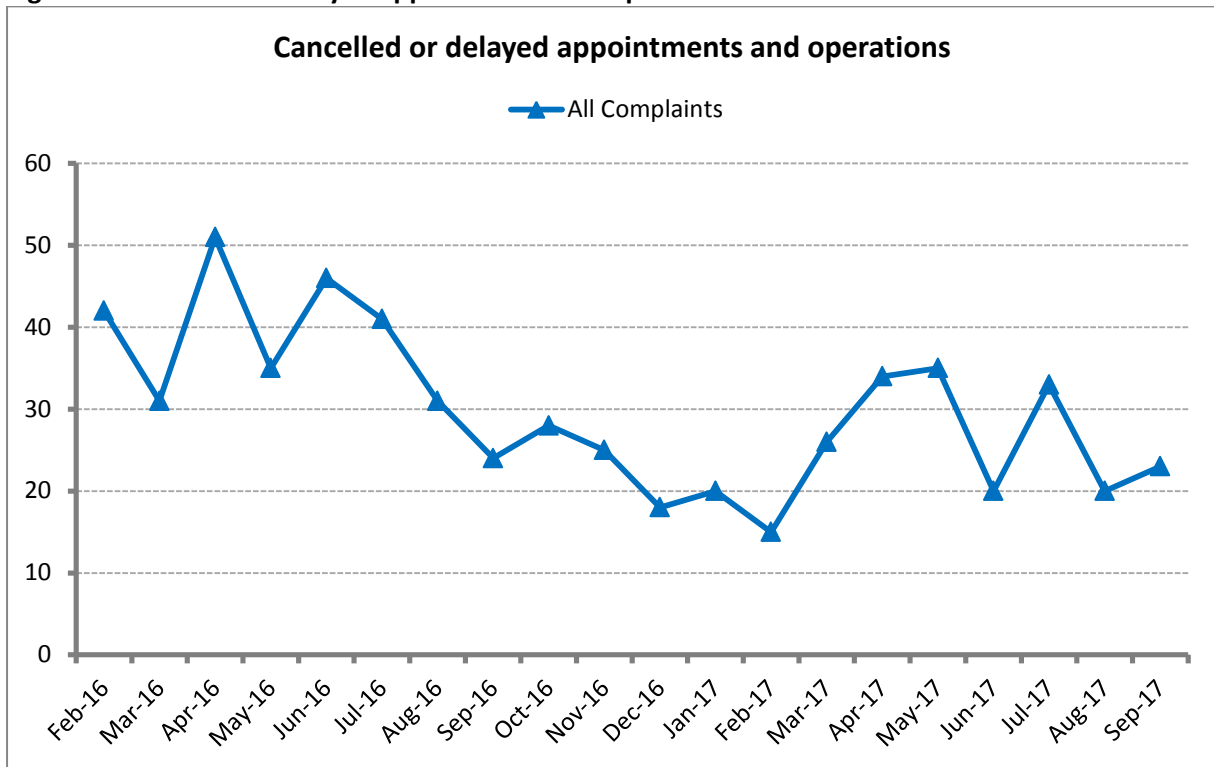
The complaints in this category were received by:

- Bristol Royal Infirmary – 14
- Bristol Dental Hospital – 12
- Bristol Heart Institute – 7
- Bristol Eye Hospital – 4
- Bristol Royal Hospital for Children – 4
- St Michael’s Hospital – 3
- South Bristol Community Hospital – 1



Figures 5, 6, and 7 show the four most commonly recorded sub-categories of complaint as detailed above, tracked since February 2016.

**Figure 5: Cancelled or delayed appointments and operations**



**Figure 6: Clinical care – Medical/Surgical**

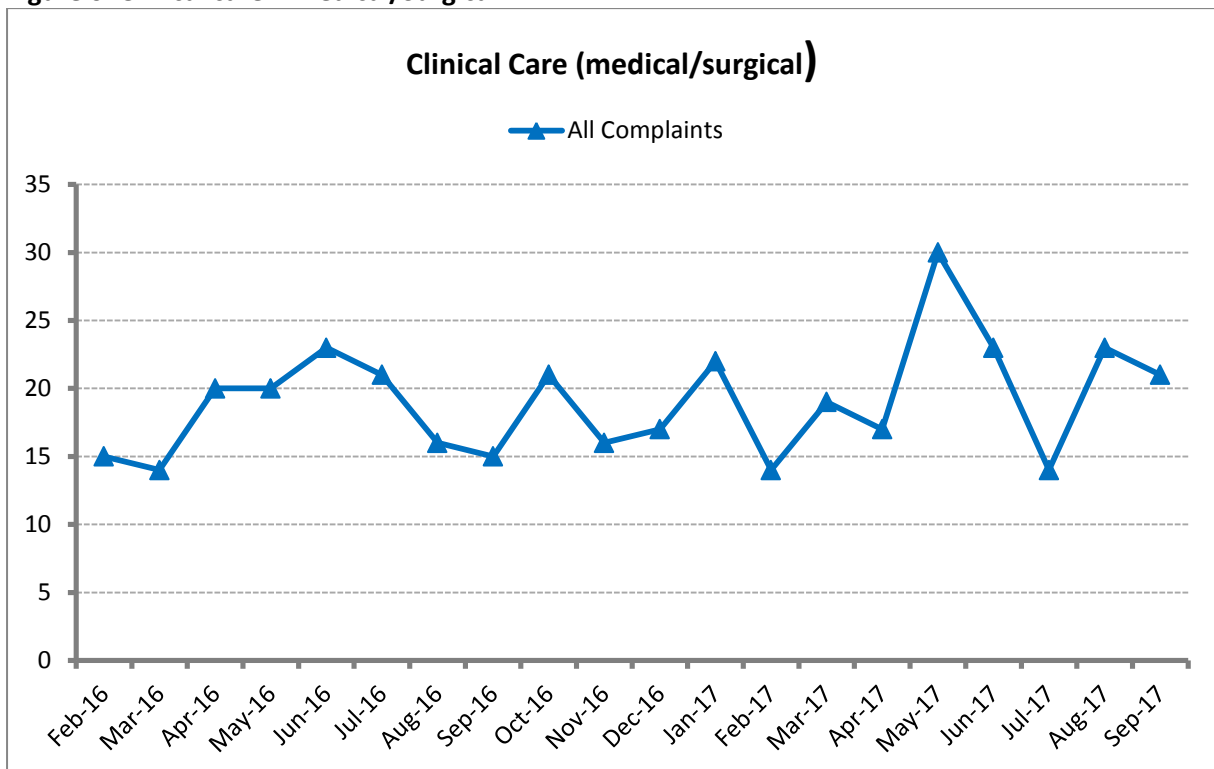
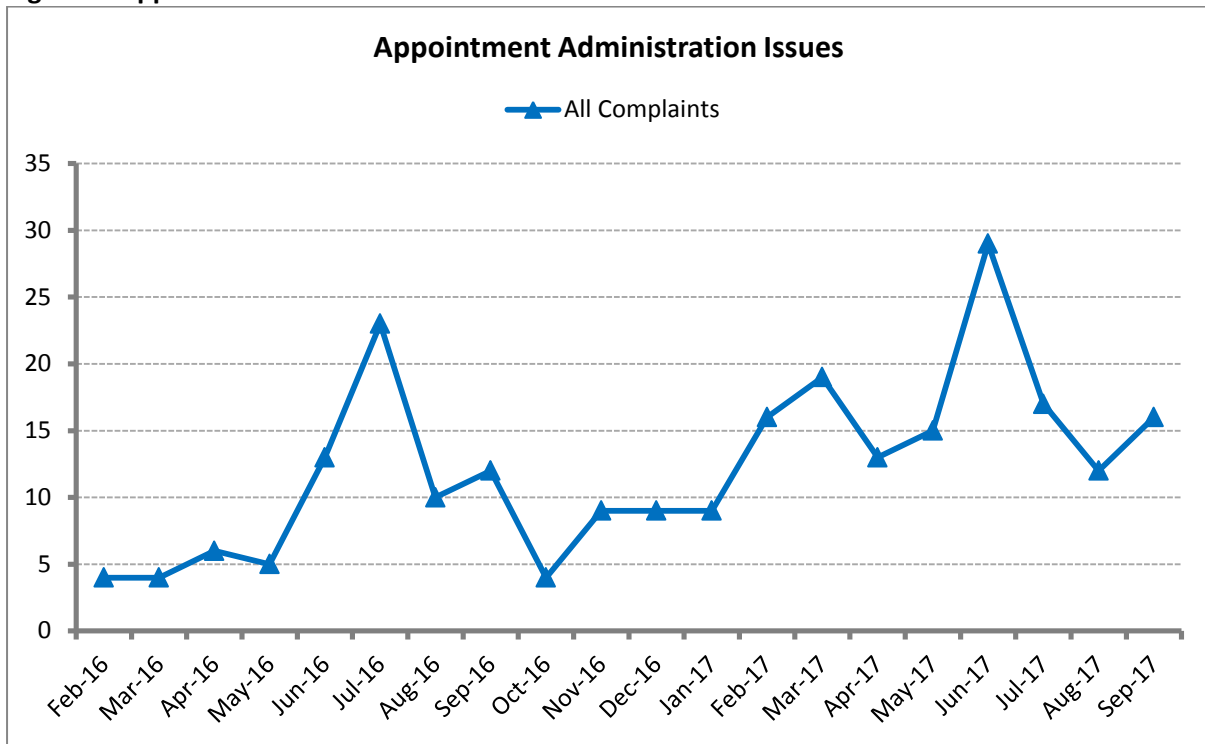


Figure 7: Appointment administration issues



### 3. Divisional Performance

#### 3.1 Divisional analysis of complaints received

Table 3 provides an analysis of Q2 complaints performance by Division. In addition to providing an overall view, the table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care. Data for the Division of Trust Services is not included in this table but is summarised in section 3.1.6 of the report.

<b>Table 3</b>	<b>Surgery</b>	<b>Medicine</b>	<b>Specialised Services</b>	<b>Women &amp; Children</b>	<b>Diagnostics &amp; Therapies</b>
Total number of complaints received	150 (175) ↓	108 (102) ↑	57 (70) ↓	74 (73) ↑	18 (13) ↑
Number of complaints about appointments and admissions	66 (94) ↓	19 (13) ↑	23 (31) ↓	22 (18) ↑	6 (3) ↑
Number of complaints about staff attitude and communication	29 (30) ↓	34 (27) ↑	13 (9) ↑	16 (19) ↓	7 (1) ↑
Number of complaints about clinical care	35 (36) ↓	36 (42) ↓	15 (19) ↓	31 (26) ↑	4 (5) ↓
Area where the most complaints have been received in Q4	Bristol Dental Hospital – 52 (79) Bristol Eye Hospital – 30 (25) Trauma & Orthopaedics – 11 (8) ENT – 13 (10) Lower GI – 4 (9) Upper GI – 8 (7)	Emergency Department (BRI) – 18 (28) Dermatology – 15 (9) Sleep Unit 7 (9) Ward A300 (AMU) – 5 (9) Ward A400 – 5 Ward A515 – 5 Ward A522 – 5	BHI (all) – 40 (50) BHI Outpatients – 18 (12) BHI Waiting List Office – 11 (8) Ward C708 – 2 (6) Appointments Dept (BHOC) – 3 (10)	Children's ED & Ward 39 (BRHC) – 6 (4) Gynaecology Outpatients (StMH) – 6 (6) Paediatric Orthopaedics – 6 (2) Central Delivery Suite (STMH) – 2 (6)	Radiology – 6 (4) Physiotherapy – 5 (3) Audiology – 2 (2)
Notable deteriorations compared to Q1	None	Dermatology – 15 (9)	BHI Outpatients – 18 (12)	None	Physiotherapy – 5 (3)
Notable improvements compared to Q1	None	Emergency Department – 18 (28)	BHI (all) – 40 (50) Appointments Dept (BHOC) – 3 (10)	Paediatric Orthopaedics – 6 (2)	None

### 3.1.1 Division of Surgery

In Q2, the Division of Surgery experienced a decrease of 14.5% in the total number of complaints received. There was a marked decrease in complaints about appointments and admissions (including cancelled or delayed appointments and operations), with 66 compared to 94 in Q1. Complaints about Bristol Dental Hospital also decreased from 79 in Q1 to 52 in Q2. Complaints about clinical care (nursing) and attitude of nursing staff both increased in Q2, as did complaints in respect of discharge arrangements. Although complaints about Bristol Eye Hospital remain lower than they were for much of the year prior to May 2017, there is an emerging pattern of monthly increases in complaints since that time which the division is monitoring closely.

**Table 4: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	3 (2% of total complaints) ↑	0 (0% of total complaints) =
Appointments & Admissions	66 (44%) ↓	94 (53.7%) ↑
Attitude & Communication	29 (19.3%) ↓	30 (17.1%) ↓
Clinical Care	35 (23.3%) ↓	36 (20.6%) ↑
Facilities & Environment	2 (1.3%) ↑	1 (0.6%) ↓
Information & Support	9 (6%) ↓	11 (6.3%) ↓
Discharge/Transfer/ Transport	5 (3.3%) ↑	2 (1.1%) ↑
Documentation	1 = (0.7%)	1 (0.6%) =
<b>Total</b>	<b>150</b>	<b>175</b>

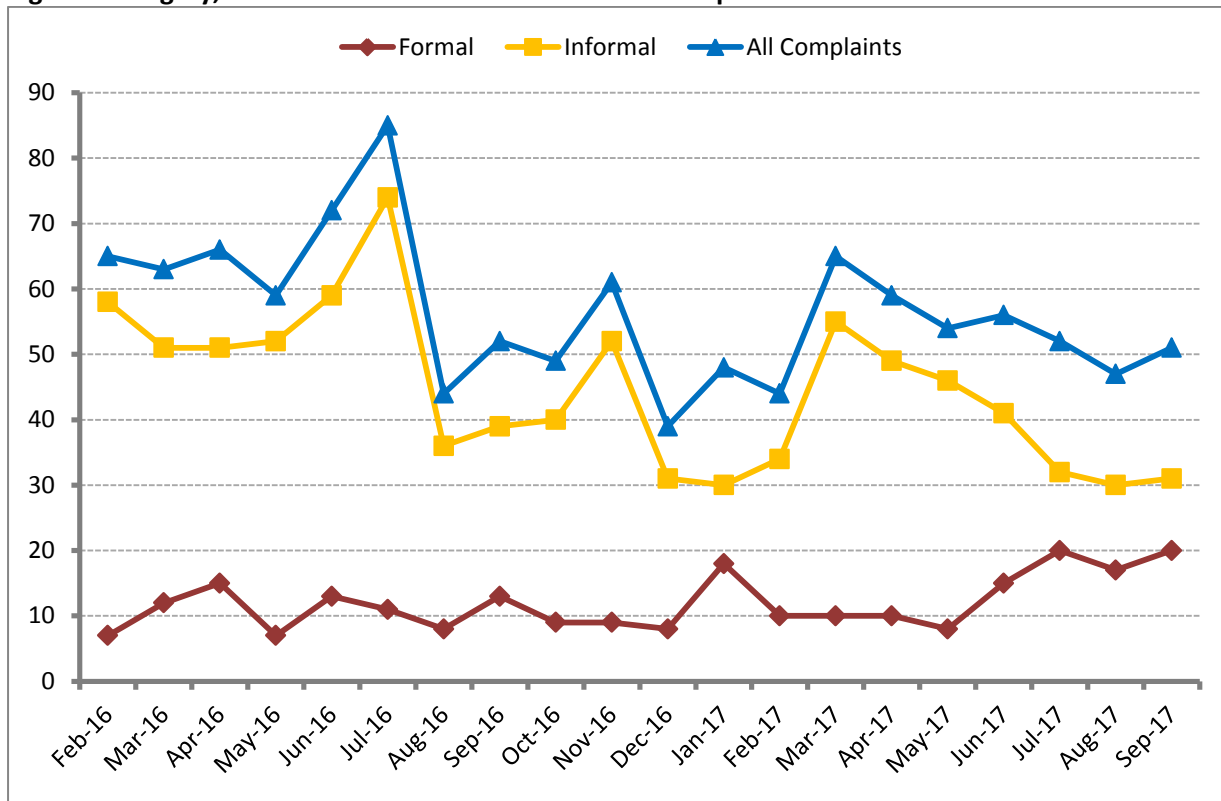
**Table 5: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	39 ↓	42 ↑
Clinical care (medical/surgical)	21 ↓	22 ↑
Appointment administration issues	22 ↓	33 ↑
Clinical care (nursing)	5 ↑	2 ↑
Attitude of medical staff	8 ↓	9 ↓
Failure to answer telephones/ failure to respond	11 ↑	10 ↑
Communication with patient/relative	3 =	3 ↓
Attitude of nursing staff	4 ↑	0 =
Discharge arrangements	5 ↑	1 ↓
Lost/misplaced medical records and/or test results	3 =	3 ↑

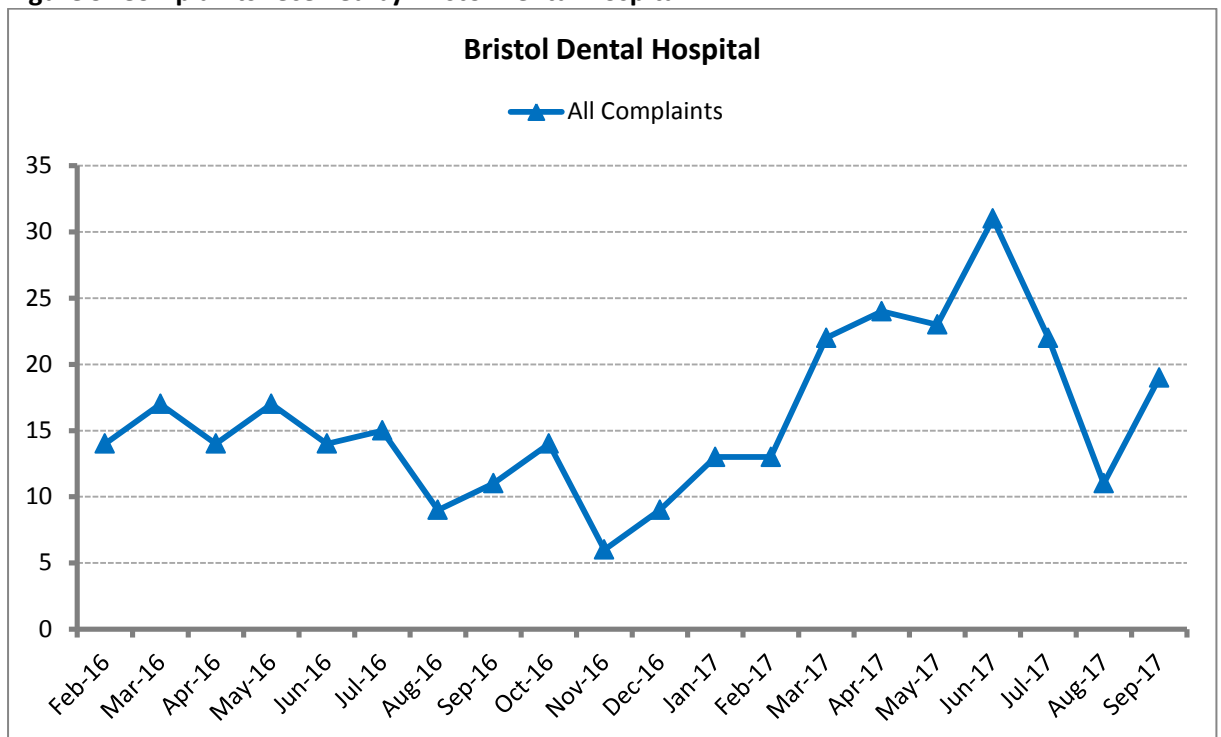
**Table 6: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
<p>In Q1, the Division reported that a significant proportion of complaints about the BDH related to concerns about telephone communications and attitude of administrative staff. The Division was seeking to identify which telephone numbers were the source of the problem and customer training was being arranged for administrative staff.</p> <p>Complaints about the Bristol Dental Hospital (BDH) decreased from 79 in Q1 to 52 in Q2, however this still accounted for a third of all complaints received by the Division in this period. The majority of BDH complaints were about Adult Restorative Dentistry (18), Administration Department (14), Child Dental Health (7) and Oral Surgery (7).</p> <p>Of the 52 complaints received, 19 related to cancelled or delayed appointments or procedures; 12 related to appointment administration issues and 9 were about failure to answer telephones.</p>	<p>We believe that the reduction in complaints in Q2 is, at least in part, due to the positive actions described in the Q1 report. We are continuing to monitor the telephone numbers that are being used by patients so that any delays in responding can be followed up.</p> <p>A complaints triage process has also been put in place, resulting in improvements in the timeliness of responding to informal complaints about BDH.</p> <p>A specific issue has been identified regarding a member of staff not answering their phone/messages. This has been addressed and the performance of the staff member is being managed and monitored.</p>	<p>Answer phones are on reception and in the patient access (outpatient booking) team are closely monitored.</p> <p>Administration teams are being restructured - due to be completed in Q3. Two new operational staff have also been appointed, providing more support for the admin teams.</p> <p>Patient access (outpatient booking team) is being relaunched with a focus on team working and effective cross-cover, with the aim of improving the overall performance.</p> <p>A 'BDH the Voice' competition has been held. The winner of the competition will use their voice to standardise all answerphone messages within the BDH.</p> <p>We are looking at various telephonic solutions to improve the flow of calls throughout the hospital.</p> <p>A consultant-led task and finish group met for the first time in November, focussing on the telephone communication pathway to help resolve patient concerns.</p> <p>The organisational development team is supporting the BDH in designing a bespoke customer service package to improve the performance of the receptionists.</p>
<p>The number of complaints about the Ear Nose and Throat service increased slightly from 10 in Q1 to 13 in Q2. These were all received by ENT Outpatients at St Michael's Hospital and were mainly in respect of cancelled or delayed appointments and appointment administration issues.</p>	<p>No specific patterns or trends have been identified.</p>	<p>Continue to monitor.</p>

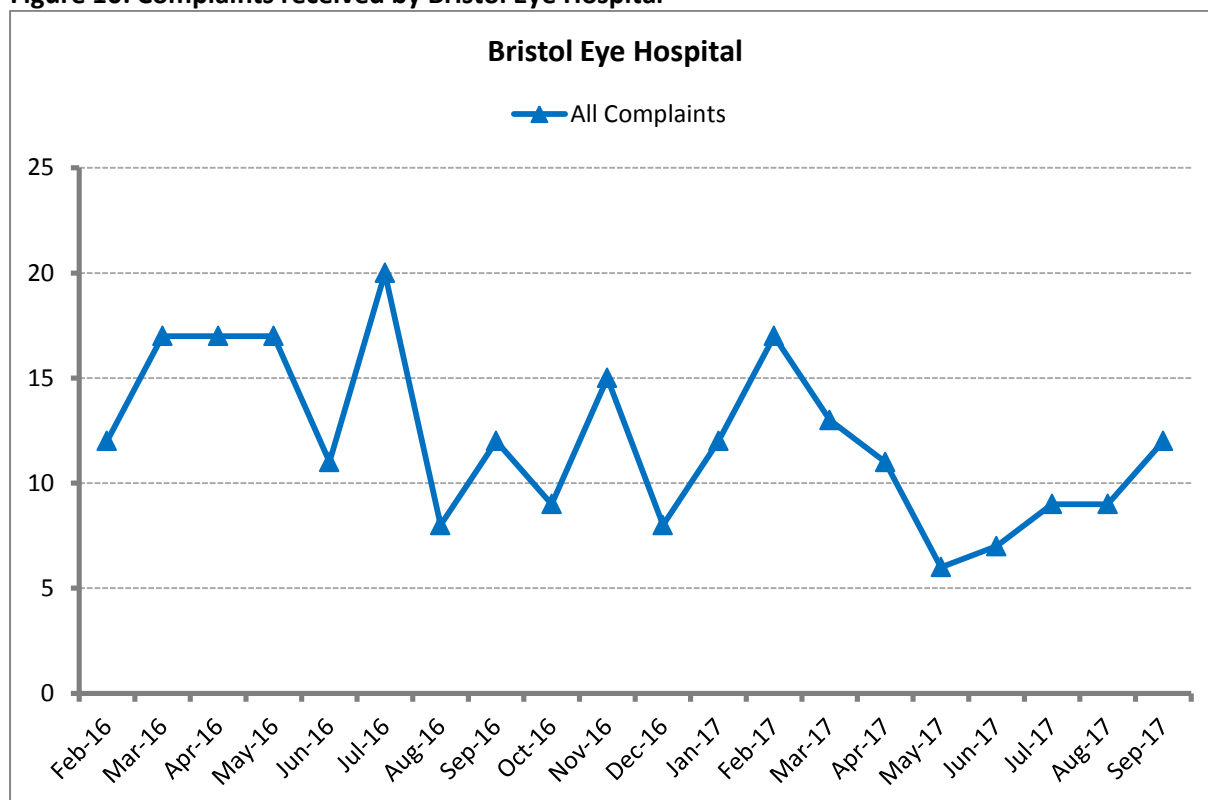
**Figure 8: Surgery, Head & Neck – formal and informal complaints received**



**Figure 9: Complaints received by Bristol Dental Hospital**



**Figure 10: Complaints received by Bristol Eye Hospital**



### 3.1.2 Division of Medicine

In Q2, the Division of Medicine received a similar amount of complaints as in Q1. There were increases in the number of complaints received in respect of appointments and admissions, information and support and discharge/transfer/transport. Complaints in respect of clinical care and facilities and environment both decreased.

**Table 7: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	19 (17.6%) ↑	13 (12.7%) ↓
Attitude & Communication	34 (31.5%) ↑	27 (26.5%) ↑
Clinical Care	36 (33.3%) ↓	42 (41.2%) ↑
Facilities & Environment	2 (1.9%) ↓	4 (3.9%) ↓
Information & Support	7 (6.5%) ↑	4 (3.9%) =
Discharge/Transfer/Transport	9 (8.3%) ↑	8 (7.8%) ↑
Documentation	1 (0.9%) ↓	4 (3.9%) ↑
<b>Total</b>	<b>108</b>	<b>102</b>

**Table 8: Top sub-categories**

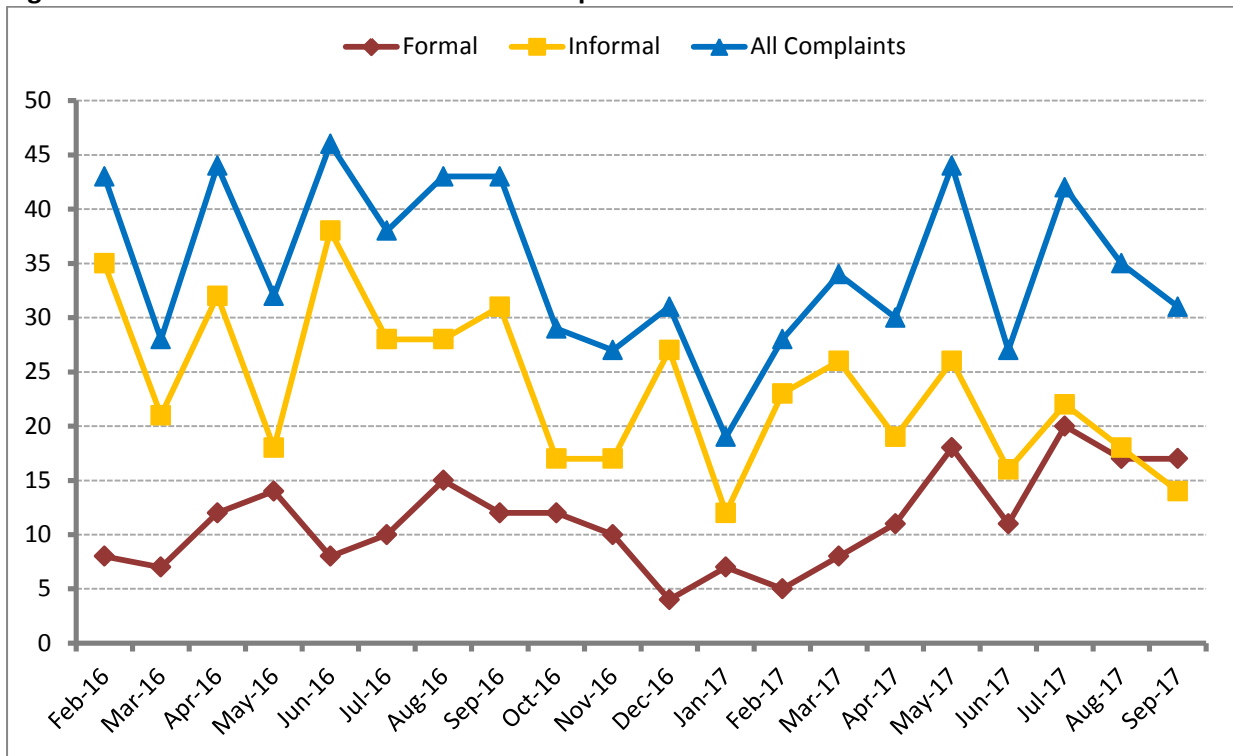
Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	9 ↑	5 ↓
Clinical care (medical/surgical)	19 ↓	26 ↑
Appointment administration issues	8 ↑	6 ↓
Clinical care (nursing)	9 ↑	7 ↑
Attitude of medical staff	12 =	12 ↑
Failure to answer telephones/failure to respond	5 =	5 ↑
Communication with patient/relative	6 ↑	2 ↓
Attitude of nursing staff	7 ↑	2 ↑
Discharge arrangements	8 ↑	3 ↓
Lost/misplaced medical records and/or test results	3 ↓	4 ↑

**Table 9: Divisional response to concerns highlighted by Q2 data**

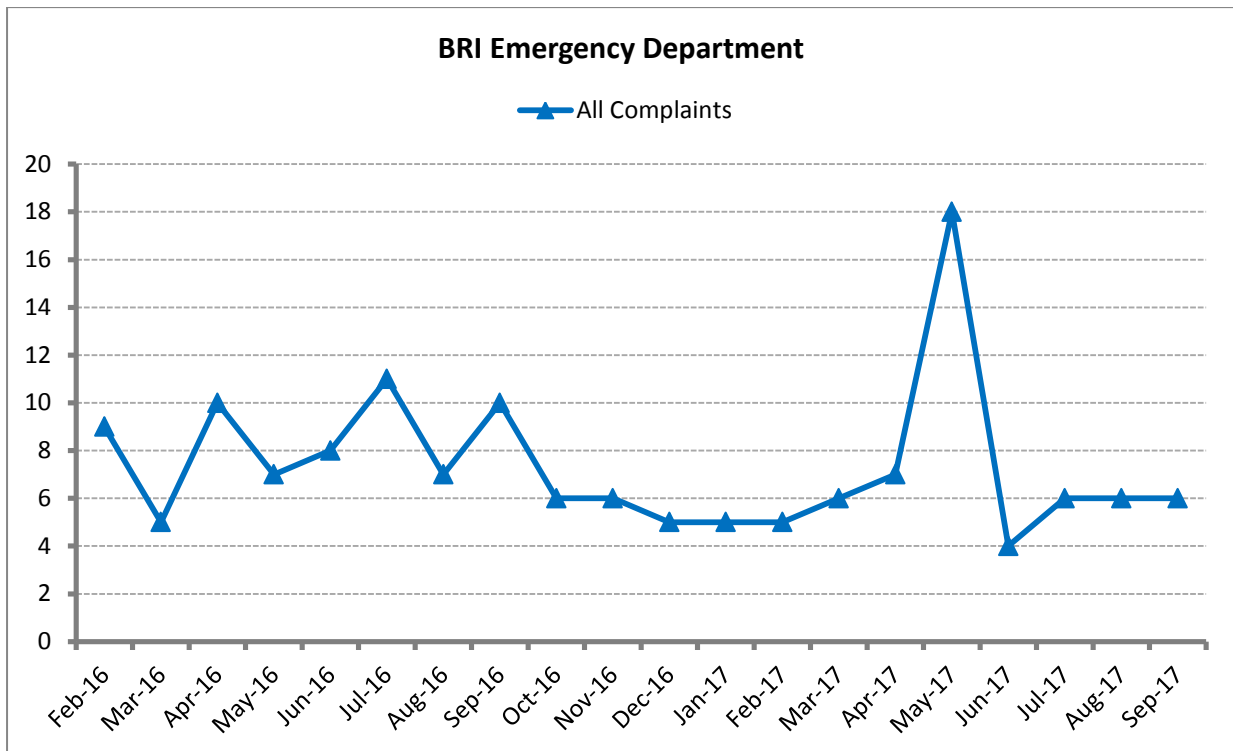
Concern	Explanation	Action
The Dermatology service received 15 complaints in Q2, compared to 9 in Q1, with 7 of these being about appointment issues. A further 4 related to attitude and communication.	The Dermatology service now incorporates services at Weston and Taunton. A significant quality focus of the expanded service is therefore on ensuring effective communication.	Complaints relating to communication and access to appointments continue to be closely monitored, with prompt action taken where themes emerge.



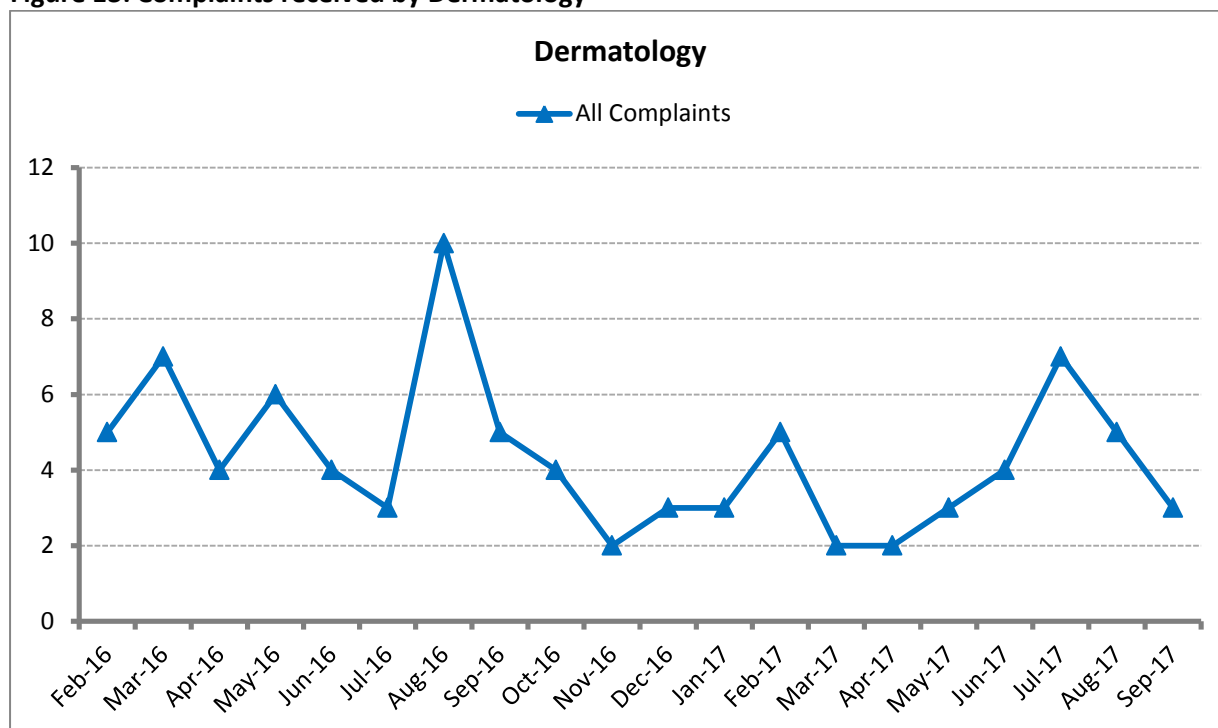
**Figure 11: Medicine – formal and informal complaints received**



**Figure 12: Complaints received by BRI Emergency Department**



**Figure 13: Complaints received by Dermatology**



### 3.1.3 Division of Specialised Services

In Q2, the Division of Specialised Services saw a decrease in the total number of complaints received for the third consecutive quarter. The only category where the division experienced an increase in complaints was in relation to attitude and communication. The number of complaints about clinical care (medical surgical) was half the number received in Q1. Approximately two thirds of complaints received in Q2 were resolved via an informal investigation.

**Table 10: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	23 (40.4%) ↓	31 (44.3%) ↑
Attitude & Communication	13 (22.8%) ↑	9 (12.9%) ↓
Clinical Care	15 (26.3%) ↓	19 (27.1%) ↓
Facilities & Environment	2 (3.5%) ↓	3 (4.3%) ↑
Information & Support	3 (5.3%) ↓	6 (8.6%) ↓
Discharge/Transfer/Transport	1 (1.8%) ↓	2 (2.9%) ↓
Documentation	0 (0%) =	0 (0%) =
<b>Total</b>	<b>57</b>	<b>70</b>

**Table 11: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	13 ↓	16 ↑
Clinical care (medical/surgical)	5 ↓	10 ↑
Appointment administration issues	7 ↓	11 ↑
Clinical care (nursing)	2 ↑	1 =
Attitude of medical staff	3 =	3 =
Failure to answer telephone/failure to respond	5 =	5 ↓
Communication with patient/relative	3 ↑	1 ↓
Attitude of nursing staff	1 ↑	0 ↓
Discharge arrangements	0 =	0 ↓
Lost/misplaced medical records and/or test results	4 ↑	3 ↑

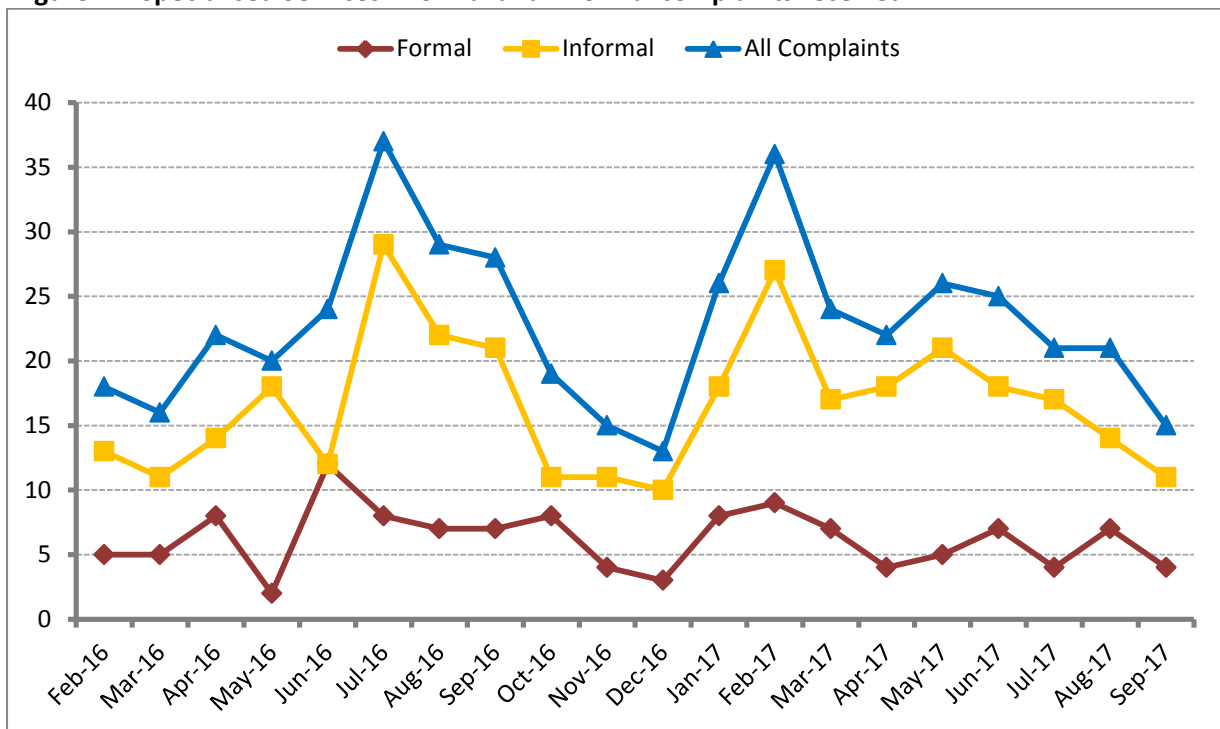
**Table 12: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
Of the 57 complaints received by the Division in Q2, 18 (32%) were for the Bristol Heart Institute Outpatients Department. 8 of these 18 complaints were in respect of clinical care; 6 were about appointments and admissions; and the remaining 4 related to attitude and communication.	Themes arising from complaints about the BHI OP department in Q2 include delays to outpatient follow up appointments, communication of test results and responding to telephone messages left.	<p>To address the backlogs in outpatient follow up clinics the division has appointed additional medical staff, increased the number of clinics available, and reviewed all patients to ensure that all those on the follow up list require face to face follow up and to identify any high risk patients to ensure that they are prioritised.</p> <p>With respect to test results, work has been undertaken to address typing backlogs; the division is now typing clinic letters within 7 days. The Division has also volunteered to undertake a pilot project which will involve typing clinic letters on the day of clinic, which will help further with overall typing times.</p> <p>There was a problem with staff sickness in the outpatient administration team throughout Q2,</p>

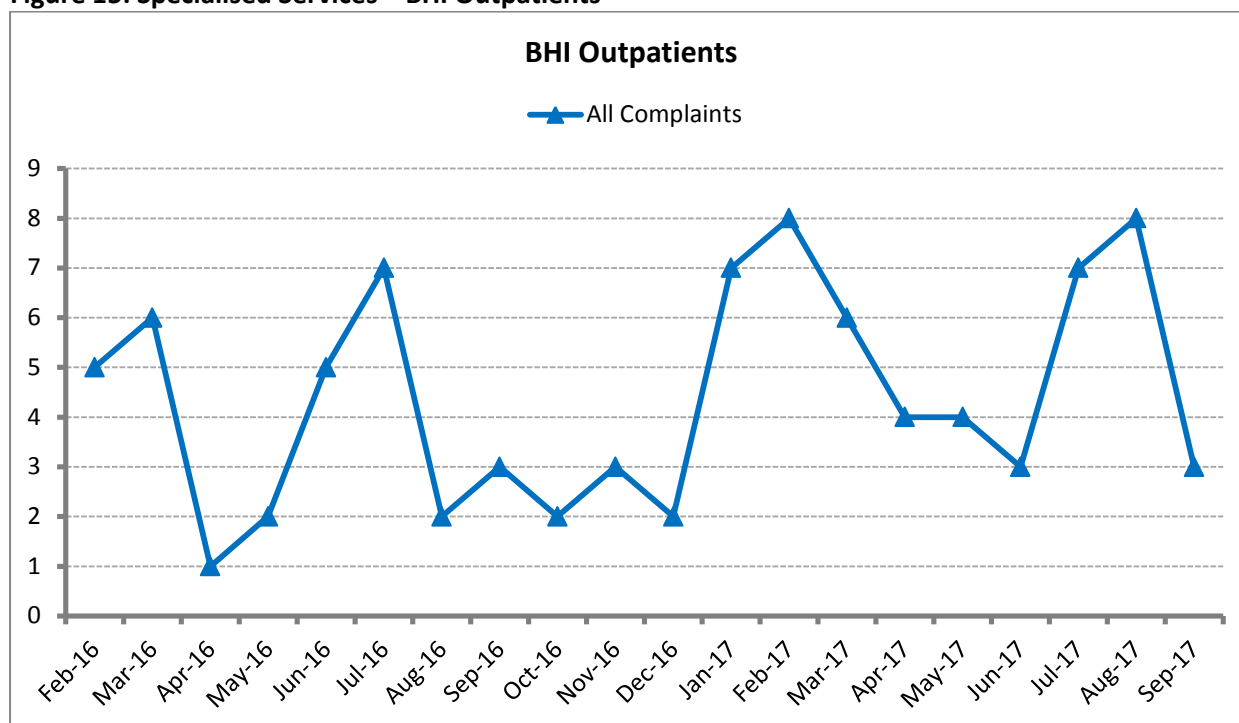
	<p>There were also a number of complaints relating to procedures which are not funded by the NHS.</p>	<p>but this has now resolved.</p> <p>Staff now have daily timetables which include checking and responding to voicemails.</p> <p>Clinicians in the division have been involved in the commission by evaluation process and have communicated the outcomes and information to patients and referring hospitals in order to manage expectations; however patients continue to highlight their concerns through the complaints process.</p>
<p>In Q1, the Division reported that they were working with Healthcare at Home to increase capacity for the delivery of chemotherapy. There were also plans in place to increase capacity in the Day Unit and to work with Diagnostics &amp; Therapies to develop a service covering bank holidays.</p> <p>In Q2, 10 complaints were received by the Chemo Day Unit/Outpatients department, an increase for the third consecutive quarter, although there was a reduction in complaints towards the end of the quarter. Of these 10 complaints, 4 were in respect of attitude and communication and 3 were about clinical care.</p>	<p>Of the 10 complaints received in Q2, 3 were related to delays in chemotherapy appointments.</p> <p>There were no specific patterns in the remaining 7 cases, although they tended to reflect the challenges of delivering difficult and often complex information to patients and relatives and the need for patients to revisit questions at different points in their journey.</p>	<p>In addition to actions outlined in Q1, the unit has also launched a new way of running its service (booking to chair) which has increased the capacity for chemotherapy delivery. The number of patients waiting for chemotherapy has reduced significantly. The team will be working a new shift pattern in the new year which will further support an increase in the numbers of treatments the department can deliver across the working day.</p> <p>One of the complaints raised concerns about the approach of a staff member which has since been addressed through supervision.</p> <p>In respect of the complaints which pertained to delivering difficult and complex information, key components of these complaints will be used in the training delivered to staff both across the division and across the trust. Further to this, Clinical Nurse Specialist teams are increasing their follow up phone calls to facilitate the process of information giving following the provision of diagnosis to improve the opportunity for patients to ask questions or raise queries at an early stage.</p>

<p>In Q2, the Division received 11 complaints about the Bristol Heart Institute Waiting List Office.</p> <p>Of these complaints, 9 were in respect of appointments and admissions and 2 were about attitude and communication.</p>	<p>Whilst the number of cancellations has decreased overall within cardiac services, the appointment and admissions complaints reflect delays to, or cancellation of, cardiac procedures during Q2. 2 complaints were received in relation to delays to responding to telephone messages left.</p>	<p>The division has commenced additional scheduling meetings to ensure scheduling reflects the bed availability within the critical care areas and so that teams can realistically and supportively manage patients' expectations. Further to this, letters have been reviewed to articulate more clearly the expected waiting times for procedures. The number of complaints regarding unanswered telephones is reducing and reflects the recruitment and training of new staff within the team.</p>
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**Figure 14: Specialised Services – formal and informal complaints received**



**Figure 15: Specialised Services – BHI Outpatients**



### 3.1.4 Division of Women’s and Children’s Services

The total number of complaints received by the Division remained similar for the third consecutive quarter, with a decrease in complaints in all categories with the exception of appointments and admissions and clinical care. This is the only division where the majority of complaints received in Q2 were resolved via the formal investigation process (42 formal compared to 32 informal).

**Table 13: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	22 (29.7%) ↑	18 (24.7%) ↑
Attitude & Communication	16 (21.6%) ↓	19 (26.1%) ↓
Clinical Care	31 (41.9%) ↑	26 (35.6%) ↓
Facilities & Environment	0 (0%) ↓	2 (2.7%) ↑
Information & Support	4 (5.4%) ↓	5 (6.8%) ↑
Discharge/Transfer/Transport	0 (0%) ↓	2 (2.7%) ↑
Documentation	1 (1.4%) =	1 (1.4%) =
<b>Total</b>	<b>74</b>	<b>73</b>

**Table 14: Top sub-categories**

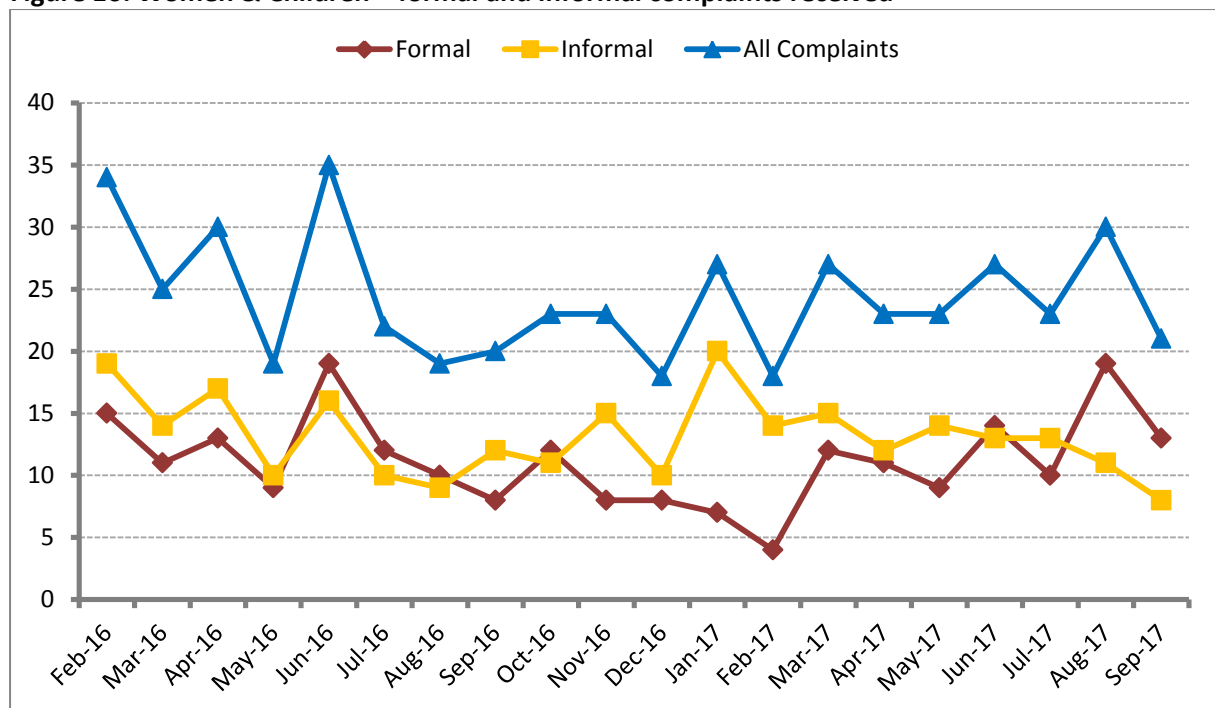
Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	13 ↑	11 ↑
Clinical care (medical/surgical)	12 ↑	11 ↓
Appointment administration issues	5 ↑	4 ↑
Clinical care (nursing/midwifery)	12 ↑	8 =
Attitude of medical staff	4 ↓	5 ↓
Failure to answer telephones /failure to respond	2 =	2 ↑
Communication with patient/relative	4 ↓	8 ↑
Attitude of nursing/midwifery	3 ↑	1 ↓
Discharge arrangements	0 ↓	2 ↑
Lost/misplaced medical records and/or test results	3 ↑	2 ↓

**Table 15: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
31 (42%) complaints received by the Division in Q2 related to clinical care. Of these, 20 were received by the Bristol Royal Hospital for Children and 11 were received by St Michael's Hospital.	<p><b>St Michael's</b></p> <p>In maternity and gynecology, many of the complaints related to very complex cases. On occasion, patients have not understood what has happened to them; complaints are sometimes arising in situations where what patients really need is further clarification about their care and treatment.</p> <p>One complaint related to a medication error on NICU and one complaint in Midwifery related to a practice issue.</p>	<p><b>St Michael's</b></p> <p>As part of the work of the Local Maternity System (LMS), the role of an "after birth thoughts" service is being considered.</p> <p>The medication error is being reviewed and investigated by the divisional patient safety team.</p> <p>Maternity support workers in the community have been re-trained on testing urine.</p>
Of the 74 complaints received by the Division in Q2, the highest numbers by	<p><b>St Michael's</b></p> <p>In gynaecology, complaints were due to process issues, e.g. waiting</p>	<p><b>St Michael's</b></p> <p>Process issues are being revisited and aligned. Partial booking list is in</p>

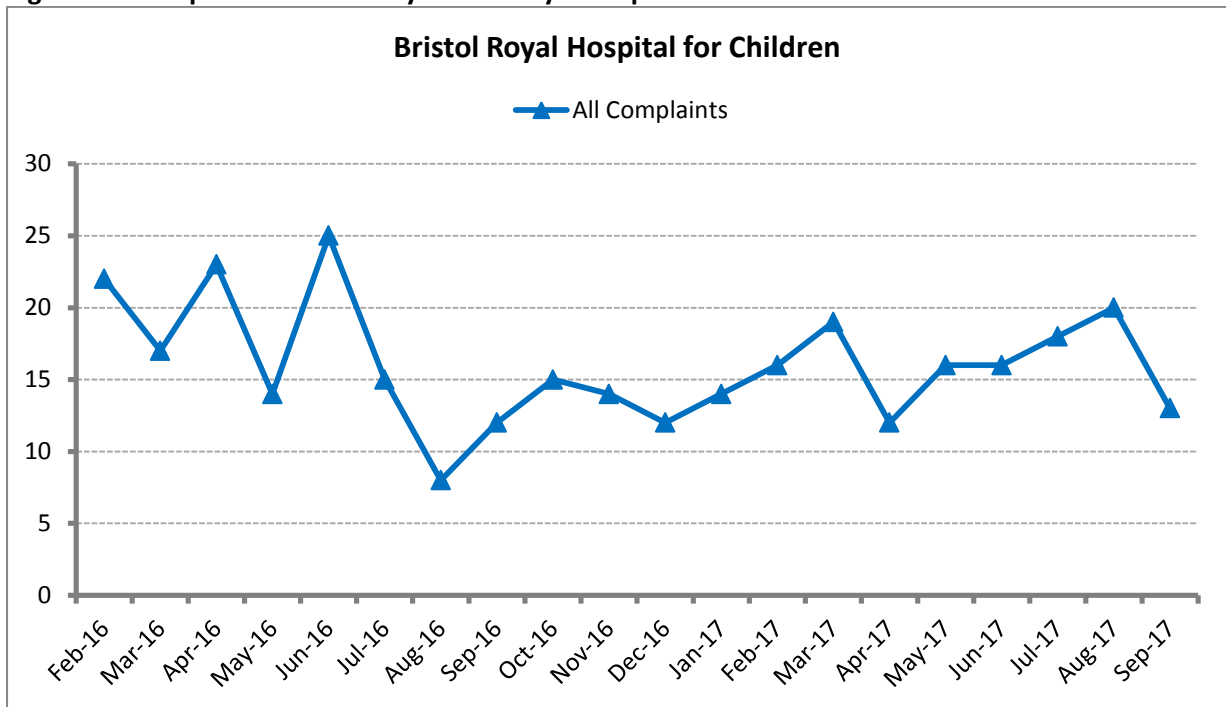
<p>department were received in the following areas:</p> <p>6 each for Children’s Emergency Department; Paediatric Orthopaedics; Gynaecology Outpatients; and 5 for NICU.</p> <p>7 for the Bristol Royal Hospital for Children Outpatients Department.</p>	<p>times and lack of follow up. The unit has had a problem with gaps in the junior doctor rota, with consultants having to act down.</p> <p><b>BRHC</b> Complaints received by the outpatient department and emergency department were mostly about waiting times and clinician attitude.</p>	<p>the process of being revalidated.</p> <p>The unit is also to review family involvement at ward rounds.</p> <p><b>BRHC</b> The waiting times concern relates to an ongoing capacity issue which is the subject of a strategic review. Attitude concerns are dealt with through direct feedback from line managers.</p>
<p>A total of 15 breaches of the formal response deadline were recorded for the Division in Q2. This represents more than a third of responses sent out by the Division during that period. 9 were responses from Bristol Royal Hospital for Children; the remaining 6 were from St Michael’s Hospital.</p>	<p><b>BRHC</b> The majority of the breaches were as a result of delays in getting clinician feedback on the complex clinical nature of the complaints.</p>	<p><b>BRHC</b> Response times to complaints are discussed at the quality assurance committee; senior clinicians who are present at this meeting are expected to give feedback to their respective teams regarding the importance of timely responses to complaints and concerns.</p>

**Figure 16: Women & Children – formal and informal complaints received**

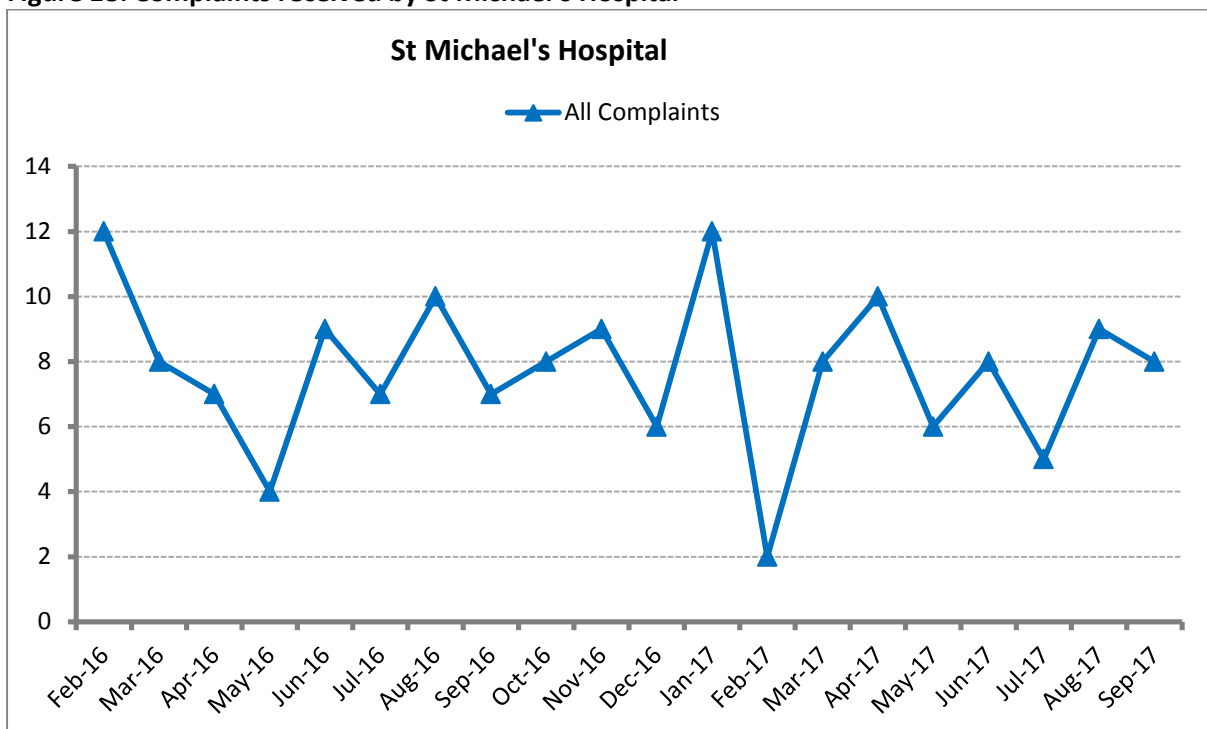




**Figure 17: Complaints received by Bristol Royal Hospital for Children**



**Figure 18: Complaints received by St Michael's Hospital**



### 3.1.5 Division of Diagnostics & Therapies

Complaints received by the Division of Diagnostics and Therapies increased from 13 in Q1 to 18 in Q2, with seven received being about attitude and communication and six about appointments and admissions. The Division continued its trend of resolving the majority of complaints via the informal complaints process.

**Table 16: Complaints by category type**

Category Type	Number and % of complaints received – Q2 2017/18	Number and % of complaints received – Q1 2017/18
Access	0 (0% of total complaints) =	0 (0% of total complaints) =
Appointments & Admissions	6 (33.3%) ↑	3 (23.1%) ↓
Attitude & Communication	7 (38.9%) ↑	1 (7.7%) ↓
Clinical Care	4 (22.2%) ↓	5 (38.4%) ↑
Facilities & Environment	0 (0%) ↓	2 (15.4%) ↑
Information & Support	0 (0%) ↓	2 (15.4%) ↑
Discharge/Transfer/Transport	0 (0%) =	0 (0%) ↓
Documentation	1 (5.6%) ↑	0 (0%) =
<b>Total</b>	<b>18</b>	<b>13</b>

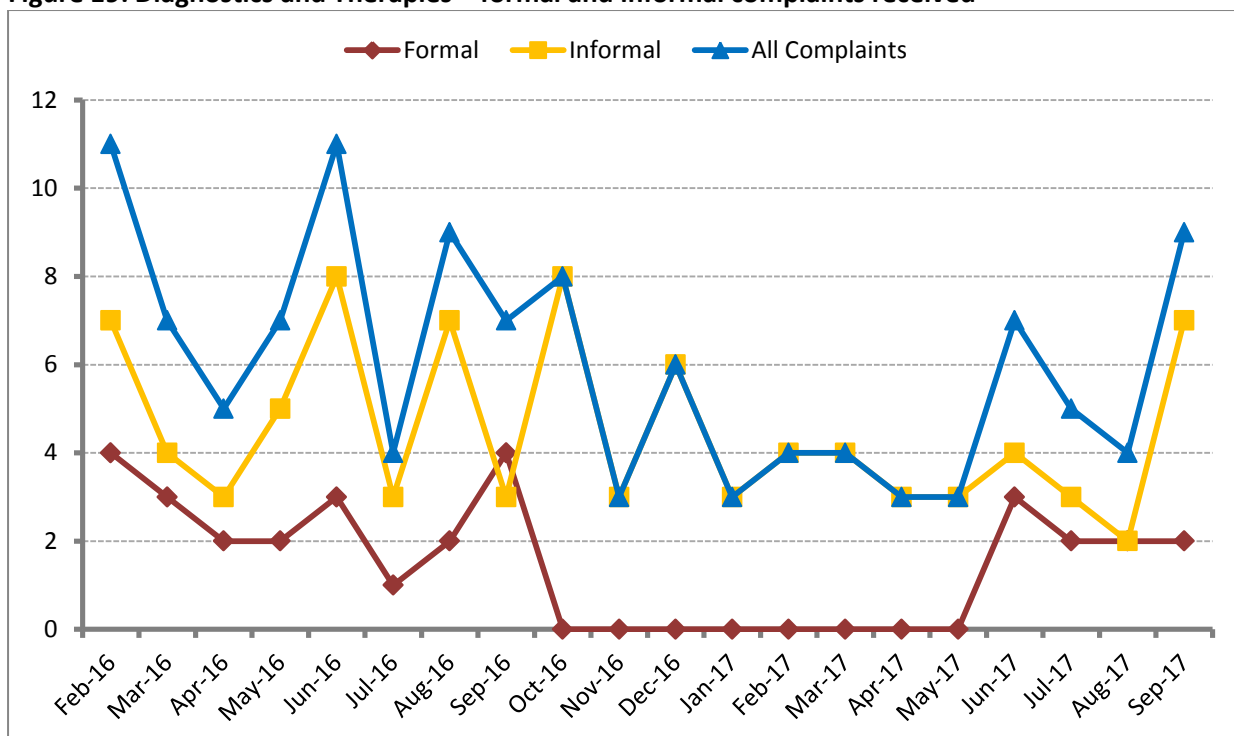
**Table 17: Top sub-categories**

Category	Number of complaints received – Q2 2017/18	Number of complaints received – Q1 2017/18
Cancelled or delayed appointments and operations	2 ↑	0 ↓
Clinical care (medical/surgical)	1 =	1 ↑
Appointment administration issues	4 ↑	2 =
Clinical care (nursing)	0 =	0 =
Attitude of medical staff	1 ↑	0 ↓
Failure to answer telephones /failure to respond	1 ↑	0 ↓
Communication with patient/relative	1 =	1 ↑
Attitude of nursing/midwifery	1 ↑	0 =
Discharge arrangements	0 =	0 =
Lost/misplaced medical records and/or test results	2 ↑	1 ↑

**Table 18: Divisional response to concerns highlighted by Q2 data**

Concern	Explanation	Action
Of the 18 complaints received in Q2, 5 were received by the Physiotherapy service at Bristol Royal Infirmary, compared to 3 in Q1 and 2 in Q4 of 2016/17. 3 of the 5 complaints were in respect of appointment administration issues and 2 were about failure to answer telephones.	High levels of staff sickness and ongoing recruitment during Q2 led to difficulties in making appointments and communicating with the department.	Admin review and project in place to simplify systems and train staff. A new phone system has been implemented, additional bank staff are now in place to answer calls, and the service is also looking to appoint to a permanent position.

**Figure 19: Diagnostics and Therapies – formal and informal complaints received**



### 3.1.6 Division of Trust Services

The Division of Trust Services, which includes Facilities & Estates, received 23 complaints in Q2, compared to 121 in Q1. However there was a spike in Q1 when the Trust received over 100 complaints about security officers being asked to remove union jack badges from their uniforms (this was explained fully in the Q1 report). A comparison with the activity for this Division during a “normal” quarter would be the 32 complaints received in Q4 of 2016/17.

Figure 20: Trust Services – formal and informal complaints received

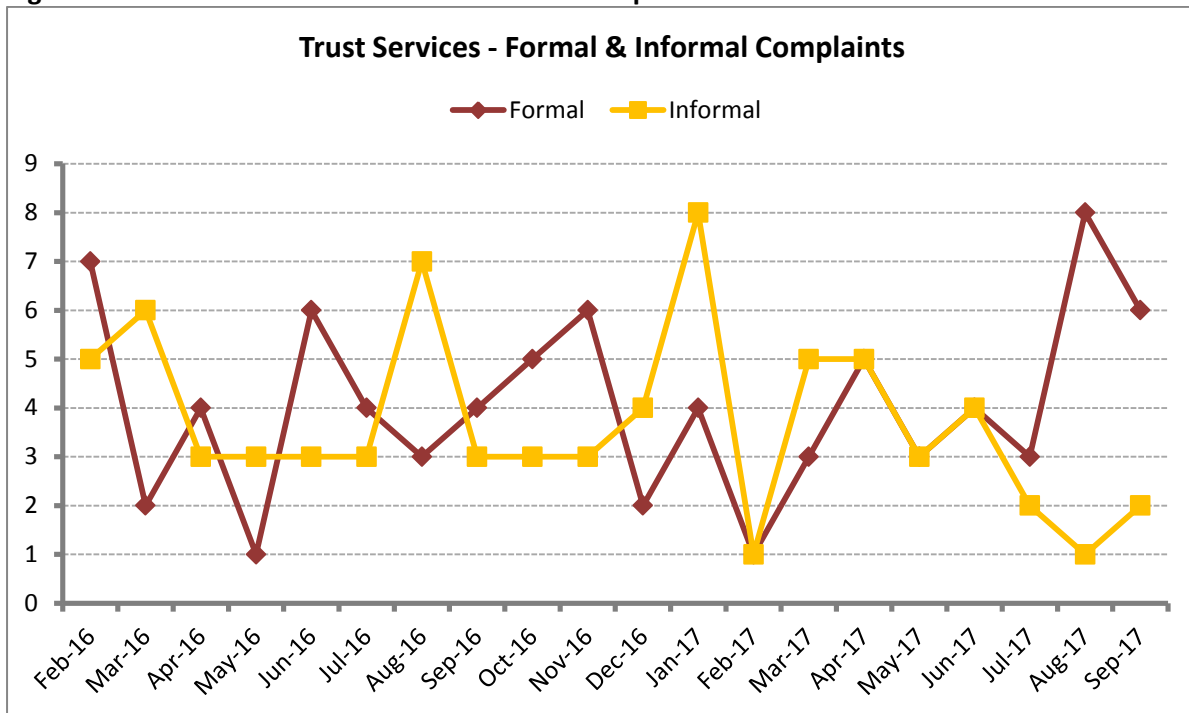


Figure 21: Trust Services – car parking complaints

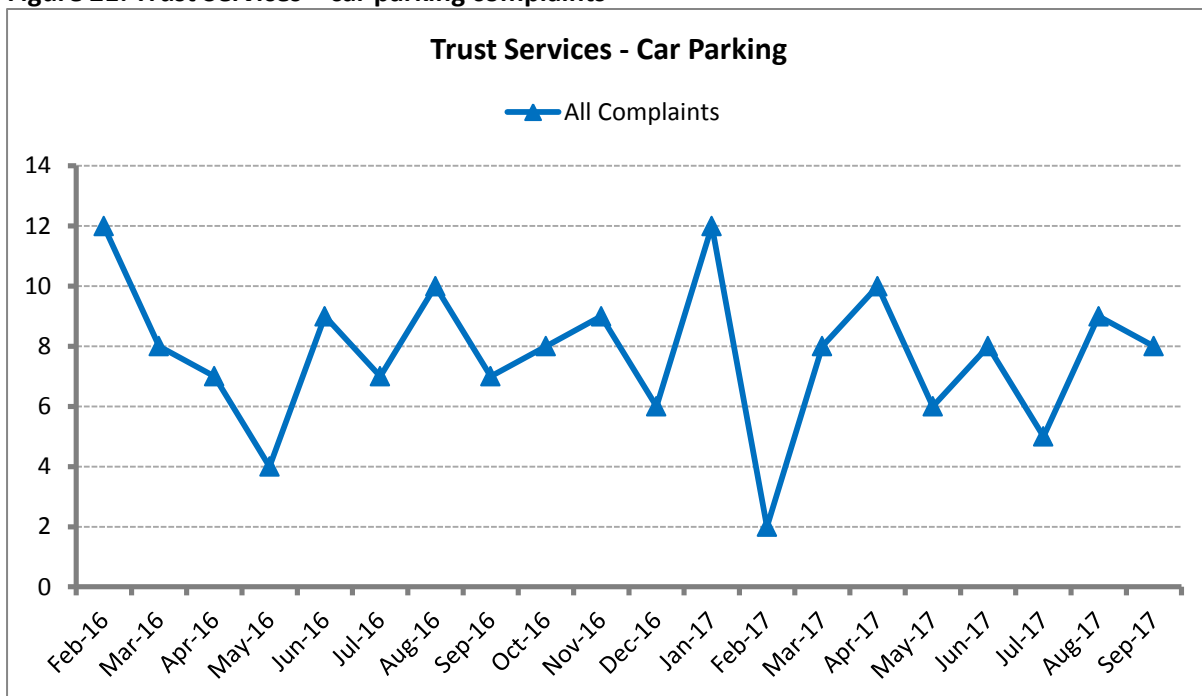
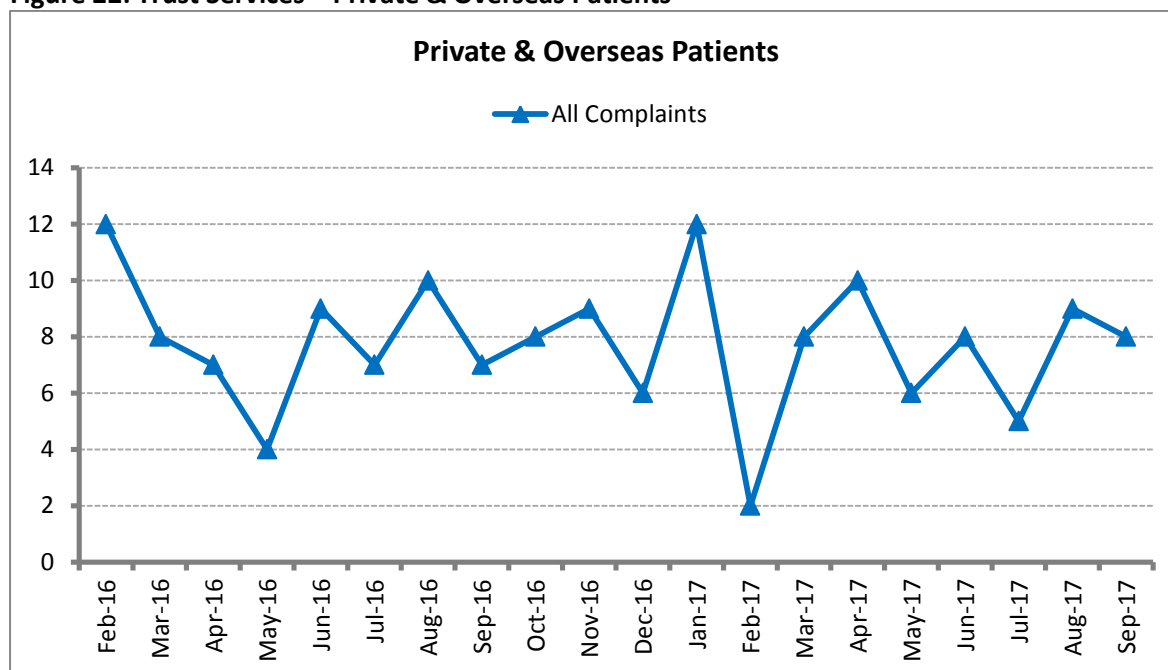


Figure 22: Trust Services – Private & Overseas Patients



### 3.2 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Table 19: Breakdown of complaints by hospital site

Hospital/Site	Number and % of complaints received in Q2 2017/18	Number and % of complaints received in Q1 2017/18
Bristol Royal Infirmary	180 ↓	279 (50.3%) ↑
Bristol Dental Hospital	52 ↓	79 (14.2%) ↑
Bristol Royal Hospital for Children	51 ↑	44 (7.9%) ↓
Bristol Heart Institute	40 ↓	50 (9.0%) ↓
St Michael's Hospital	39 ↑	37 (6.7%) ↑
Bristol Eye Hospital	30 ↑	25 (4.5%) ↓
Bristol Haematology & Oncology Centre	20 ↓	21 (3.8%) =
South Bristol Community Hospital	7 =	7 (1.3%) ↑
Community Midwifery Services	1 ↓	3 (0.5%) ↑
Central Health Clinic	3 =	3 (0.5%)
Southmead Hospital (UH Bristol services)	1 ↓	3 (0.5%) ↑
Other Trust	1 ↓	2 (0.4%) ↓
Community Dental Sites	1 =	1 (0.2%) =
Trust Headquarters	1 =	1 (0.2%) ↑
Adult Audiology Service (Community)	1 ↑	0
Estates & Facilities Building	1 ↑	0
Off Trust Premises	1 ↑	0
<b>TOTAL</b>	<b>430</b>	<b>555</b>

### 3.2.1 Breakdown of complaints by inpatient/outpatient/ED status

In order to more clearly identify the number of complaints received by the type of service, Figures 23-27 below show data differentiating between inpatient, outpatient, Emergency Department and other complaints. The category of 'other' includes complaints about non-clinical areas, such as car parking, cashiers, administration departments, etc.

In Q2, 46.5% of complaints received were about outpatient services, 31% related to inpatient care, 6.3% were about emergency patients; and 16.3% fell into the category of 'other' (as explained above).

**Figure 23: All patient activity**

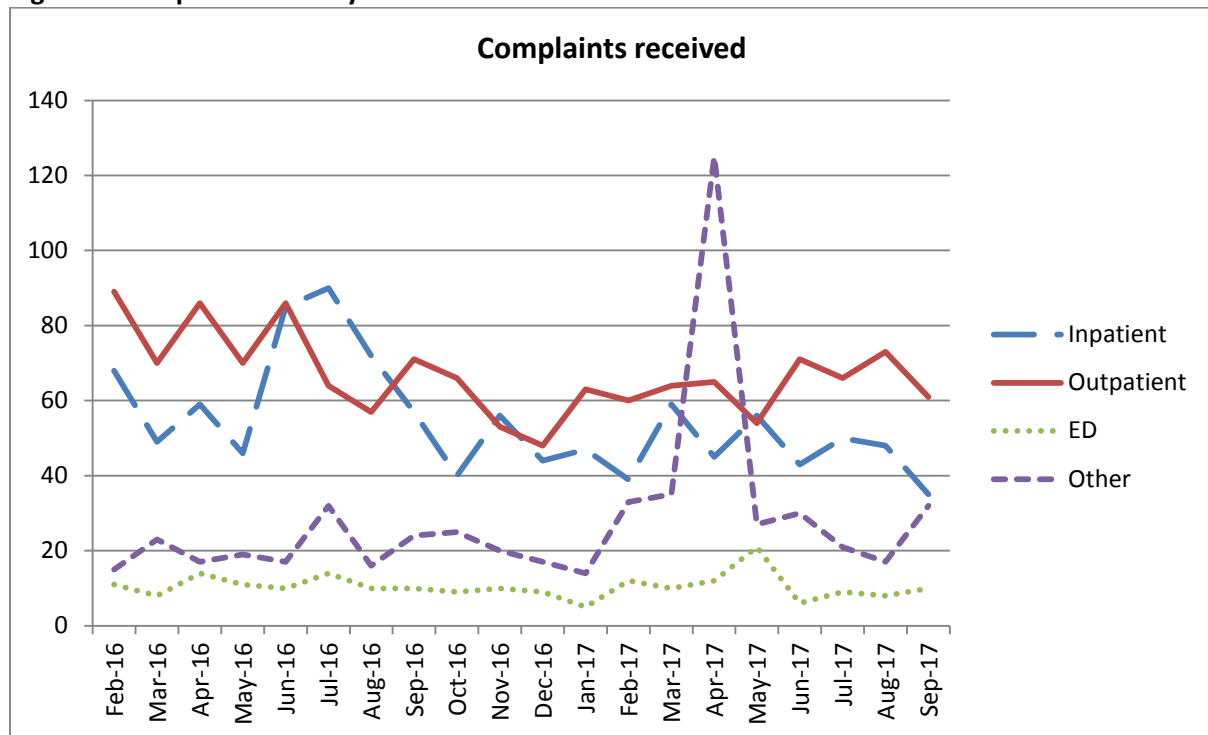


Figure 24: Complaints received from inpatients

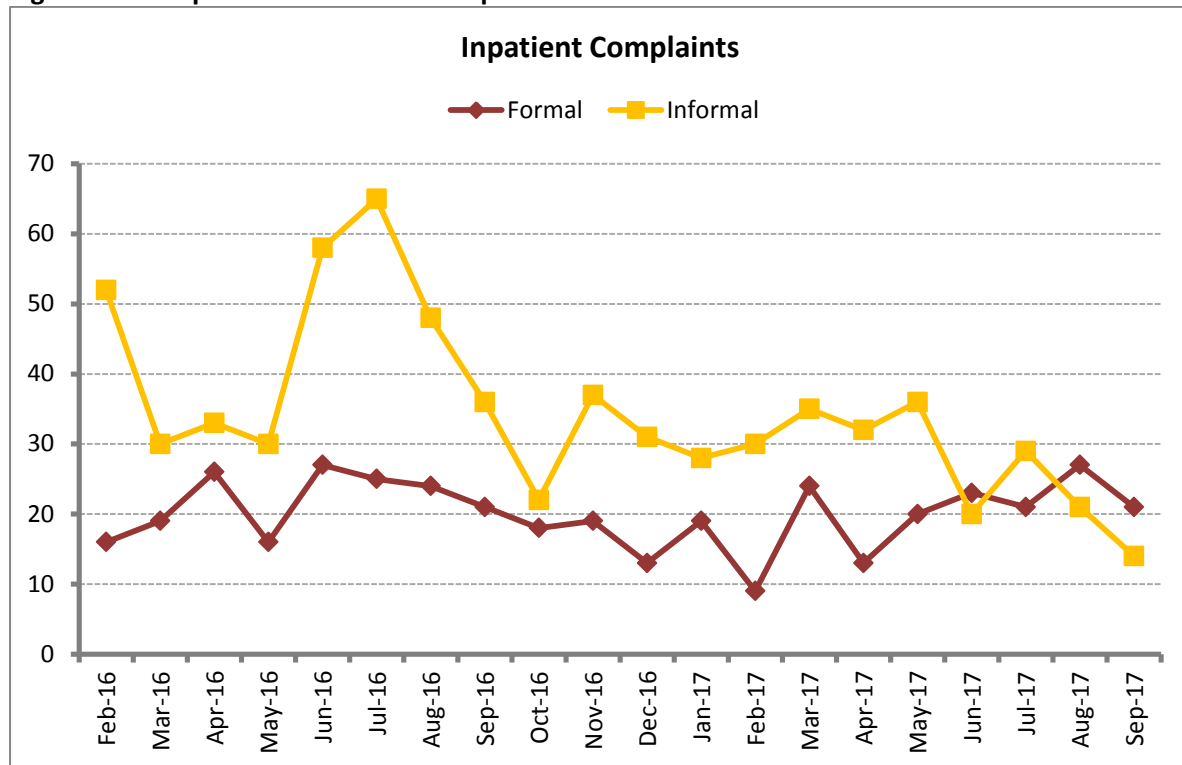


Figure 25: Complaints received from outpatients

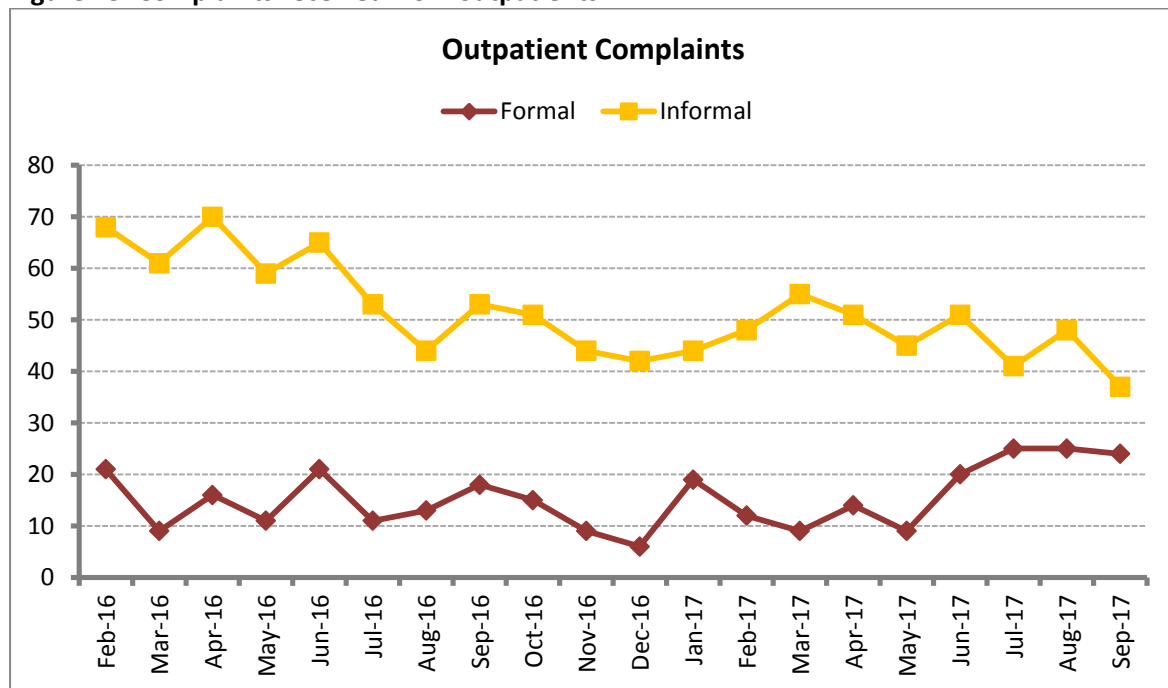


Figure 26: Complaints received from emergency department patients

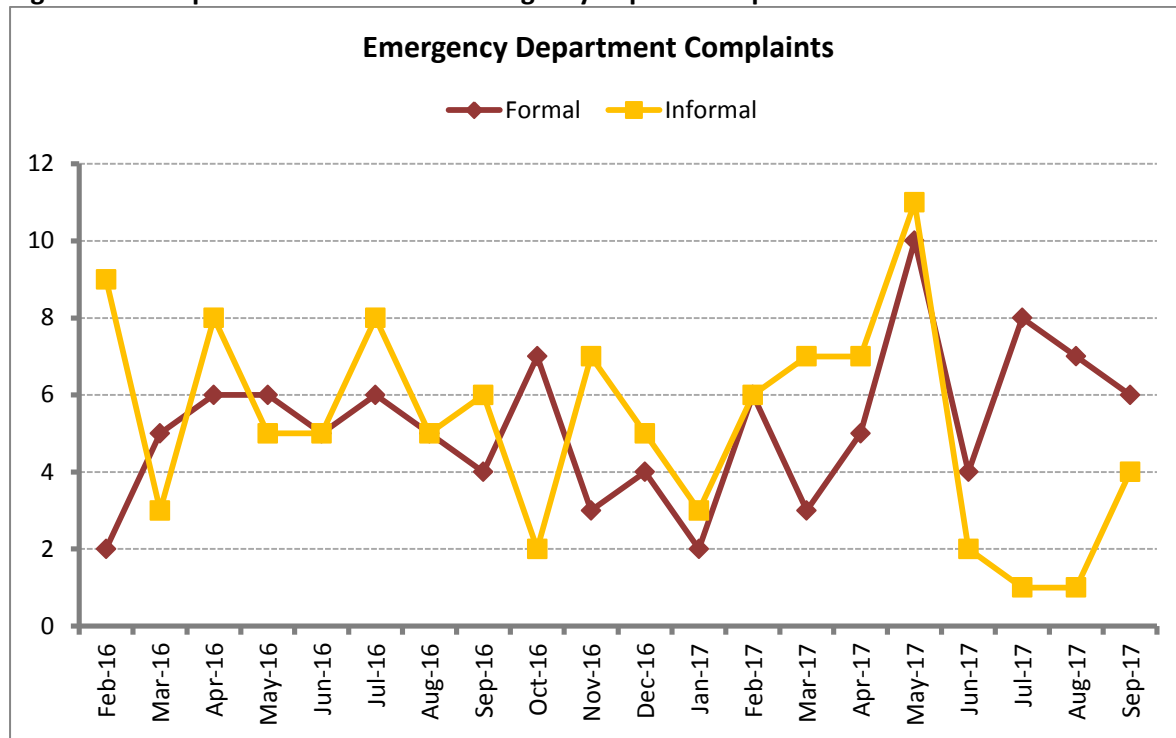
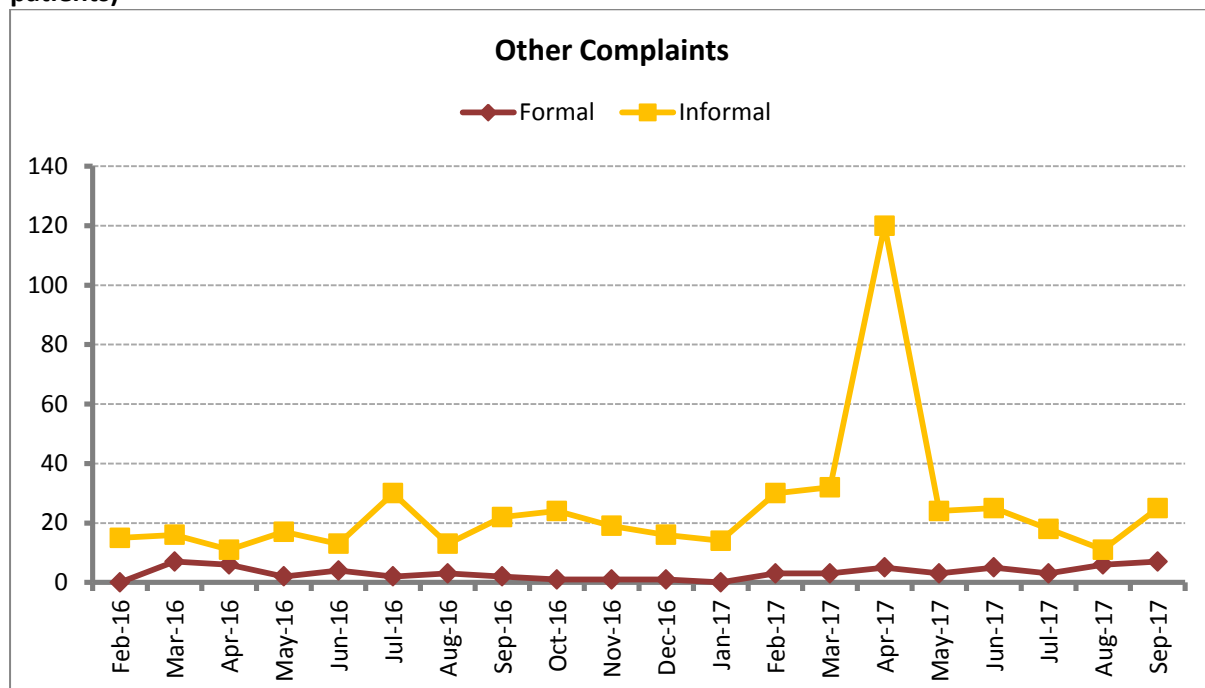


Figure 27: Complaints received from other patients (not inpatient, outpatient or emergency patients)





**Table 20: Breakdown of Area Type**

Complaints	Area Type				
Month	ED	Inpatient	Outpatient	Other	Grand Total
Apr-16	14	59	86	17	176
May-16	11	46	70	19	146
Jun-16	10	85	86	17	198
Jul-16	14	90	64	32	200
Aug-16	10	72	57	16	155
Sep-16	10	57	71	24	162
Oct-16	9	40	66	25	140
Nov-16	10	56	53	20	139
Dec-16	9	44	48	17	118
Jan-17	5	47	63	14	129
Feb-17	12	39	60	33	144
Mar-17	10	59	64	35	168
Apr-17	12	45	65	125	247
May-17	21	56	54	27	158
Jun-17	6	43	71	30	150
Jul-17	9	50	66	21	146
Aug-17	8	48	73	17	146
Sep-17	10	35	61	32	138
<b>Grand Total</b>	<b>190</b>	<b>971</b>	<b>1,178</b>	<b>521</b>	<b>2,860</b>

### 3.3 Complaints responded to within agreed timescale

All Divisions, with the exception of Diagnostics and Therapies, reported breaches in Q2, totalling 36, which is an increase on the 26 breaches recorded in Q1. The largest increase in breaches (when compared to Q1) was for the Division of Women & Children. Details of this increase are included in table 13 under section 3.1.4 of this report.

**Table 21: Breakdown of breached deadlines**

Division	Q2 (2017/18)	Q1 (2017/18)	Q4 (2016/17)	Q3 (2016/17)
Surgery	8 (14.3%)	6 (14.6%)	7 (14.3%)	1 (0.7%)
Medicine	5 (11.1%)	6 (22.2%)	4 (15.4%)	0 (0%)
Specialised Services	3 (12%)	6 (24%)	2 (6.4%)	4 (8.9%)
Women & Children	15 (38.5%)	6 (18.2%)	6 (24%)	3 (4.7%)
Diagnostics & Therapies	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Trust Services	5 (45.5%)	2 (50%)	0 (0%)	0 (0%)
<b>All</b>	<b>36 breaches</b>	<b>26 breaches</b>	<b>19 breaches</b>	<b>8 breaches</b>

(So, as an example, there were eight breaches of timescale in the division of Surgery in Q2, which constituted 14.3% of the complaint responses which were sent out by that division in Q2.)

Breaches of timescale were caused either by late receipt of draft responses from Divisions which did not allow adequate time for Executive review and sign-off; delays in processing by the Patient Support and Complaints Team; delays during the sign-off process itself; and/or responses being returned for amendment following Executive review. Table 22 shows a breakdown of where the delays occurred in Q2.

**Table 22: Reason for delay**

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services
Division	5	4	3	14	0	5
Patient Support & Complaints Team	1	1	0	1	0	0
Executives/sign-off	2	0	0	0	0	0
<b>All</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>15</b>	<b>0</b>	<b>5</b>

### 3.4 Outcome of formal complaints

In Q2 we responded to 182 formal complaints<sup>4</sup>. Tables 23 and 24 below show a breakdown, by Division, of how many cases were upheld, partly upheld or not upheld in Q2 of 2017/18 and Q1 of 2017/18.

**Table 23: Outcome of formal complaints – Q2 2017/18**

	Upheld	Partly Upheld	Not Upheld
Surgery	15 (26.8%)	26 (46.4%)	15 (26.8%)
Medicine	13 (28.9%)	25 (55.6%)	7 (15.5%)
Specialised Services	6 (24%)	17 (68%)	2 (8%)
Women & Children	9 (23.1%)	25 (64.1%)	5 (12.8%)
Diagnostics & Therapies	2 (33.3%)	2 (33.3%)	2 (33.3%)
Trust Services	2 (18.2%)	7 (63.6%)	2 (18.2%)
<b>Total</b>	<b>47 (25.8%)</b>	<b>102 (56%)</b>	<b>33 (18.1%)</b>

**Table 24: Outcome of formal complaints – Q1 2017/18**

	Upheld	Partly Upheld	Not Upheld
Surgery	6 (14.6%)	28 (68.3%)	7 (17.1%)
Medicine	6 (22.2%)	15 (55.6%)	6 (22.2%)
Specialised Services	3 (12%)	17 (68%)	5 (20%)
Women & Children	7 (21.2%)	21 (63.6%)	5 (15.2%)
Diagnostics & Therapies	1 (100%)	0 (0%)	0 (0%)
Trust Services	1 (20%)	3 (60%)	1 (20%)
<b>Total</b>	<b>24 (18.2%)</b>	<b>84 (63.6%)</b>	<b>24 (18.2%)</b>

<sup>4</sup> Note: this is different to the number of formal complaints we *received* in the quarter

#### 4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with help and support, including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q2, the team dealt with 183 such enquiries, compared to 174 in Q1. These enquiries can be categorised as:

- 147 requests for advice and information (138 in Q1)
- 31 compliments (34 in Q1)<sup>5</sup>
- 4 requests for support (2 in Q1)

Table 21 below shows a breakdown of the 183 requests for advice, information and support dealt with by the team in Q1.

**Table 25: Enquiries by category**

Category	Enquiries in Q2 2017/18
Hospital information request	25
Information about patient	24
Medical records requested	21
Signposting	19
Appointments administration issues	8
Clinical care	8
Clinical information request	6
Admissions arrangements	6
Employment and volunteering	4
Invoicing	3
Personal property	3
Accommodation enquiry	2
Communication	2
Benefits and social care	2
Car parking	2
Expenses claim	2
Failure to answer phone/respond	2
Travel arrangements	1
Translating & Interpreting	1
Cleanliness (internal)	1
Medication incorrect/not received	1
Aids and appliances	1
Delayed response	1
Emotional support	1

<sup>5</sup> This figure includes compliments added directly to the Datix system by Divisions.

Transfer arrangements	1
Availability of wheelchairs	1
Freedom of information request	1
<b>Total</b>	<b>151</b>

In addition to the enquiries detailed above, in Q2 the Patient Support and Complaints team recorded 151 enquiries that did not proceed (compared with 203 in Q1). This is where someone contacts the department to make a complaint or enquiry but does not leave enough information to enable the team to carry out an investigation, or they subsequently decide that they no longer wish to proceed with the complaint.

Including complaints, requests for information or advice, requests for support, compliments and cases that did not proceed, the Patient Support and Complaints Team dealt with a total of 764 separate enquiries in Q2 2017/18.

## 5. Acknowledgement of complaints by the Patient Support and Complaints Team

One of the Key Performance Indicators (KPIs) used to monitor the performance of the Patient Support and Complaints Team is the length of time between receipt of a complaint and sending an acknowledgement.

The Trust's Complaints and Concerns Policy states that when the Patient Support and Complaints Team reviews a complaint following receipt:

- a risk assessment will be carried out;
- agreement will be reached with the complainant about how we will proceed with their complaint and a timescale for doing so;
- The appropriate paperwork will be produced and sent to the Divisional Complaints Coordinator for investigation; and
- An acknowledgement letter confirming how the complaint will be managed will be sent to the complainant.

The NHS Complaints Procedure (2009) states that complaints must be acknowledged within three working days. This is also a requirement of the NHS Constitution. The Trust's own policy states that complaints made in writing (including emails) will be acknowledged within three working days and that complaints made orally (via the telephone or in person) will be acknowledged within two working days.

In Q2, 186 complaints were received in writing (email, letter or complaint form) and 244 were received verbally (51 in person via drop-in service and 193 by telephone). Of the 430 complaints received in Q2, 100% met the Trust's standard of being acknowledged within two working days (verbal) and three working days (written).

## 6. PHSO cases

During Q2, the Trust was advised of new Parliamentary and Health Service Ombudsman (PHSO) interest in three complaints. During the same period, four existing cases were closed and one existing case remains ongoing. Of the four cases closed, one was partly upheld by the PHSO.

**Table 26: Complaints opened by the PHSO in Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
3438	SC	SC	05/09/2016 [17/07/2017]	STMH	Fetal Medicine Unit	Women & Children
Complaint file and medical records sent to PHSO on 21/07/2017. Advised by PHSO on 12/10/2017 of the scope of their investigation. Currently pending further contact from the PHSO.						
2096	SA	ZH	16/06/2016 [21/09/2017]	STMH	Gynaecology Outpatients	Women & Children
Details requested by PHSO sent to them on 28/09/2017 – they initially only requested certain documentation rather than the usual complaint file and medical records. On 02/10/2017, the PHSO advised us they would not be taking the case any further, however the patient had asked them to review their decision. The PHSO confirmed that we could close our file and that they would notify us if we needed to re-open it following their review.						
1380	SD	DD	26/04/2016 [23/08/2017]	STMH	Ear, Nose & Throat	Surgery
The PHSO initially advised that they were investigating this matter and explaining the scope of their investigation. They subsequently requested documentation (complaint file and medical records), which were sent to them on 13/11/2017. Currently pending further contact from the PHSO.						

**Table 27: Complaints ongoing with the PHSO during Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
679	LH		02/03/2016 [09/05/2017]	BEH	Outpatients	Surgery
Copy of complaint file and medical records sent to the PHSO. Contacted by PHSO to advise us that they intend to investigate. Further information subsequently requested by the PHSO and provided by the Trust. Awaiting PHSO's draft report.						

**Table 28: Complaints formally closed by the PHSO in Q2**

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date complaint received by Trust [and date notified by PHSO]	Site	Department	Division
2096	SA	ZH	16/06/2016 [21/09/2017]	STMH	Gynaecology Outpatients	Women & Children
Details requested by PHSO were sent to them on 28/09/2017 – they initially only requested certain documentation rather than the usual complaint file and medical records. On 02/10/2017, the PHSO advised us they would not be taking the case any further, however the patient had asked them to						

review their decision. The PHSO confirmed that we could close our file and that they would notify us if we needed to re-open it following their review. <b>Not upheld.</b>						
4537	EB	MB	10/11/2016 [25/05/2017]	BRI	Ward A515	Medicine
<p>PHSO's final report received 30/08/2017. They found following failings:</p> <ul style="list-style-type: none"> <li>• A failure to provide pain relief to patient for a short period; and</li> <li>• A failure to contact the family when his condition deteriorated.</li> </ul> <p>PHSO recommended that within four weeks of the date of their report, the Trust should write to the patient's family to apologise for the failings identified in the report and to apologise for the impact this had.</p> <p>This recommendation was carried out and on 12/10/2017. The PHSO confirmed that the Trust had fully complied with their recommendations and that the case was closed. <b>Partly upheld.</b></p>						
2624	CC	RC	14/07/2016 [19/05/2017]	BRI	Ward A600 (ITU/HDU)	Surgery
PHSO's final report received on 26/09/2017 confirming that they are taking no further action and the case is closed. <b>Not upheld.</b>						
2870	AM	PM	03/11/2016 [07/03/2017]	BHOC	Ward D603	Specialised Services
Final report received from PHSO 02/11/2017 advising that they are taking no further action and the case is closed. <b>Not upheld.</b>						