

Complaints Report

Quarter 3, 2022/2023
(1 October 2022 to 31 December 2022)

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Quarter 3 Executive summary and overview

	Q3	
Total complaints received	567	↑
Complaints acknowledged within set timescale	97.2%	↑
Complaints responded to within agreed timescale – formal investigation	72.1%	↑
Complaints responded to within agreed timescale – informal investigation	86.7%	=
Proportion of complainants dissatisfied with our response (formal investigation)	11.4%	↑

Successes	Priorities
<ul style="list-style-type: none"> As planned, Statistical Process Control (SPC) charts are included in the Q3 report for the first time, which helps us to understand our data over time. By using these charts, we can assess whether our data is stable (and therefore predictable), or unstable and unpredictable. During a reporting period which saw the highest ever number of complaints, and increases across the board, Weston Management Team was the only 'division' which received fewer complaints overall than in Q2. The Trust continues to deal with the majority of complaints via the informal complaints process, which provides far quicker resolution for patients/complainants. The Trauma & Orthopaedics service saw a reduction in complaints from 12 in Q2 to two in Q3. 	<ul style="list-style-type: none"> To continue to support all divisions in returning to their pre-pandemic levels of performance in sending out complaint responses by the deadlines agreed with complainants. To clear the backlog of enquiries and complaints received by PSCT and waiting to be sent to divisions for investigation. To ensure consistent quality of draft complaints responses letters.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> To use the data generated from the new KPI regarding overall timescales for complaints (see section 4) to provide an insight into how divisions, PSCT and the Trust overall are performing, where any delays/bottlenecks are in the process, and improve the service we are offering to our patients and their families. 	<p>Divisions:</p> <ul style="list-style-type: none"> The total number of complaints received increased from by 28.6% from 441 in Q2 to 567 in Q3. This is the highest number of complaints received in one quarter since records began. The total number of breaches of deadline for formal complaints increased from 42 in Q2 2022/23 to 46 in Q3, with 72.1% of responses being sent out within the agreed timescale. For informal complaints, there were 36 breaches of deadline, with 86.7% of responses being sent out within the agreed timescale. Complaints in the category of 'appointments and admissions', which is largely made up of complaints about cancelled and delayed appointments and surgery, increased by 65% in Q3. A significant proportion of complaints about 'clinical care' were received by the Emergency Departments at the BRI and WGH in Q3. <p>Corporate:</p> <ul style="list-style-type: none"> The Patient Support & Complaints Team is continuing to operate with a significant backlog in respect of complaints being allocated to a Complaints Officer and sent to the division for investigation.

1. Complaints performance – Trust overview

During Quarter 3 (Q2) of 2022/23, the Trust received 567 complaints, a significant 28.6% increase on the 441 received in Q2 and the highest number ever recorded in a quarterly reporting period. The Patient Support and Complaints service remained very busy, receiving 582 other enquiries in addition to the 567 complaints, and checking and processing 165 formal and 270 informal complaint responses; representing increases of 14% and 44% respectively, compared with Q2. Excluding responses, this is a 32.6% increase in the number of new enquiries received by the team, compared with the same period a year ago.

Statistical Process Control (SPC) charts to interpret complaints data

For the first time in this report, complaints data is analysed using SPC charts, which helps us to look at variation in data and ascertain what is 'different' and what is 'the norm', and therefore where improvements need to be made.

For example, in figure 1 below, in addition to showing the number of complaints received each month, the SPC chart shows an upper control limit (UCL) and a lower control limit (LCL). Where the number of complaints received fell below the LCL in April 2020, we know that this was a variation outside of the Trust's control, due to the Covid-19 lockdown. However, as the country came out of the first lockdown, the number of complaints steadily increased and went above the UCL as patients lost patience with appointments and operations being cancelled due to the virus.

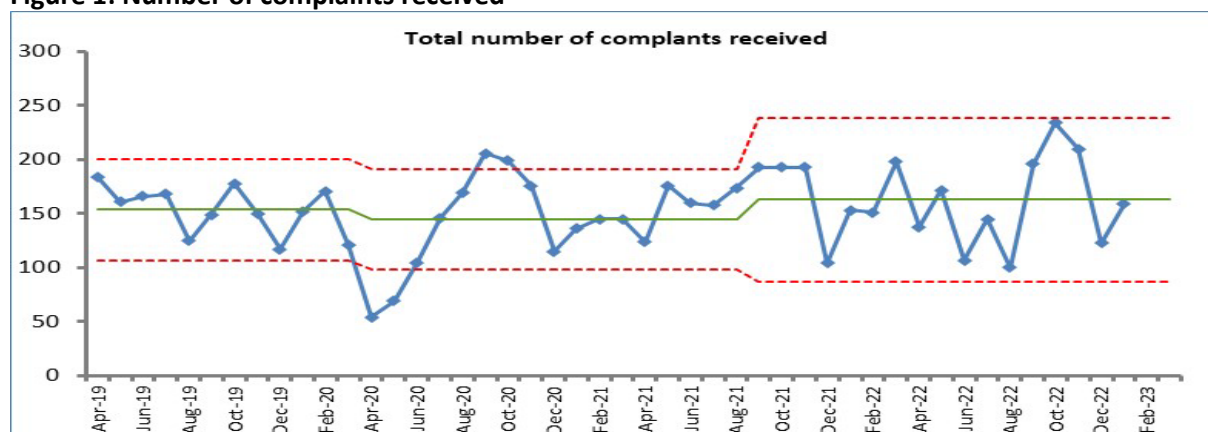
More recently, and particular in Q3, the number of complaints received have increased again towards the UCL, before falling again during December, which has historically seen lower numbers of complaints.

Figure 1 also clearly shows that since August/September 2021, the upper and low control limits have changed, and the 'new normal' reflects the greater number of complaints being received each month.

1.1 Total complaints received

The Trust received 567 complaints in Q3. This total includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)¹ but does not include concerns which may have been raised by patients and dealt with immediately by front line staff. Figure 1 provides a long-term view of complaints received per month.

Figure 1: Number of complaints received



¹ 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.

Figures 2 and 3 (below) show complaints dealt with via the formal investigation process (250 in Q3) compared with those dealt with via the informal investigation process (317 in Q3), over the same period. The Trust consistently deals with a higher proportion of complaints via the informal process, meaning that these issues are being dealt with as quickly as possible by the specialty managers and senior nursing staff responsible for the service involved.

Figure 2: Number of formal complaints received

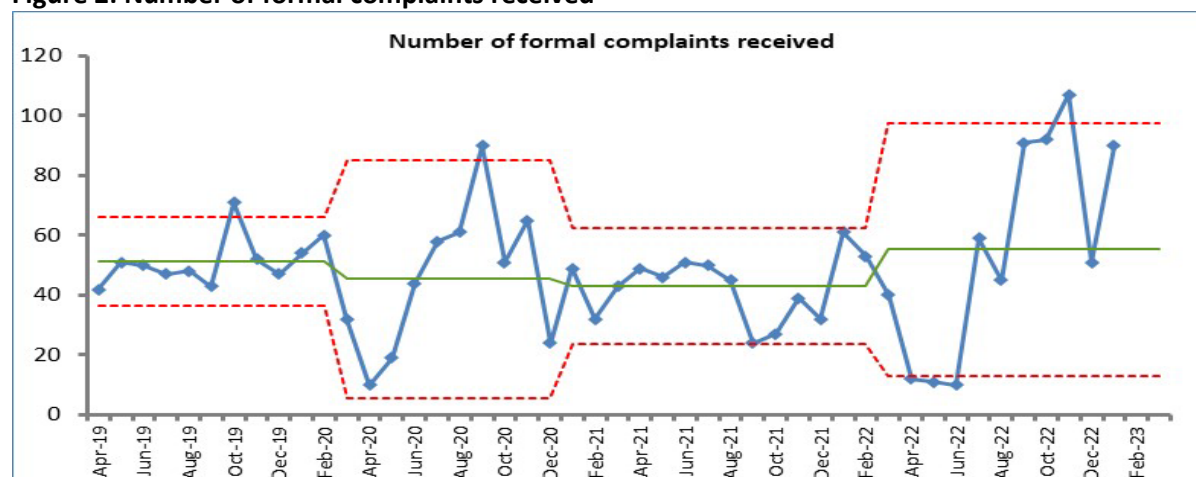
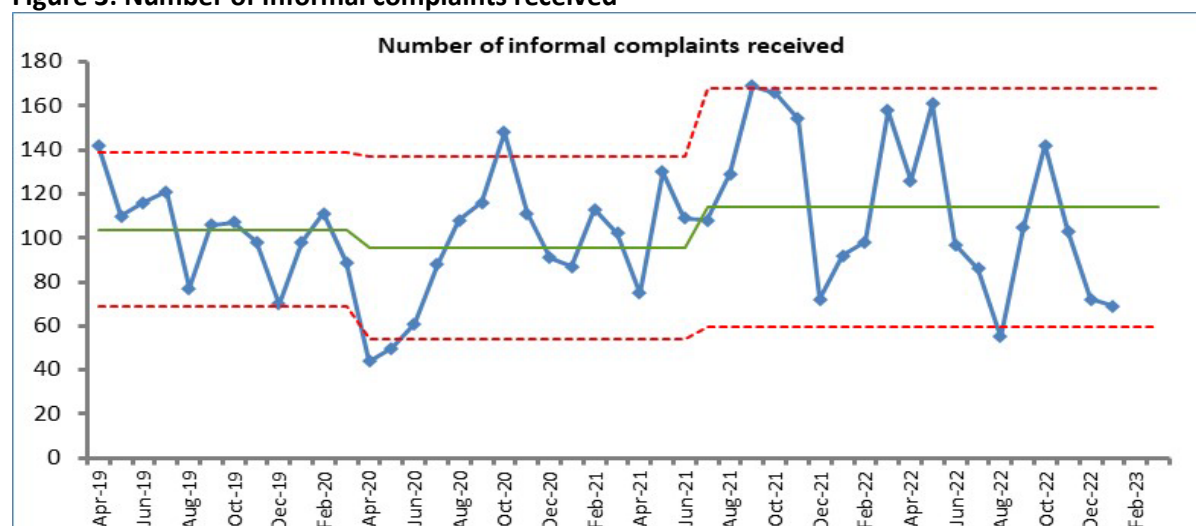


Figure 3: Number of informal complaints received



1.2 Complaints responses within agreed timescale

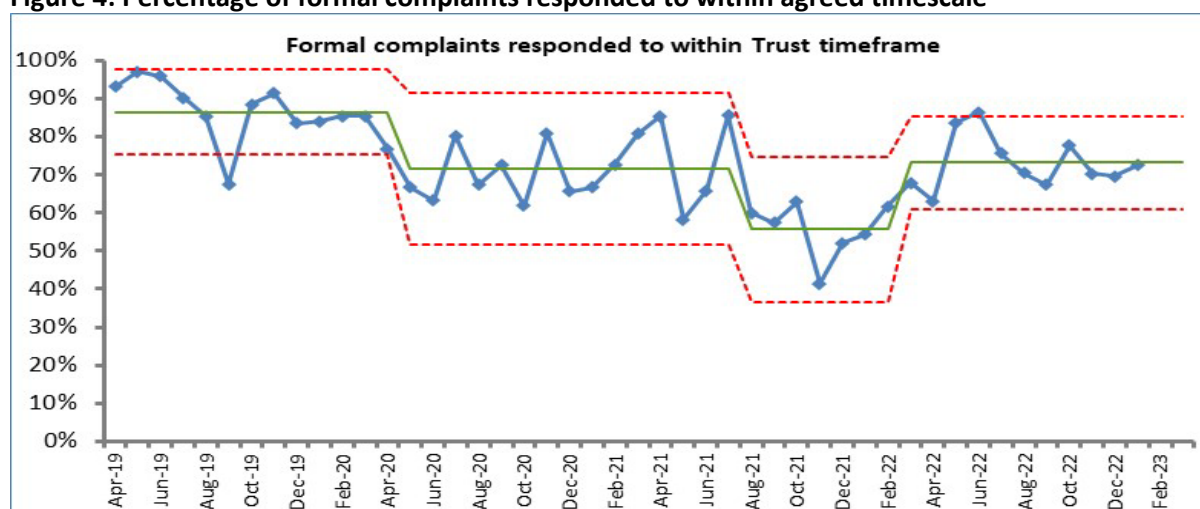
Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings or arrange a meeting to discuss them. The timescale is agreed with the complainant upon 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.²

1.2.1 Formal Investigations

In Q3 of 2022/23, 72.1% of responses were sent to complainants within the agreed timescale. This represents 46 breaches out of the 165 formal complaint responses which were sent out during the quarter³. This is a similar percentage to the 71% reported in Q2, but a slight increase in the overall number of breaches, from 42 to 46. Figure 4 (below) shows Trust performance in respect of the percentage of formal complaints responded to within the timeframe agreed with the complainant. See section 3.2 of this report for details of where these breaches occurred and at which part of the process they were delayed.

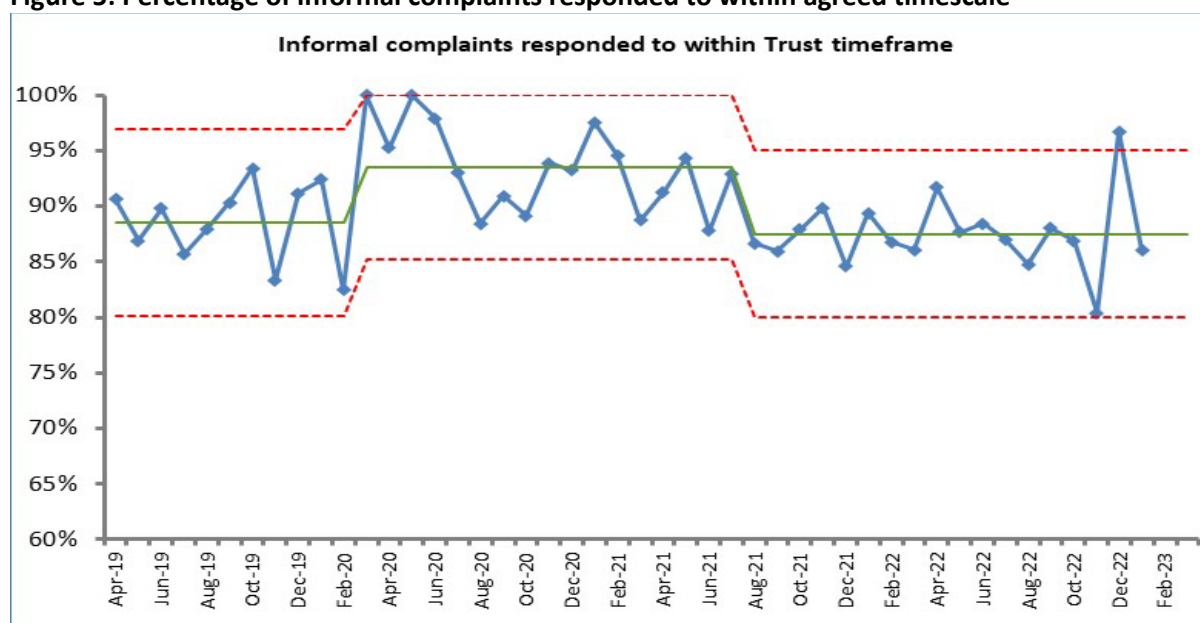
Figure 4: Percentage of formal complaints responded to within agreed timescale



1.2.2 Informal Investigations

In Q3 of 2022/23, the Trust received 317 complaints that were investigated via the informal process. During this period, the Trust responded to 270 complaints via the informal complaints route and 86.7% (234) of these were responded to by the agreed deadline, exactly the same percentage as reported in Q2, despite a 29% increase in the number of informal complaints received. Figure 5 (below) shows performance over since April 2019, for comparison with formal complaints.

Figure 5: Percentage of informal complaints responded to within agreed timescale



³ Note that this will be a different figure to the number of complainants who made a complaint in that quarter.

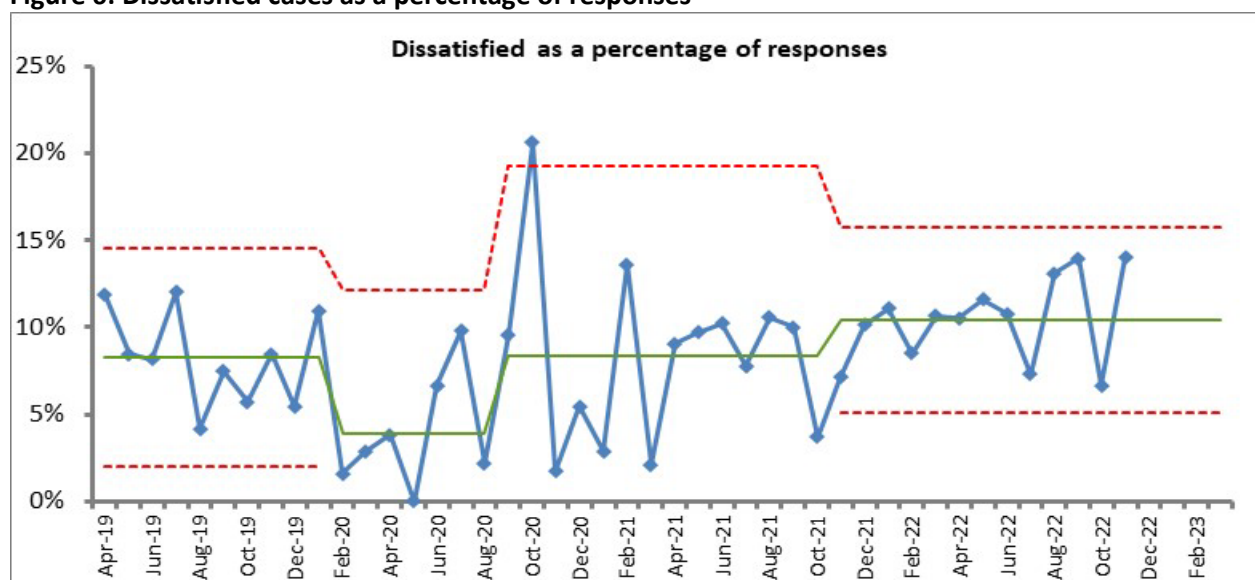
1.3 Dissatisfied complainants

The Trust's target is that no more than 8% of complaints responses should lead to a dissatisfied response. This data is reported **two months in arrears** in order to capture the majority of cases where, having considered the findings of our investigations, complainants tell us they are not happy with our response.

In Q3 of 2022/23, we are able to report dissatisfied data for August, September and October 2022. Of the complainants who received a first response from the Trust during those months, 17 have since contacted us to say they were dissatisfied. This represents 11.4% of the 149 first responses sent out during that period, an increase (deterioration) on the 9.9% reported in Q2 and 9.7% in Q1.

Figure 6 (below) shows the monthly percentage of complainants who were dissatisfied with aspects of our complaint responses since April 2019, from which the increase in dissatisfied complainants can also be seen going into Q3.

Figure 6: Dissatisfied cases as a percentage of responses



2. Complaint themes – Trust overview

Every complaint received by the Trust is allocated to one of eight major categories, or themes. There was a 28.6% increase in the total number of complaints received, compared with the previous quarter.

Complaints increased in all but one category in Q3, with the most significant increases being in the categories of 'information and support' with an 83% increase compared with Q2, and 'appointments and admissions' with a 65% increase. Complaints recorded under the category of 'information and support' in Q3 included expenses claims, complaints relating to information about patients, and medical records requests.

The majority of complaints received by the Trust consistently fall into three main categories, which together account for 81% (459 of 567) of all complaints received. Information relating to these three categories are explained in further detail below.

2.1 Clinical Care

This category includes general complaints about the clinical care provided by medical or nursing staff, as well as more specific complaints relating to medication errors, lost or delayed test results, patient falls, and infection control, amongst others.

Of the 180 complaints received Trustwide in this category in Q3, almost half (83) were in respect of the clinical care provided to patients by medical or surgical staff, with almost a quarter (42) about the clinical care provided by nursing or midwifery staff. In addition, the Trust received 13 complaints about lost, misplaced or delayed test results in Q3, nine about delayed, missed or incorrect diagnoses, and six complaints about medication not being received.

Notable “hot spots” for complaints about Clinical Care in Q3 were the Emergency Department at Weston General Hospital (18); the Bristol Royal Infirmary Emergency Department (16) and 11 for Bristol Dental Hospital.

However, by service type, the highest number of clinical care complaints were received in respect of inpatient care, with 68 complaints, followed by 56 for outpatient care and 40 for emergency care.

2.2 Appointments and Admissions

This category is used to record complaints about cancelled and delayed outpatient appointments and cancelled or delayed surgery, as well as those about appointment administration issues.

In Q3, the Trust received 167 complaints in this primary category, an increase of more than 65% on the previous quarter. Of these 167 complaints, 80 were about cancelled or delayed appointments, with 27 in respect of cancelled or delayed operations/procedures and 49 complaints were about appointment administration issues, including 20 from patients whose appointment letters were not received, and who therefore missed their appointments.

By the nature of the category, the majority (131) of the 167 complaints understandably relate to outpatient care.

2.3 Attitude and Communication

The third of the three consistently highest categories of complaints is used to record complaints about attitude and communication. This category includes complaints about the attitude and behaviour of various staff groups, as well as those about communication, whether that be with patients and/or relatives or between staff. This category also includes complaints about telephones not being answered and staff failing to return calls.

In Q3, there were 112 complaints recorded under this category, an increase on the 103 reported in Q2 and more notably, a 67% increase compared with Q1.

Of the 112 complaints reported in Q3, there were 25 each recorded under the sub-categories of attitude of medical staff and communication with patients/relatives; 20 about failure to answer telephones or return calls; and 14 in respect of attitude of nursing/midwifery staff.

The Division with the highest number of complaints in this category in Q3, is the Division of Surgery with 34 complaints, followed by Women & Children’s Services with 25; 15 for the Division of Medicine; 14 for Specialised Services and 13 for Weston Management Team.

3. Divisional Performance

3.1 Divisional analysis of complaints received

Table 1 provides an analysis of Q3 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; and concerns about staff attitude and communication. Data for the 24 complaints received by the Division of Trust Services (including Estates & Facilities) is not included in this table but its performance in terms of responses is summarised in section 3.2 of the report.

Table 1	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Weston
Total number of complaints received in Q3	131 (109) ↑	130 (96) ↑	81 (57) ↑	116 (72) ↑	31 (26) ↑	54 (57) ↓
Number of complaints about appointments and admissions	48 (44) ↑	41 (11) ↑	23 (12) ↑	39 (13) ↑	13 (10) ↑	2 (11) ↓
Number of complaints about staff attitude and communication	33 (17) ↑	15 (30) ↓	14 (16) ↓	25 (14) ↑	6 (5) ↑	13 (15) ↓
Number of complaints about clinical care	33 (32) ↑	46 (32) ↓	20 (21) ↓	39 (36) ↑	9 (9) =	32 (26) ↑
Area where the most complaints have been received in Q2	Bristol Dental Hospital (BDH) – 32 (19) Bristol Eye Hospital (BEH) – 32 (22) BEH Outpatients – 21 (16) ENT Outpatients – 14 QDU Endoscopy – 8 (5) Upper GI – 6 (3)	Emergency Department (BRI) (inc. SDEC & AMU)) – 29 (27) Dermatology – 27 (11) Sleep Unit – 13 (7) Clinic A410 – 8 (1)	BHI (all) – 49 (39) BHOC (all) – 24 (16) (Plus three for Clinical Genetics, three for WGH Oncology and one each for SBCH and WGH Cardiology Outpatients, BHI Outpatients (inc. Outpatient Echo) – 26 (15) Ward C705 – 8 (4) BHOC Outpatients & Chemo Day Unit – 13 (11)	BRHC (all) – 74 (44) (Plus two for Paed O/P at Southmead) Children's ED – 14 (13) Carrousel Outpatients – 9 (7) StMH (all) – 37 (26) (Plus two for Community Midwives and one for Gynae Outpatients at WGH) Gynae Outpatients – 9 (8) Ward 78 (Gynaecology) – 6 (4)	Radiology – 16 (15) Audiology – 5 (8)	Accident & Emergency – 25 (17) Kewstoke Ward – 4 (4)
Notable deteriorations compared with Q2	Bristol Dental Hospital (BDH) – 32 (19) Bristol Eye Hospital (BEH) – 32 (22)	Dermatology – 27 (11) Sleep Unit – 13 (7) Clinic A410 – 8 (1)	BHI Outpatients (inc. Outpatient Echo) – 26 (15) Ward C705 – 8 (4)	No notable deteriorations apart from overall increase in total number of complaints	No notable deteriorations	Accident & Emergency – 25 (17)
Notable improvements compared with Q2	Trauma & Orthopaedics – 2 (12)	No notable improvements	Ward C708 (Cardiac Surgery) – 1 (5)	No notable improvements	No notable improvements	Outpatients (Main, Orthopaedics & Quantock) – 2 (6)

3.2 Complaints responded to within agreed timescale for formal resolution process

In Q3, all divisions, with the exception of Trust Services, reported breaches of formal complaint deadlines, with a total of 46 breaches reported Trust-wide. This is a deterioration on the 42 breaches reported in Q2.

The Division of Weston reported 21 breaches of deadline, there were seven each for Specialised Services and Surgery, six for Women & Children, four for Medicine, and one for Diagnostics & Therapies. It is important to note that for some of the divisions with lower numbers of breaches, this reflects a higher percentage of their overall responses. For example, a third of formal responses for Diagnostics & Therapies breached the agreed deadline; however, this only equated to one breach from three responses sent out by the division in Q3.

In Q3 the Trust responded to 165 complaints via the formal complaints route and 72.1% (119) of these were responded to by the agreed deadline, against a target of 95%. This is similar to the 71% of 145 formal responses reported in Q2.

Table 2: Breakdown of breached deadlines – Formal

Division	Q3 2022/23	Q2 2022/23	Q1 2022/23	Q4 2021/22
Weston	21 (53.8%)	13 (52%)	12 (46.2%)	47 (79.7%)
Specialised Services	7 (43.8%)	5 (35.7%)	2 (14.3%)	11 (55%)
Surgery	7 (19.4%)	2 (8%)	5 (19.2%)	4 (8.3%)
Women & Children	6 (15.8%)	6 (24%)	3 (10%)	13 (19.4%)
Medicine	4 (13.8%)	11 (26.2%)	10 (30.3%)	15 (44.1%)
Diagnostics & Therapies	1 (33.3%)	2 (40%)	2 (50%)	3 (25%)
Trust Services (inc. E&F)	0 (0%)	3 (33.3%)	0 (0%)	4 (40%)
All	46 breaches	42 breaches	34 breaches	97 breaches

(So, as an example, there were six breaches of timescale in the Division of Women & Children in Q3, which constituted 15.8% of the complaint responses which were sent out by that division in Q3).

Breaches of timescale in respect of formal complaints 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 (PSCT); delays during the sign-off process itself; and/or responses being returned for amendment following Executive review.

Table 3 shows a breakdown of where the delays occurred in Q3. During this period, 38 breaches were attributable to the Divisions, six were caused by delays in the Patient Support & Complaints Team, and two occurred during Executive sign-off.

The Head of Complaints has reviewed the delays attributed to the PSCT, and all three were due to delays in processing the responses due to a combination of staff sickness, annual leave and capacity/workload.

Table 3: Source of delay

Breach attributable to	Surgery	Medicine	Specialised Services	Women & Children	Diagnostics & Therapies	Trust Services	Weston	All
Division	4	2	7	4	0	0	21	38
PSCT	2	1	0	2	1	0	0	6
Execs/sign-off	1	1	0	0	0	0	0	2
Other Trust	0	0	0	0	0	0	0	0
All	7	4	7	6	1	0	21	46

3.3 Complaints responded to within agreed timescale for informal resolution process

All breaches of informal complaint timescales are attributable to the Divisions, as the Patient Support & Complaints Team and Executives do not contribute to the time taken to resolve these complaints. In Q3, the Trust responded to 270 complaints via the informal complaints route and 86.7% (234) of these were responded to by the agreed deadline; the same percentage as reported in Q2.

Table 4 below shows these breaches by division, again with the percentage of total informal responses for each division in Q3, compared with previous quarters.

Table 4: Breakdown of breached deadlines - Informal

Division	Q3 2022/23	Q2 2022/23	Q1 2022/23	Q4 2021/22
Medicine	11 (14.5%)	3 (7.5%)	5 (10%)	4 (11.1%)
Surgery	9 (15%)	10 (17.5%)	10 (16.4%)	9 (7.1%)
Women & Children	5 (15.6%)	0 (0%)	0 (0%)	2 (6.3%)
Trust Services/E&F	4 (18.2%)	5 (33.3%)	0 (0%)	2 (20%)
Specialised Services	4 (9.3%)	3 (13%)	3 (15.8%)	2 (4.9%)
Weston	3 (23.1%)	4 (50%)	3 (27.3%)	4 (50%)
Diagnostics & Therapies	0 (0%)	0 (0%)	2 (9.1%)	2 (13.3%)
All	36 breaches	25	23	25

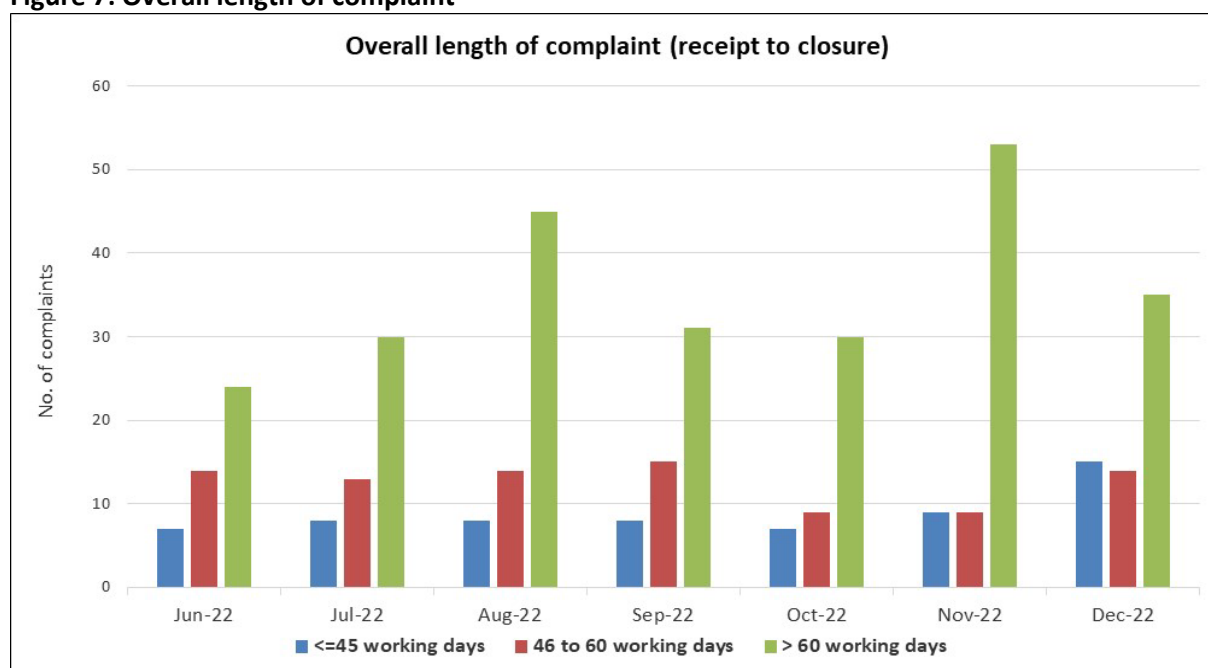
4. Measurement of the overall time taken to resolve complaints

Historically, when the Trust has reported its performance in respect of responding to complaints by the deadline agreed with the complainant, the 'clock starts ticking' on this measure from the point at which the Trust's investigation commences, i.e. the point at which it is sent to the relevant division. The Trust performance target for this is for 95% of complaints to be responded to within the timescale agreed with the complainant; for formal and informal resolution, the standard timescales are 30 working days and 10 working days respectively. Although this way of measuring performance is in keeping with many NHS Trusts, it does not take account of the length of time between the Trust receiving a complaint and it being sent to the appropriate division for investigation. Whilst it would not be appropriate to set a KPI for this 'front end' of the complaints process – because delays at this stage can be multi-factorial including sometimes waiting for consent to investigate – for sake of transparency we are for the first time including in this report data on the total timeline for complaints resolution, i.e. from the moment a complainant first contacts the Patient Support & Complaints Team (PSCT), through to resolution of their concerns. Reporting this measure will also help the PSCT, Divisions and Executives/Trust Board to identify any delays in the initial phase of handling complaints.

For the purposes of this pilot data, we are reporting here the total lifespan of formal complaints which have been closed in the period June to December 2022 (so including June data in addition to Q2 and Q3). There is not a set national NHS timescale for this, but we have set a provisional threshold of 45 working days, i.e. allowing an additional 15 working days on top of the standard 30 day period for investigating and responding.

Figure 7 shows that the majority of formal complaints included in this data so far took more than 60 working days from the date of receipt until the complaint was closed, with the average being 75 working days. Based on 25 working days per month, this means that the average total lifespan of a formal complaint is approximately three months.

Figure 7: Overall length of complaint



Although there are no national standard timescales for the investigation of complaints, the NHS complaints regulations specify that the complainant should be updated and informed in writing of the reasons for the time taken if there is no response provided within six months. This is reiterated in the recently published PHSO Complaints Standards, and in particular in their 'model complaint handling procedure', which states that the complainant should be provided with a written explanation for any delay leading to a complaint not being responded to within six months from the date of receipt.

On this basis, the Trust is performing well, resolving formal complaints in an average of three months. However, the Head of Complaints is looking at ways to reduce this further, by clearing the backlog of complaints waiting to be investigated and therefore speeding up this 'front end' part of the process. The PSCT will also continue to support the divisions to improve their performance in responding to complaints within agreed timescales.

5. Highly sensitive complaints and links with patient safety

When a patient is involved in a patient safety incident, it is possible that additional investigatory processes will run in parallel, alongside the patient safety investigation. This might include the patient or their family making a complaint, or another statutory process requiring a form of investigation, such as the Child Death Review process. If it is clear the investigations will run concurrently, an overall Case Manager is appointed by the relevant Division, with responsibility for ensuring that the patient/family, and also the staff involved, understand the statutory requirements the Trust is working to, the nature of the investigations taking place and a timescale for when these will be ready to share with the patient/family.

Since November 2021, the Head of Complaints and the Head of Patient Safety, have met weekly to review all complaints received the previous week and identify any potential patient safety issues within those complaints and whether they need to be escalated to Executive level at an early stage, in line with the Highly Sensitive complaints SOP.

This "belt and braces" approach provides assurance that (a) cases subject to more than one investigatory process are always assigned a Case Manager; (b) all patient safety incidents and/or serious incidents contained in complaints are identified at the outset; and (c) any potentially highly sensitive cases are escalated to Executive Directors at an early stage.

During Q3 of 2022/23, a total of 132 separate complaints were reviewed by the Head of Complaints and Head of Patient Safety. Data from these meetings is currently being collated and will be reported here with effect from Q4 of 2022/23.

6. Learning from complaints

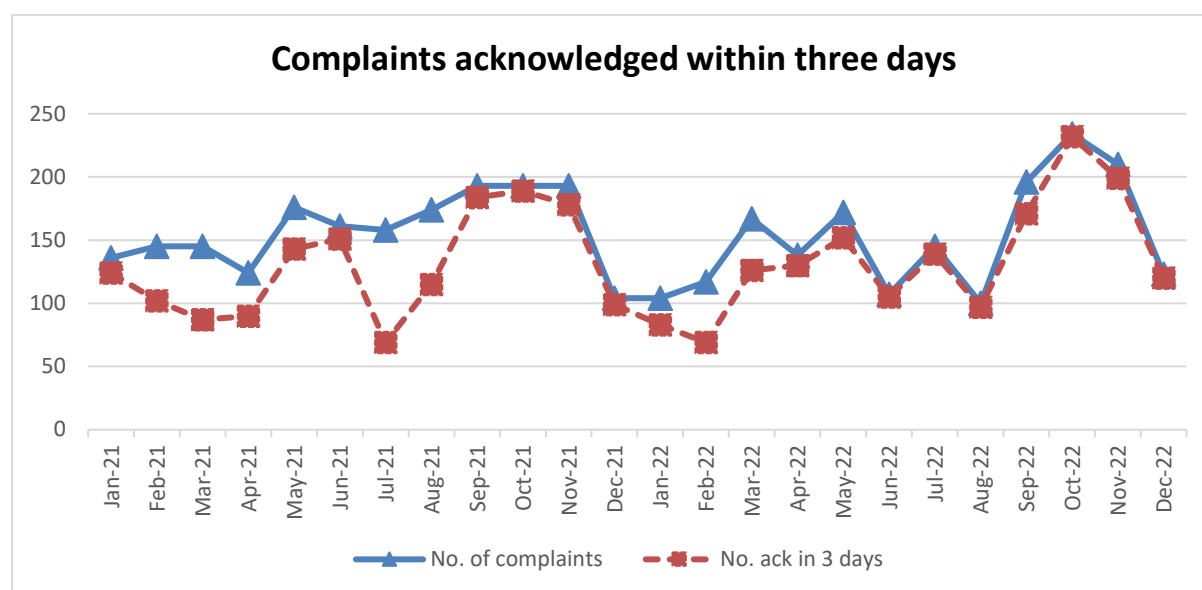
All feedback is welcome, as it creates an opportunity to better understand, and to improve the care and treatment we provide to our service users. All complaints are investigated, learning is identified and any necessary changes to practice are made. Actions resulting from complaints are monitored and reviewed by our divisions and by the Head of Complaints, who has worked closely with Internal Audit to ensure mechanisms are in place to provide evidence of these actions and the associated learning.

Data in respect of learning from complaints and in particular, looking at themes and trends identified as a result of complaint investigations, can now be interrogated and will feature in future quarterly complaint reports.

7. Acknowledgement of complaints

The Trust measures the timely acknowledgement of new complaints, in line with national guidance that all new complaints should be acknowledged within three working days. This is measured as a percentage of complaints received and figure xx below shows performance over the last 24 months.

Figure 8: Acknowledgement of complaints



8. PHSO (Ombudsman) cases

During Q3, the Trust was not advised by the Parliamentary and Health Service Ombudsman (PHSO) of their interest in any new complaints. During the same period, two case remain under review by the PHSO and two have been closed with no further action.

Table 5 below provides a summary of the small number of cases still under investigation by the PHSO or closed during this quarter.

Table 5: PHSO cases

Datix Ref.	Date notified of PHSO interest	Current stage	Division	Date closed by PHSO	Outcome
33499	28/09/2022	Ongoing	Specialised Services		
31607	19/08/2022	Ongoing	Surgery		
32926	21/07/2022	Closed	Medicine	17/11/2022	No Further Action
18014	25/07/2022	Closed	Trust Services	22/11/2022	No Further Action

9. Severity of Complaints

Since April 2019, the Patient Support & Complaints Team has been recording the severity of complaints received by the Trust using a system of categorisation proposed by researchers at the London School of Economics. This severity rating is based on the nature of the complaint as first described to the Trust by or on behalf of the patient; not after the issues have been investigated. This ensures that the rating is reliable and independent of the outcome of the investigation.

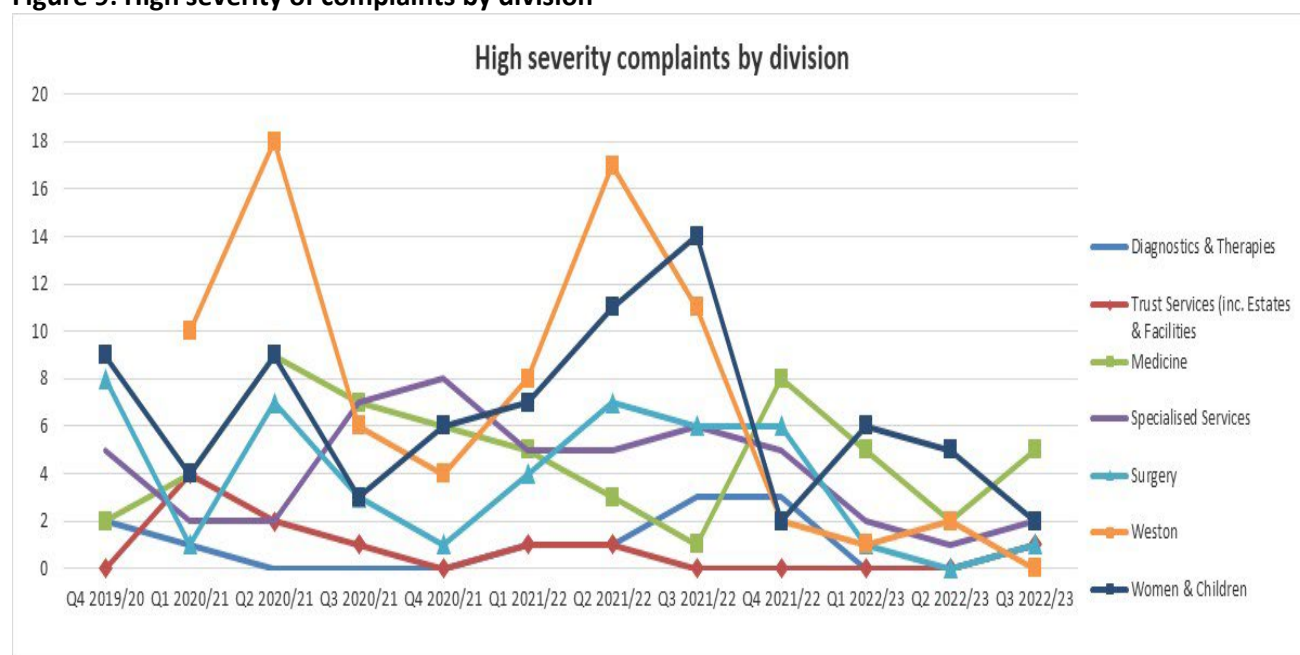
We know from NHS data that Trusts with high levels of incident reporting have fewer instances of severe harm to patients, i.e., organisations with cultures that encourage reporting when things go wrong, learn, and provide safer care. The LSE research suggests a similar pattern of data associated with patient complaints, i.e., Trusts who receive high levels of low-level severity complaints receive lower levels of high severity complaints, again indicating that a culture of openness to receiving and learning from complaints is associated with safer and higher quality care. Put another way, receiving complaints should not be viewed as a bad thing *per se*; it depends on what the complaint is about. A practical example of each of these categories is shown in Table 22 below.

Table 6: Examples of severity rating of complaints

	Low severity	Medium severity	High severity
Clinical problem	Isolated lack of food or water	Patient dressed in dirty clothes	Patient left in own waste in bed
Clinical problem	Slight delay administering medication	Staff forgot to administer medication	Incorrect medication administered
Management problems	Patient bed not ready on arrival	Patient was cold and uncomfortable	Patient relocated due to bed shortage
Management problems	Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Relationship problems	Staff ignored question from patient	Staff ignored mild patient pain	Staff ignored severe distress
Relationship problems	Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence

In Q3, the Trust received 567 complaints, all of which have been severity rated by the Patient Support & Complaints Team. Of these 567 complaints, 388 were rated as being low severity, 167 as medium and 12 as high. Figure 9 below shows a breakdown of high severity complaints by division since July 2020.

Figure 9: High severity of complaints by division



In Q3, only 2.1% of complaints were designated as high severity. A breakdown by Division is shown in Table 7 below.

Table 7: Severity rating of complaints by Division (all complaints received in Q2 2022/23)

Division	High Severity	Medium Severity	Low Severity	Totals
Medicine	5 (3.8%)	44 (33.8%)	81 (62.4%)	130
Women & Children	2 (1.7%)	35 (30.2%)	79 (68.1%)	116
Specialised Services	2 (2.5%)	22 (27.2%)	57 (70.3%)	81
Surgery	1 (0.8%)	36 (27.5%)	94 (71.7%)	131
Trust Services (inc. Estates & Facilities)	1 (4.2%)	4 (16.6%)	19 (79.2%)	24
Diagnostics & Therapies	1 (3.2%)	5 (16.2%)	25 (80.6%)	31
Weston	0 (0%)	21 (38.9%)	33 (61.1%)	54
Totals	12 (2.1%)	167 (29.5%)	388 (68.4%)	567