

COMPLAINTS, CONCERNS AND COMPLIMENTS POLICY

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| 1.2 | 13 Nov 2007 | Ratified by the Integrated Governance Committee |
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| 3.0 | 31 January 2011 | Revised draft policy prepared by Executive Programme Lead for the Chief Executive |
| 3.1 | 17 February 2011 | Policy ratified by Integrated Governance Committee under Chairman's Action |
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| 5 | July 2022 | Revised following closure of Clinical Commissioning Groups and establishment of Integrated Care Boards |
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COMPLAINTS, CONCERNS AND COMPLIMENTS POLICY

1 INTRODUCTION

- 1.1 NHS Somerset Integrated Care Board (NHS Somerset) is the statutory NHS organisation responsible for planning and commissioning local health services, working collaboratively with local partners to integrate health and social care services across the Somerset system.
- 1.2 As the commissioner of acute, community and mental health services, it is important for the organisation to understand the patients' experience of the services provided and to be responsive to the needs and expectations of service users, families, carers and the general public. NHS Somerset aims to commission high quality, and safe healthcare services. However, there may be occasions when the expectations of service users, families, carers and the general public are not met, and this policy explains how to raise concerns or complaints.
- 1.3 NHS Somerset recognises that complaints, concerns and compliments are an invaluable source of information from service users about the quality and safety of the services it commissions. We want our patients, service users and their representatives to feel confident that when they contact us to seek advice, provide feedback or to make a complaint, we will listen to them, take their concerns seriously and take action to resolve any issues as quickly as possible.
- 1.4 This policy should be read in conjunction with the NHS Somerset Procedure for Managing Complaints and Concerns.

2 RELEVANCE AND PURPOSE OF THE POLICY

Relevance

- 2.1 This policy sets out how NHS Somerset will manage any complaints, concerns or compliments it receives about NHS commissioned services or functions which are managed by NHS Somerset.
- 2.2 This policy applies to all NHS Somerset staff members whether operating directly or providing services under a service level agreement or joint agreement. This includes contracted employees, non-executive directors and contracted third parties such as bank, agency, volunteers, locums, student placements, staff on secondment, researchers, visiting professionals and suppliers.
- 2.3 This policy does not cover:

- complaints which are not required to be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (NHS Complaint Regulations). Further details about these are provided in the NHS Somerset Procedure for Managing Complaints and Concerns.
- concerns raised by staff through 'Freedom to Speak Up'. These are managed separately, in line with national guidance, through local processes
- complaints about private medical or dental treatment
- complaints made by another NHS body which relate to the actions or decisions made by NHS Somerset in the exercise of its duties/functions
- complaints made by an independent contractor/provider or NHS Foundation Trust about any matter in relation to arrangements made by NHS Somerset with the said providers
- complaints arising out of an alleged failure by an NHS body or NHS Somerset to comply with a data subject request under the Data Protection Act 1998. Complaints relating to breaches of GDPR or data protection are managed under a separate policy. Further information is available from the NHS Somerset Information Governance Team.
- complaints which have given rise to NHS Somerset initiating a separate disciplinary investigation, already the subject of disciplinary investigation or events requiring investigation by a professional disciplinary body. Further details are provided in the NHS Somerset Procedure for Managing Complaints and Concerns.

2.4 Organisations commissioned by NHS Somerset to provide NHS funded services are required to have their own arrangements for managing complaints, concerns and compliments which comply with statutory regulation, national guidance and the requirements set out in this policy.

Purpose

2.5 This policy outlines the commitment of NHS Somerset to having an effective procedure in place to ensure we respond to all complaints and concerns in a patient centred, transparent and emphatic manner; and that any appropriate remedial action is taken to improve NHS services.

2.6 NHS Somerset is also committed to meet its legal obligations under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (NHS Complaint Regulations) and adheres to the rights and pledges relating to complaints and redress within the NHS Constitution.

2.7 This policy also reflects a number of other statutory regulations and national guidance for managing complaints. Further details of these are set out in section 27.

2.8 NHS Somerset ICB also wishes to promote best practice in complaint management by following published best practice guidance, such as the Parliamentary and Health Service (PHSO) Complaint Standards.

3 ACCOUNTABILITY, ROLES AND RESPONSIBILITIES

3.1 NHS Somerset complies with the responsibilities for complaints arrangements and duty to handle complaints set out in the NHS Complaint Regulations. There are processes in place to share the insights and learning from complaints with senior leadership so that improvements are made to the services we commission and ICB managed functions.

3.2 Further details on accountability, roles and responsibilities are provided in the NHS Somerset Procedure for Managing Complaints and Concerns.

4 PRINCIPLES

4.1 This policy reflects the underlying principles set out in statutory regulation, national guidance and recognised best practice. These principles include that individuals know:

- how to raise a complaint or concern and have access to appropriate support to help them with the complaints procedure via the local Independent Complaints Advocacy Service (ICAS)
- their care will not be compromised by making a complaint
- formal complaints will be dealt with efficiently, properly investigated
- they can discuss the manner in which the formal complaint is to be handled and know the period in which the complaint response will be sent
- they will be kept informed of progress
- they will receive a timely and appropriate response that sets out the outcome of the formal complaint investigation and the action taken to improve NHS services
- they can escalate their formal complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they are not satisfied with the outcome, or way the NHS has dealt with the complaint

- they can make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of a NHS body
- they can receive compensation if harmed by negligent treatment

5 VALUES AND BEHAVIOURS

5.1 NHS Somerset promotes the following values and behaviours when handling complaints and concerns:

- all complaints and concerns are taken seriously and treated in a positive manner by NHS staff
- individuals are treated with courtesy and respect, and their complaints are handled with sensitivity, maintaining the confidentiality of those involved
- staff involved in the investigation understand that complaints and concerns are opportunities for learning and should be used to improve services, in order to prevent future occurrences
- all replies are considerate, courteous and sympathetic and provide a satisfactory explanation to all the issues raised
- individuals have a good experience of complaining and feel able to do so again

5.2 NHS Somerset will work with its commissioned service providers to ensure a similar values-based approach is taken to complaint handling.

6 TRANSPARENCY/DUTY OF CANDOUR

6.1 NHS Somerset promotes a culture of being open and Duty of Candour (the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) is applied to all complaints and apologies are provided when the service provided has not met the required standard.

7 EQUALITY

7.1 NHS Somerset commissions health services available to all, irrespective of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. NHS organisations have a duty to each and every individual they serve and must respect their human rights.

7.2 NHS Somerset has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

7.3 Where an individual requires the provision of Auxiliary Aids (as defined by the Equality Act 2010) to enable them to make their complaint, they will be supplied by NHS Somerset at no cost to the individual.

7.4 Where a complaint progresses to a formal complaint investigation, individuals are asked to complete an Equality Monitoring Form. These forms are stored separately and analysed at least annually to check whether there are any protected groups who are being adversely affected by service provision or complaints handling processes.

8 WHAT IS A COMPLAINT?

8.1 A complaint is any expression of dissatisfaction regarding any aspect of service relating to patient care, clinical or non-clinical, relating to an act, omission or decision made, attitudes or behaviour, the environment, facilities or systems. Complaints require a response.

9 WHO CAN MAKE A COMPLAINT?

9.1 A complaint may be made by a person who receives/has received NHS treatment or services, or is affected by or likely to be affected by the action, omission or decision by NHS Somerset or other responsible body. In certain circumstances, complaints can be made by representatives of either of the above cases. More information about who can make a complaint is provided in the NHS Somerset Procedure for Managing Complaints and Concerns

10 HOW TO MAKE A COMPLAINT

10.1 Complaints can be made in person, verbally, in writing, by telephone, or by email and can be sent to the Chief Executive, the Chair, or directly to the Quality, Safety and Improvement Team. Included under this are complaints raised by Members of Parliament (MPs) on behalf of their constituents. Information on how to make a complaint is available on the NHS Somerset website at: [PALS and complaints - NHS Somerset ICB](#)

10.2 If individuals do not wish to make a complaint direct to NHS Somerset (or another NHS provider), or do not feel able to, they can also seek the advice and support of the Independent Health Complaints Advocate. Within Somerset, this service is provided by SWAN Advocacy. Further details about SWAN Advocacy are provided in Section 16.

11 TIMESCALES FOR MAKING A COMPLAINT

11.1 Complaints should be made within 12 months of the event, or within 12 months of the individual realising there is something to complain about. The NHS will not usually investigate a complaint made outside these time limits – although the limits may be waived if there was good reason for the delay.

- 11.2 If there are good reasons for not having made the complaint within the above timeframe and, if it is still possible to investigate it effectively and fairly, NHS Somerset may decide to still consider the complaint.
- 11.3 When a complaint is made outside these limits and the time limits are not waived, the individual will be informed of their right to submit a request to the Parliamentary and Health Service Ombudsman to consider their case.

12 WHAT CANNOT BE MANAGED AS A COMPLAINT OR CONCERN

- 12.1 There are types of complaints which are not required to be dealt with in accordance with the NHS Complaint Regulations:
- a complaint by a responsible body
 - a complaint by a NHS employee about any matter relating to their employment
 - a complaint which is made orally and is resolved to the individual's satisfaction the next working day
 - a complaint which is the same as a complaint that has previously been made and investigated under the NHS Complaint Regulations
 - complaints surrounding the process of requesting information under the Freedom of Information Act 2000. These will be considered under the NHS Somerset Freedom to Speak Up Policy
- 12.2 Any complaints or concerns which are considered to be unreasonable/persistent are subject to a separate process, which is set out in the NHS Somerset Procedure for Managing Complaints and Concerns.
- 12.3 Complaints about private medical treatment or private medical treatment provided in NHS premises do not apply if the service is delivered in its entirety by privately employed staff and the premises are being leased under a private agreement. This policy does cover any complaints made about employees or contractors delivering medical care to private patients under their NHS contract of employment and/or facilities provided whilst receiving private medical care delivered by NHS staff in NHS property.
- 12.4 Complaints about the use of the Mental Health Act 1983 with regard to a person detained in hospital, put on a guardianship, or under a community treatment order should be taken to the Care Quality Commission (CQC).
- 12.5 Concerns about the attitude or behaviour of NHS staff should be sent to the relevant employer to manage appropriately. Alternatively, concerns about the behaviour, health or performance of a regulated healthcare professional that might call into question their fitness to practice, can be sent to the relevant professional regulator.

12.6 Where someone believes they have been harmed due to medical negligence they could consider making a claim for damages. The NHS complaints procedure can be used to gain information, but medical negligence claims made against NHS bodies in England are handled by NHS Resolution.

12.7 More information is available in the NHS Somerset Procedure for the Management of Complaints and Concerns.

13 HOW COMPLAINTS, CONCERNS OR COMPLIMENTS ARE MANAGED

Complaints and Concerns

13.1 NHS Somerset will triage all complaints and concerns on receipt before determining the best way it should be managed. This can result in taking urgent action where appropriate, instigating a formal complaint investigation, early resolution or managing the matter more informally.

13.2 There will also be occasions where it will be considered that the complaint or concern should be managed direct by the NHS provider or another party as they are the ones best placed to respond.

13.3 The individual (or their Independent Health Complaints Advocate if applicable) will be kept informed about how their complaint or concern is being managed and where appropriate, agreement sought and/or consent sought to transfer their complaint to the NHS provider/another party.

13.4 Further details of the complaint and concern triage and the different stages of the complaint process is provided in the NHS Somerset Procedure for Managing Complaints and Concerns.

Compliments

13.5 Any member of staff who receives a complimentary letter or expression of gratitude should inform the Quality, Safety and Improvement Team for recording centrally. Consent will be sought to pass on all compliments received about health care services in order for staff and their managers to use this information to help improve other service areas.

14 CONFIDENTIALITY AND CONSENT

14.1 Complaints and concerns will be dealt with in strictest confidence at all times. Care must be taken to ensure that any information disclosed about the patient is confined to what is relevant to the investigation and only disclosed to those people who have a need to know for the purpose of the investigation.

- 14.2 In order to investigate the complaint, in most cases a form of consent will be required authorising NHS Somerset staff to share the complaint with all relevant parties and have access to relevant clinical information. When it is not possible for the individual to provide consent, alternatives will be considered, or further advice will be sought from the Caldicott Guardian.
- 14.3 If a complaint needs to be transferred to another organisation, consent from the individual will be sought, and confidentiality will be maintained at all times.
- 14.4 Further information about Confidentiality and Consent is provided in the NHS Somerset Procedure for Managing Complaints and Concerns.

Correspondence received from Members of Parliament

- 14.5 Members of Parliament (MP), acting on behalf of their constituents, are already considered to have obtained consent from the constituent. This is supported by the Data Protection Act 1998 – Processing of Sensitive Personal Data – Elective representatives Order 2002 SI2002 No 2905 (v2,0 May2006).
- 14.6 However, where a constituent approaches an MP on behalf of someone else, then consent may be required to ensure the constituent is acting with the patient's authority. Furthermore, in cases when the MP complaint requires cross organisational investigation, consent will be requested from the constituent/patient to investigate their complaint with the additional organisations identified.

Correspondence received from Independent Health Complaints Advocacy

- 14.7 Independent Health Complaints Advocacy (IHCA) act on behalf of the individual to ensure their voice is heard. Consent from the individual will be required, but the local IHCA consent form will usually be accepted. If it is not possible to get consent or alternative methods of consent are required, this will be discussed and agreed with the IHCA.

Occasions when consent is not required or overridden

- 14.8 There may be rare occasions that, when for the sake of safety, it is necessary to override confidentiality. This action would only be taken if the individual is at risk of harm or NHS Somerset requires assurance that an individual is safe. Any such action will be taken with advice and authorisation from a senior member of the Safeguarding Team.

15 TIMESCALES FOR FORMAL COMPLAINT INVESTIGATIONS

- 15.1 The timescales for acknowledging formal complaints and for providing a written response is set out in the NHS Complaint Regulations. NHS Somerset will endeavour to comply with these requirements whenever possible.

15.2 The individual will be kept informed of the progress of the formal complaint investigation and when it is not possible to send the formal written response within the relevant period, the individual will receive a written apology from the 'Responsible Person' (as defined by the NHS Complaint Regulations) and an explanation for the delay.

15.3 Further information is available in the NHS Somerset Procedure for Managing Complaints and Concerns.

16 SUPPORT FOR COMPLAINANTS

16.1 Within Somerset, Independent Health Complaints Advocacy is provided by SWAN Advocacy. They provide support for individuals wanting to complain and can provide advice about the NHS complaints process. SWAN can help draft or write a complaint letter, attend meetings with the individual and provide an interpreter if required. SWAN has a number of advocates that provide a free, independent and confidential service. SWAN can be contacted:

Telephone: 03333 447928 (Monday to Friday, during office hours)

E-mail: Somerset@swanadvocacy.org.uk

Web: <https://swanadvocacy.org.uk/services-near-you/somerset/>

16.2 An independent conciliator can be involved at any stage to help achieve local resolution. Conciliators are trained to resolve disputes through discussion and are independent of the NHS. Either party can request conciliation, but both parties must agree to participate before it can proceed.

16.3 Healthwatch can provide information and signposting to patients to help understand what to do when things go wrong. Healthwatch can challenge services to ensure the patients voice is heard where it matters and where decisions are made. Healthwatch Somerset can be contacted on:

Telephone: 0800 999 1286

Web: <https://www.healthwatchsomerset.co.uk/>

16.4 In line with duties defined by the Equality Act 2010, individuals can request reasonable adjustments, support and access to auxiliary aids in order to help them to raise concerns / share feedback. This support includes (but is not limited to):

- the provision of information and any associated documents in alternative formats or languages
- enabling individuals to have an interpreter or translator involved for support with communication

17 COMPLAINTS AND OTHER PROCEDURES

17.1 NHS Somerset complaints staff are supported and trained to identify when it may not be possible to achieve a relevant outcome through the formal complaint process on its own. Where this happens, the individual will be informed and given information about any other process that may help to address the issues/has the potential to provide the outcomes they seek.

17.2 This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation
- trigger a safeguarding procedure
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance
- involve a criminal investigation
- involve decisions where an appeal process is available

17.3 When another process may be better suited to cover other potential outcomes, the individual will be given advice about why this is relevant and the options that are available. They will also be signposted to sources of specialist independent advice, where appropriate.

17.4 If the individual is already taking part or chooses to take part in another process, but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge

17.5 In such cases, the complaint investigation will be put on hold until those processes conclude and the Chief Nursing Officer or other nominated deputy will be informed, when appropriate.

18 LEARNING FROM COMPLAINTS

18.1 Concerns and complaints provide a rich source of patient feedback on commissioned health services. They help to identify areas of risk and the need for change and improvement. Learning from complaints will be captured and shared internally, and where appropriate, across the Somerset system, or across the region, to promote best practice and improvement of services. More information about learning from complaints is available in the NHS Somerset Procedure for Managing Complaints and Concerns.

19 ASSURANCE/MONITORING

19.1 The philosophy of NHS Somerset for the management of complaints is to recognise their positive value through effective investigation and monitoring. NHS Somerset will monitor performance in relation to the complaints process and seek assurance that learning has been embedded, for all NHS providers, through the following means:

- themes and trends of complaints will be discussed with the provider organisations at their Contract Review Meetings (CRM's) and any further action identified
- the provider's performance around the management of complaints and the implementation of learning/completion of actions will be monitored through the CRM's; annual Quality Accounts; and internal Quality Board escalation processes
- NHS Somerset will use intelligence from complaints relating to provider organisations to inform risk-based Insight visits and use this opportunity to seek assurance that specific actions have been implemented and embedded
- NHS Somerset will use the intelligence gained from complaints information to develop a greater awareness of services commissioned and where these may not meet quality standards. This intelligence will be shared with the commissioning teams to inform future service development

Experience of Care Framework

19.2 NHS Somerset recognises the importance of the Experience of Care Framework as a valuable tool in understanding how NHS providers are listening and responding to the feedback they receive.

19.3 NHS Somerset will seek assurance that NHS providers are having due regard to the Framework through Contract Review Meetings (CRM) and where appropriate, will share any intelligence/learning through governance routes as appropriate.

20 GOVERNANCE AND REPORTING

20.1 The NHS Somerset Quality Committee has oversight of the management of complaints, concerns and compliments. A quarterly report will be presented to the NHS Somerset Quality Committee which identifies any trends and patterns arising from complaints and concerns, and any subsequent actions taken, or learning as a result.

20.2 NHS Somerset will prepare a Complaints Annual Report each year which meets the requirements set out in the NHS Complaint Regulations.

21 UNREASONABLE/PERSISTENT COMPLAINANTS

- 21.1 NHS Somerset operates a zero-tolerance approach for individuals who choose to be rude or abusive in the manner they communicate their complaint or concern. Should any staff member feel distressed or threatened by any form of communication, NHS Somerset will consider taking appropriate steps to protect staff. More information on this can be found in the NHS Somerset Procedure for Managing Complaints and Concerns.

22 RECORDING AND RETENTION OF COMPLAINTS, CONCERNS AND COMPLIMENTS

- 22.1 NHS Somerset will maintain a record of each complaint, concern or compliment received, and the subject matter. For formal complaint investigations, there will also be records kept of the outcome, the time taken to respond to the individual, and any clinical reports/information associated with the investigation.
- 22.2 Records of complaints, concerns and compliments are kept separate from health records. This applies to all reports and medical reports produced during an investigation. Electronic records will be stored within a secure database managed by and accessible only to the Quality, Safety and Improvement Team. Any hard copy (paper) records will be kept securely locked and accessible only to the Quality, Safety and Improvement Team.
- 22.3 Complaints records will be stored in accordance with the NHS Records Management Code of Practice and will be kept by the organisation for a minimum of 10 years. Archived hard copy records will be securely stored in a facility retained by NHS Somerset for all of its corporate records.
- 22.4 NHS Somerset complies with the requirements/rights set out in the General Data Protection Regulation (EU) 2016/679 (GDPR). Should individuals wish to make an application to 'be forgotten', more information is available from the NHS Somerset Information Governance Team.

23 TRAINING

- 23.1 Managers and staff are responsible for ensuring they and their staff are adequately trained to manage complaints, concerns or compliments appropriately, and in line with the values and behaviours endorsed by NHS Somerset. NHS Somerset will support staff to access any training they require in order to meet the responsibilities of their roles, including the training provided by the Parliamentary and Health Service Ombudsman on good complaint handling.
- 23.2 The Quality, Safety and Improvement Team will provide training to all new NHS Somerset staff on managing complaints and concerns and provide advice to providers as required.

24 QUALITY OF COMPLAINT MANAGEMENT

24.1 NHS Somerset and our commissioned NHS providers will:

- seek feedback about the quality of their complaint handling by engaging with individuals (via survey or other methods), local Independent Health Complaints Advocacy provider (for Somerset this is SWAN Advocacy) and local Healthwatch
- participate in regional or national peer reviews of complaint handling, as required

24.2 NHS Somerset will also:

- request regular information from NHS providers relating to performance against nationally and locally agreed Key Performance Indicators (KPI), recognising that timeliness is one measure of quality
- seek assurance that complaints handling is provided to a good quality across all systems and that learning is being captured and shared within and across systems
- seek assurance that actions arising from PHSO upheld complaints investigations are completed appropriately by NHS providers

25 ACCESSIBILITY AND DISSEMINATION OF POLICY

25.1 NHS Somerset has regard to the Accessibility Information Standard and recognises the importance of meeting communication, information needs and legal requirements. More information is available in the NHS Somerset Procedure for Managing Complaints and Concerns.

25.2 NHS Somerset is committed to ensuring that this policy and the NHS Somerset Procedure for the Management of Complaints and Concerns is accessible to all. NHS Somerset will publish this policy and procedure on its public website and copies shall be given, free of charge, to any patient or member of the public requesting it. Additional support will also be provided to help ensure that the information in this policy and procedure can be understood and its guidance followed. This support includes (but is not limited to):

- the provision of the policy and procedure and any associated documents in alternative formats or languages
- enabling individuals to have an advocate or interpreter involved for support with communication
- in line with duties defined by the Equality Act 2010, individuals can request reasonable adjustments and access to auxiliary aids in order to help them to raise concerns / share feedback

26 ASSOCIATED DOCUMENTS

26.1 This policy should be read in conjunction with the following policies and documents which are available via the NHS Somerset Information Governance Team:

- Risk Management Strategy and Policy
- Policy on Procedural Documents
- Patient Safety Incident Response Strategy
- Freedom to Speak Up Policy
- Quality Assurance and Improvement Framework 2025 – 2027

27 REFERENCES

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 No. 309. Office of Public Sector Information. Available at:

<https://www.legislation.gov.uk/uksi/2009/309/contents>

The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman) 2008. Available at:

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The Patients Association – How to make a complaint. Available at:

<https://www.patients-association.org.uk/making-a-complaint>

Listening, Improving, Responding – A guide to Better Patient Care (Department of Health 2009). Available at:

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Health and Social Care Act 2012. Available at:

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Being Open – communicating patient safety incidents with patients and their carers (NPSA, 2009). Available at:

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Review of the NHS Hospital Complaints System – Putting Patients Back in the Picture (Department of Health, 2013) (The Clwyd Report).

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www.gov.uk/government/publications/nhs-hospitals-complaints-system-review

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NHS England Accessible information standard
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NHS England Experience of Care Improvement Framework
<https://www.england.nhs.uk/publication/experience-of-care-improvement-framework/>

**CONFIRMATION OF EQUALITY IMPACT ASSESSMENT FOR
NHS SOMERSET DOCUMENTS/POLICIES/STRATEGIES
AND SERVICE REVIEWS**

Main aim of the document:

This document sets out the commissioner's policy for the management of complaints, concerns and compliments

Outcome of the Equality Impact Assessment Process:

This policy will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

NHS Somerset has regard to the Accessibility Information Standard and recognises the importance of meeting communication, information needs and legal requirements. In line with duties defined by the Equality Act 2010, individuals can request reasonable adjustments and access to auxiliary aids in order to help them to raise concerns / share feedback. These are processed in accordance with the guidance outlined in the NHS Accessible Information Standard

Neutral impact identified

If relevant, outcome of the full impact assessment:

Review of Policy in two years (2028)

Actions taken and planned as a result of the equality impact assessment, with details of action plan with timescales/review dates as applicable:

Not applicable

Groups/individuals consulted with as part of the impact assessment:

The commissioner staff