COMPLAINTS POLICY
June 2024

Responsible Lead:	Clinical Director
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1. Introduction

1.1 Community Dental Services CIC (CDS) takes complaints very seriously and acknowledges its responsibility for handling complaints in line with the following legislation and guidance:

- UK Human Rights Act 1998, Equality Act 2010 and Mental Capacity Act 2005
- General Dental Council – Standards for the Dental Team (Principle 5)
- Local Authority and National Health Service Complaints (England) Regulations 2009

1.2 CDS promotes a culture of patient and public involvement throughout the organisation. Feedback from service users, and their relatives is welcomed and complaints about the service are viewed as an integral part of the feedback CDS receives in order for learning across the Company with a view to improving our patients'/service user experience.

2. Purpose of policy

2.1 The purpose of this policy is to ensure that CDS will approach any complaint in an honest and transparent way with the principal aims of resolving the problem, satisfying the concerns of each complainant and learning from the experience in order to improve service delivery.

3. Definitions

3.1 A complaint can be defined as 'an expression of dissatisfaction requiring a response'.

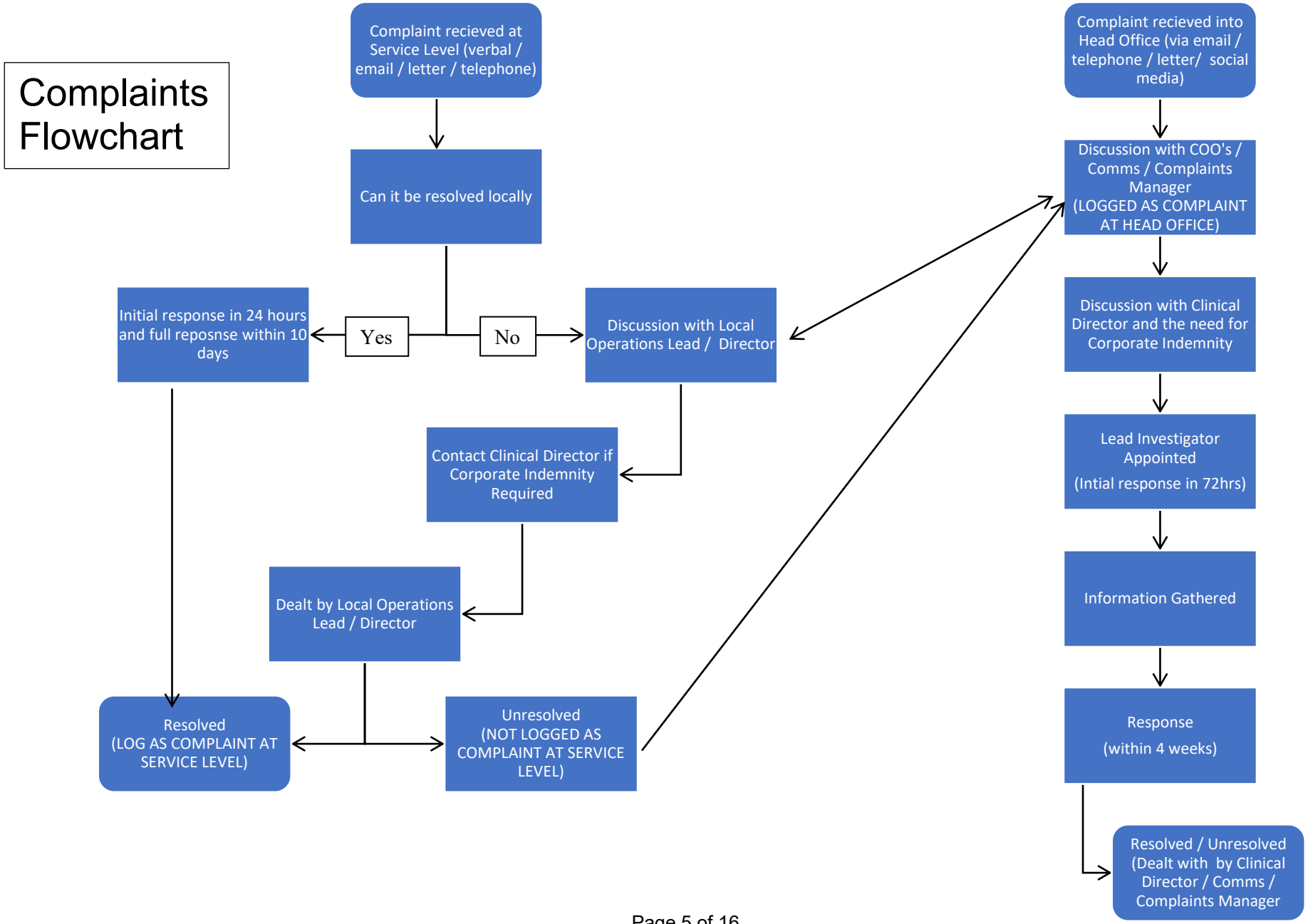
3.2 Complaints can be understood to be either 'formal' or 'informal'.

- A 'formal' complaint is one that is made formally through local clinical teams or to a CDS Complaints Manager but is dealt with via the formal complaints team This complaint would be escalated to the Clinical Director for advice. Should the patient be unwilling or unable to submit their complaint in writing, it can be made verbally but must be recorded in writing and dated. This will be sent to the complainant with the initial acknowledgement letter. Where another employee hears a verbal complaint notes must be sent to Complaints Manager.
- An 'informal' complaint is one which is received by any employee and is resolved by that employee with support from their line manager, local operations lead / Director, if required. An informal complaint may develop into a formal complaint and would therefore follow the 'formal' complaints procedure.
- In both cases, the complainant must be identifiable in order to enable a response to be given. Where anonymous negative feedback is given, this will be dealt with in the context of general patient feedback rather than under this policy.

3.3 This policy is concerned with complaints received from service users and members of the public about CDS services. Complaints from employees about patients or about other team members should be dealt with under the Zero Tolerance and Whistleblowing policies respectively.

3.4 Complaints may be made about both NHS and private services and this policy applies in all cases.

Complaints Flowchart



4. Roles and responsibilities

4.1 CDS Board

The CDS Board is informed of the overall numbers of formal and informal complaints, including the key themes, via the Clinical Governance dashboard circulated prior the Board Meeting.

4.2 Clinical Governance Local Council

The Clinical Governance Local Council will receive detailed reports on informal complaints in their locality. Formal complaints will be logged at Head Office. It is responsible for scrutinising the responses given and the actions taken. The Clinical Governance Committees must be assured that the handling of complaints is adequate and that relevant learning points are drawn out, implemented and reviewed.

4.3 Executive Directors

4.3.1. The Complaints Manager will escalate to the Clinical Director where necessary and for all complaints of a clinical nature.

4.3.2. The Clinical Director will usually provide final sign off for all complaints. In some circumstances, where the Clinical Director is unavailable, this may be the Associate Clinical Director.

4.3.3. The Chief Executive Officer may be the point of escalation for very serious complaints and complaints that have not been resolved at the first response and all complaints received via an MPs office.

4.3.4 COOs will be advised of formal complaints, that are significant in nature, for their respective services.

4.4 Associate Operations Directors / Operational Leads

4.4.1The Associate Operations Directors / Operational Leads will take responsibility for ensuring that informal complaints received are recorded, acknowledged, investigated and responded to within the timescale contained within this Policy. They will also draft a response and if felt appropriate reviewed by the Complaints Manager. They will ensure that opportunities for service improvement are implemented via an action plan an action to monitor implementation. The Operations Directors / Operational Leads will ensure that lessons learnt are shared with the operational teams.

4.4.2 Any complaints that cannot be resolved at a local level will be escalated by the Associate Operations Director / Operational Leads to the Complaints Manager.

4.4.3 Associate Operations Directors / Operational Leads will usually be responsible for providing initial draft of complaints response where it concerns their service, for review by Complaints Manager

4.5 Clinical Governance Manager

4.5.1. The Clinical Governance Manager will collate and prepare the quarterly complaints data overview for the Clinical Governance Quality Committee. This will include informal complaints from each Service and the formal from the Complaints Team.

4.5.1. The Clinical Governance Manager will collect and prepare the annual clinical complaints data for all CDS contracts and submit to NHS by using the KO41b Dental Return tool.

4.6 Complaints Manager

4.6.1 The Complaints Manager will receive any informal complaint that is not resolved at a local level and discuss with either Chief Operating Officers and / or Clinical Director This will then be logged as a formal complaint. They will also record and begin the complaints management process for formal complaints received directly from the public, NHS England or MPs.

4.6.2. Following this discussion, Clinical Director or Complaints Manager will contact Corporate Indemnity if necessary

4.6.3 Complaints Manager responsibility is to appoint a lead investigator, collect information and continually track complaint and update all as required. They will also review and amend response and liaise with Clinical Director for signature.

4.6.4. NHS England patients wishing to complain about NHS/I services may choose to complain to NHS England rather than to CDS directly. Complaints made direct to NHS England via email should be addressed to England.contactus@nhs.net marked for the attention of the Complaints Manager in the subject line. CDS will co-operate fully with NHS England in such cases, to ensure full and satisfactory resolution of the complaint in line with this policy.

4.6.5 Private patients wishing to complain about services provided by CDS will follow the process outlined in these guidelines. If the patient chooses to complain independently, they may liaise with the Dental Complaints Service. This is an independent body funded by the General Dental Council. This Service is dedicated to supporting patients in ensuring complaints are resolved. They can be contacted at:

Dental Complaints Service
37 Wimpole Street
London
W1G 8DQ

Tel:0208 253 0800 (Monday to Friday, 9am-5pm)

Website: https://dcs.gdc-uk.org

All Employees

4.6.4 All employees should ensure that they are familiar with the complaints handling procedures and deal with any expressions of dissatisfaction from patients in line with this policy and any associated guidelines.

5. Principles of dealing with complaints

5.1 All complaints, whether formal or informal, are treated seriously and dealt with promptly, sensitively and in a confidential manner. All CDS employees in local area teams are responsible for ensuring that formal Complaints details are sent to Head Office on the same day that they are made. A complaint will be acknowledged within three working days with a full response within ten working days (unless agreed otherwise with the complainant).

5.2 The complaints process must be clear and easy to access for patients and other complainants.

5.3 CDS local teams are encouraged to deal with issues locally with the aim of mitigating any escalation.

5.4 Every complaint, whether verbal or written, will be acknowledged and responded to in the most appropriate way.

5.5 The purpose of the complaints procedures is not to apportion blame but to investigate complaints and, as far as possible, to satisfy complainants, in addition to learning lessons for improvement in service delivery.

5.6 In handling and responding to complaints, complainants will be treated equally and not discriminated against because of protected characteristics or other factor or have their treatment prejudiced in any way.

5.7 All complaints will be recorded and analysed and trends identified will be reported as part of CDS' governance arrangements outlined in section 4.

5.8 CDS local teams and managers involved in responding to complaints should be engaged throughout the process and have confidence in the fairness of the Complaints procedure

5.9 If the patient/professional relationship is damaged as a result of a complaint, every effort will be made to restore this. However, in some cases, where possible and appropriate, arrangements can be made for future treatment to be provided by a different clinician.

5.10 Advice from our indemnity organisation will be sought when appropriate before a formal response is given to a patient. It will normally be the responsibility of the Clinical Director to determine when such advice should be sought.

Complaints received from within Prison Services will be managed in line with the pre-existing Prison Complaints Policy. Recording and trend analysis will be reported as part of CDS governance arrangements outlined in section 4.

6. Complaint's procedures

6.1 CDS will put in place clear and well-defined procedures for dealing with complaints which will ensure that complaints are handled flexibly and sensitively and in line with this policy.

7. Team Training

7.1 All CDS teams must be adequately trained in dealing with complaints, in line with the requirements of their role. The complexity of training provided will be dependent on the level of patient or public contact undertaken in the function.

7.2 All formal CDS complaint responses will be signed by the Chief Executive Officer or Executive Director.

8. Informing service users

8.1 All patients will be made aware that there is a complaints procedure via the Patient Information Leaflet. These resources will be available in all CDS clinics. They will also be available to patients and the public via the CDS Website (communitydentalservices.co.uk)

8.2 The complaints procedure is also outlined in full in a separate leaflet which will be made available on request. A copy of the procedure should be enclosed when acknowledging a formal complaint.

9. Legal action arising from complaints

9.1 Should legal action be taken against the service at any point, the complaints procedures will continue to apply. A complaint and claim about the same issues can run side-by-side and must be allowed to do so if the patient or their representative wishes it.

10. Habitual / vexatious complainants

10.1 An habitual or vexatious complainant may be described as 'one not having sufficient grounds for action and/or seeking only to annoy.' Occasionally complainants will persist with a complaint that the team consider has already reached a conclusion through the complaints procedure or they will repeatedly complain. Complaints of this nature will be reviewed by the Clinical Director or Chief Executive Officer, and if required, an exceptional procedure will be invoked to manage such cases.

11. Reporting of complaints by employees

11.1 Employees should record any complaint of which they are aware onto CDS's local informal complaints log

Every formal complaint will be escalated to the Complaints manager and recorded on the Head Office formal complaints log (Complaints Flowchart)

Every complaint will be investigated, trends will be found, and lessons learned will be implemented

12. Related Policies

Access to Health Records Policy

Incident Reporting Policy

Safeguarding Children and Vulnerable Adults Policy

Whistleblowing Policy

Zero Tolerance Policy

Patient Data Protection Policy

Employee Data Protection Policy

Appendix 1: Complaints to the Parliamentary and Health Service Ombudsman

Complainants who are dissatisfied with the response that they receive at the end of the local and NHS England resolution process may ask the Parliamentary and Health Service Ombudsman to review their complaint:

The Parliamentary and Health Service Ombudsman
Citygate
Mosley Street
Manchester
M2 3HQ
Tel: 0345 015 4033
Textphone / mini-com: 0300 061 4298 + Text Relay
www.ombudsman.org.uk

Any such request must be made to the Ombudsman, either orally or in writing (including electronically) not later than one year from the date of the completion of the local resolution process (date of the final written response from CDS). However, the Ombudsman has the discretion to extend this time limit in special circumstances.

A complainant may request that the Ombudsman investigates their complaint if:

- They feel the initial investigation by NHS England or CDS was inadequate, incomplete or unsatisfactory.
- They have reason to believe that the underlying issues which led to the complaint have not been fully uncovered or understood.
- An investigation has not been completed within the agreed time.
- CDS has decided not to investigate a complaint on the grounds that it was not made within the time limits governed by the current NHS complaints procedure.
- The complainant is dissatisfied with the process or the outcome of the independent review.

Requests to the Parliamentary and Health Service Ombudsman should, if possible, be made either on a form supplied for the purpose by the Ombudsman, available from the Ombudsman's website (www.ombudsman.org.uk/make a complaint) in writing (including electronically). There is no requirement for the complainant to copy their request to CDS.

The Ombudsman will not automatically investigate all complaints received but will consider each case individually before reaching a decision.

If the Ombudsman decides to investigate a complaint, CDS will, on request, forward copies of the final response and all other relevant documents relating to CDS' handling of the complaint to the Ombudsman as soon as possible.

Appendix 2 – Complaints Guidelines

Guidelines for dealing with complaints

Introduction

This document sets out the procedure for dealing with complaints received by patients, their carers or members of the public about CDS services. It should be followed with reference to the CDS Complaints Policy.

Definitions

A complaint is defined as ‘an expression of dissatisfaction requiring a response’.

Complaints can be either ‘formal’ or ‘informal’.

A ‘formal’ complaint is made formally through local teams or to CDS Head Office.

An ‘informal’ complaint can be received by any employee and may be able to be resolved locally by clinic employees following discussion with Local Operation Leads

An informal complaint may develop into a formal complaint.

In both cases, the complainant must be identifiable so that a response can be given. Anonymous complaints are dealt with in the context of general patient feedback.

Principles

All complaints must be treated seriously and dealt with promptly, sensitively and in a confidential manner.

Employees should feel confident to deal with issues before they escalate into something more serious.

When investigating complaints, the intention is not to apportion blame but, as far as possible, to satisfy complainants, and also to learn lessons leading to improvements in services.

Complainants will be treated equally and not discriminated against for any reason and their treatment will not be prejudiced in any way.

Employees against whom a complaint is made should be engaged throughout the process and have confidence in the fairness of the Complaints procedure.

Who can complain?

Anyone receiving or who has received treatment or services from CDS can complain, as well as relatives and carers of these people. If they are unable to complain then someone acting with their consent may complain on their behalf. If a patient is unable to act or consent through disability, then consent is not needed.

Complaints may also be made about the healthcare of deceased patients, usually by the next of kin, although the release of personal information may be limited, in accordance with the provisions of the Access to Health Records Act 1990.

Time limit for making a complaint

Normally a complaint should be made within twelve months of the date of the incident that caused the problem or within twelve months of discovering the problem. However, CDS has the discretion to extend this time limit in circumstances where it is considered reasonable, practical and equitable to do so.

Dealing with complaints

1. Responsibilities of frontline employees

Patients and carers will always be encouraged to approach the person in charge of their care with any concern or complaint in the first instance.

Minor concerns

- Employees will try to resolve minor concerns as quickly as possible, with an apology where appropriate.
- Minor concerns dealt with in the course of day-to-day running of services do not need to be formally reported, although team members may wish to consider reporting them if they feel an issue has been raised which could be addressed by the whole service or where there has been a run of similar issues in a short space of time.

More serious concerns / ‘informal’ complaints

- If a patient or carer voices a more serious concern or states that they wish to complain, an immediate attempt should be made to address the problem if possible.
- It may be appropriate to involve a senior employee or the individual’s line manager so that the team member is appropriately supported.
- Issues which can be resolved by clinic teams and the Local Operations Lead within 4 weeks will be treated as ‘informal complaints’ and should be logged and reported once resolved following CDS’s incident reporting arrangements.
- If a concern or complaint cannot be resolved within 4 weeks, even if it is being dealt with by the clinical team, should be reported to the Complaints Manager and Clinical Governance Manager. This will still be considered an ‘informal complaint’ unless the complainant wishes to make a make a formal complaint as described below.

- Once the concern has been resolved, the incident should be reported on an incident form and recorded on the local Complaints log with full details of any action taken.

Formal complaints

- If an issue cannot be resolved by the clinic team and the patient or carer states that they wish to formally complain, then they should be given a copy of CDS' 'How to complain' leaflet and asked to contact the Complaints Manager. This should be reported on an incident form with full details of any action taken to date.

2. Role of the Complaints Manager

The role of the Complaints Manager is to receive and deal with formal complaints, and to support employees in dealing with informal complaints.

3. Dealing with formal complaints

Formal complaints can be of two natures:

i) Patients or carers that directly contact Head Office using email / text message / telephone / website etc.
ii) Unresolved complaints that have come via a Service that have be dealt with Local Operations Lead and deemed appropriate to refer to the Complaints Manager

Patients or carers wishing to submit a formal complaint will be asked to do so in writing, either on paper or electronically. Should they be unwilling or unable to do so, it can be made verbally but must be recorded in writing by the complaints manager and then sent to the complainant for them to sign and date.

Unresolved complaints from Local Operation Lead will forward all relevant information to the Complaints Manager for assessment.

Upon receipt of a complaint, the Complaints Manager will:

Send a written acknowledgment to the complainant as soon as possible and within 3 working days of receipt at the latest. This acknowledgement will include:

- The complaints leaflet outlining CDS procedures.
- An expected timescale for resolution of the complaint (usually no longer than 4 weeks of receipt of the complaint although there may be unavoidable delays to the investigation, such as the treating dental professional being on leave, in which case the complainant should be notified of the delay and the reason for it).

Log the complaint on the relevant spreadsheet.

Contact the relevant senior lead to arrange an investigation into the complaint.

Liaise with the senior manager regarding communication with any employee who may be involved in the investigation and provide any support needed to enable the investigation to take place.

Act as a point of contact for the complainant should they wish to discuss progress on the complaint at any point.

Ensure that a response is sent to the complainant within the agreed timescale. This should include:

- Details of the initial complaint
- What action has been taken to investigate the complaint
- Response from CDS to the issues raised
- An invitation to the complainant to discuss the matter further or contact the Ombudsman (NHS treatment only) or Dental Complaints (private treatment only) if they are still dissatisfied.

If a response is not possible within the agreed timescale then a letter should be sent explaining the reason for this and giving a new deadline for a response.

The complaints manager will also liaise with the relevant groups regarding any changes which may need to be made to services as a result of the complaint.

4. Complaints which should be dealt with differently

The following types of complaints are not covered by these procedures and should be dealt with separately:

Complaints which raise concerns regarding the safeguarding of children or vulnerable adults: *refer Safeguarding policies and procedures*.

Complaints by an employee regarding another employee's professional conduct: refer *Whistleblowing Policy*.

Complaints from a solicitor or where legal action is threatened.

Complaints by an employee about a patient: *refer Zero Tolerance Policy*.

Complaints made anonymously: *refer procedures for dealing with patient feedback.*

5. Complaints investigations

In investigating a complaint, CDS will endeavour to:

Listen carefully to the complainant's concerns to understand what they are unhappy about.

Discover what happened and what went wrong.

Ensure that the complainant receives explanations and an apology, where this is appropriate.

Identify what can be done to ensure the problem is not repeated.

Investigations into complaints will usually be carried out by a senior manager who has no line management responsibility for any of the employees involved to ensure impartiality. The manager will ask all relevant employees to give a statement and should ensure that they are fully communicated with at all times.

The manager who has conducted the investigation will produce a full report outlining:

The nature of the complaint.

The circumstances that led to the complaint being made.

Their conclusions and recommendations for action (including any learning points for the service).

The report will be passed to the relevant Senior Leader who will determine the response to the complainant, taking advice from indemnifiers as necessary.

6. Consent

Consent to access the patient's record will be assumed if the complaint is made by the patient themselves. Where the patient has been assessed as lacking capacity to make decisions about their own care, the carer (subject to power of attorney/appointed deputy by court of protection) can give agreement for the record to be accessed. Complaints made on behalf of other individuals can only be investigated if the patient gives consent for the complainant to act on their behalf and for their records to be accessed. For full details of when it is acceptable to access patient records see the Access to Medical and Non-Medical Records Requests Policy.