



# **Peninsula Dental Social Enterprise (PDSE)**

## **Policy Code Complaints and Concerns Policy Version 2.0**

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Policy will be updated as required in response to a change in national policy or evidence-based guideline.

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# Complaints and Concerns Policy

## 1. Introduction

- 1.1 This PDSE Complaints procedure is designed to follow the Ombudsman's Principles:
- Getting it Right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement
- 1.2 An important aspect of handling complaints is to listen to patients views, observe what and where things are going wrong and change practice(s) to improve services. As a learning organisation, committed to continuous improvement, it is important that lessons learned from complaints are shared within PDSE and used to enhance the quality of services for the future.
- 1.3 Dealing with complaints can be time consuming and stressful for staff. By having an agreed procedure for the handling of complaints within PDSE we can be sure that all staff are appropriately supported and that we develop a culture based on learning rather than blaming.
- 1.4 Making a complaint does not mean that a patient/complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality and sexual orientation. PDSE staff must also ensure that patients and their carers are not discriminated against when a complaint is made and that their ongoing treatment will be unaffected. Complaints records must be kept separate from clinical records.
- 1.5 Complaints should not be dealt with through disciplinary or performance procedures. Where a complaint suggests performance issues of an individual, these issues must be investigated and dealt with outside of the Complaints procedure, in order to ensure that individuals rights to representation and support are met through appropriate procedures and processes.
- 1.6 This policy clarifies the process, lines of responsibility and means of support for handling complaints within PDSE.

## 2. Roles & Responsibilities - Local Resolution

- 2.1 Complaints are frequently resolved or averted by providing the opportunity for the complainant to air their grievance and receive an explanation of the issues causing concern. Often patients just want to feel listened to, have their concerns

taken seriously and receive an explanation and reassurance that actions will be taken to address their concern.

2.2 It is a common experience for patients to feel that they are not dealt with sensitively or seriously, when they have a concern; that they are hindered from making a complaint by complex and time-consuming procedures.

2.3 All staff must be equipped with skills to resolve concerns in the first instance and must be aware of how to support patients/relatives wishing to make a formal complaint.

2.4 The personal approach of talking to the complainant, to attempt to resolve the issues promptly, should be taken. This will usually be undertaken locally, by the relevant manager/clinician.

## **2.5 Upon receipt of a complaint:**

2.5.1 All written complaints and all verbal complaints which were not resolved at the time of raising should be logged with the PDSE Governance and Compliance Manager following the flowchart at Appendix B

2.6 All complaints must be fully investigated. The investigation must be undertaken openly, swiftly and thoroughly in accordance with the National Patient Safety Agency (NPSA) Being Open Policy published in 2010. Being Open is a set of principles that healthcare staff should use when communicating with patients, their families and carers following a patient safety incident in which the patient was harmed. Being open supports a culture of honesty and transparency, and includes apologising and explaining what happened. The investigation may involve interviewing staff, scrutinising records and reviewing procedures. All complaints will be handled with discretion. Information disclosed and discussed at the time of the complaint must remain confidential. Where a third party makes the complaint, written consent to disclose personal information must be obtained from the patient's representative.

2.7 The investigation of a complaint will be undertaken by a senior member of staff. The Director of Community Based Dentistry will make the decision of who will undertake the investigation.

2.8 Drafting of final letters will be the responsibility of the individual undertaking the investigation. .

2.9 The complainant must be informed of the outcome of their formal complaint and identified learning outcomes, in writing within 28 days of the complaint receipt date. Should there be a delay in preparing a response the complainant must be kept informed.

2.10 All complaints will be reviewed, trends identified and changes to procedures

and/or training needs identified and implemented through relevant channels.

- 2.11 Clinical teams will be given regular reports of complaints documenting the statistics and background data relating to learning lessons and improving practice via the monthly Patient Safety and Governance Report.
- 2.12 Patients may need support or advice without wishing to make a formal complaint. Staff should be able to offer such support and advice about the Complaints procedure through the Healthwatch service. The details for the local service will be listed on the service website: [www.healthwatch.co.uk](http://www.healthwatch.co.uk).
- 2.13 Patients should be provided with details of external organisations who can provide support and assistance through the complaints process.

### **3. Extended Local Resolution**

- 3.1 In cases where the complainant is unhappy with the process by which their complaint has been handled, the manager or clinician involved in the local resolution may discuss the complaint with the relevant Director.
- 3.2 In cases where there are serious concerns regarding the performance of a member of staff, the issue will be dealt with outside the complaints procedure, using formal performance procedures.
- 3.3 If the complainant is unhappy with the outcome of the investigation even following extended Local Resolution they have the right to request that their complaint be considered for an Independent Review. Advice on how to request such a review will be contained in the letter that is sent from the Director of Community Based Dentistry.

### **4. Independent Review Requests**

- 4.1 Independent Review offers the opportunity to identify clinical or professional problems or actions, which may have been overlooked in the local resolution processes. This may include review by The Health Service Ombudsman.
- 4.2 The Complainant will need to apply in writing for a request for an Independent Review, detailing why it is felt that the complaint has not been handled appropriately. Information on how to contact the Health Service Ombudsman is contained in the final letter that is sent to the complainant by the Director of Community Based Dentistry.
- 4.3 The Health Service Ombudsman will inform the complainant in writing of the

outcome of their application for a request of an Independent Review. A letter will be sent to the complainant from the Health Service Ombudsman stating their decision which can be one of the following options:

- Make recommendations for further action by PDSE
- Investigate cases in detail either with the focus on resolving the individual complaint, or in the context of an inspection or inquiry about failures within PDSE
- Recommend no further action.

4.4 All staff involved in an Independent Review will be supported by PDSE in terms of advice, information and moral support. Individuals may also seek support from their professional organisation, trades union or local professional committee.

## **5. Reviewing Complaints and Risk Assessments**

5.1 Complaints can be useful sources of information about user views and perspectives of our services. They can identify where and how services should be changed or developed. Whilst complaints can be stressful at the time, they often identify areas for staff support, training or continuing professional development.

5.2 Once a formal complaint has been made, it is important that the process and outcomes are monitored so that lessons can be learned, changes to practice can be made and shared and staff can be appropriately supported.

5.3 The local clinical team must review all complaints and compliments. Through Clinical Governance, clinical teams must provide evidence that appropriate actions have been taken to address concerns or complaints from service users. The outcome of complaints and actions taken will be shared, through the Governance framework. The PDSE management group of the Board will promote the sharing of lessons learned within PDSE and ensure that continuous improvements to services are planned and reviewed.

5.4 PDSE is required to monitor all complaints, about directly managed services. PDSE will review aggregated data regarding comments, concerns, complaints and compliments on a quarterly basis. Individual patients, clinicians or practices will not be identified in the reporting of complaints - care will be taken in presenting information to safeguard confidentiality of individuals and practices.

5.5 The information reported to PDSE will include:

- Numbers of complaints per clinical area
- Categories of complaints
- Outcome and action taken as a result of complaints
- Positive comments and compliments from users.

## **6 Training**

- 6.1 Awareness training will be included in the induction of staff, in order that they are familiar with this Complaints policy for PDSE.
- 6.2 Any patient or member of the public, seeking advice as to how to raise their concerns or make a complaint, should be able to obtain the relevant information from any member of staff. Patient information will be available in clinics, on the website and other public areas.
- 6.3 Training will be available for front-line staff, to enable them to deal with complaints or causes of concern in an empathetic and efficient manner.
- 6.4 On-going training and supervision in the investigation of complaints will be available to all front line staff.
- 6.5 The outcomes of complaints and the performance management monitoring will be used to inform local and PDSE-wide plans for on-going training and continuous professional development of all staff.

## Appendix A

### Peninsula Dental Social Enterprise Complaints process

PDSE operates a transparent and open complaints process in line with NHS and General Dental Council guidance



If you have an issue please talk to your Dental Care Professional or a member of the clinic or reception team



We will endeavour to resolve any complaint informally within the first instance. If this is unsuccessful, you may wish to make your complaint formally in writing to:

Governance and Compliance Manager  
Peninsula Dental Social Enterprise CIC  
20 Research Way  
Derriford, Plymouth  
PL6 8BT



If we cannot resolve your complaint immediately and an investigation is required, we will acknowledge receipt of your complaint within 3 working days and respond within 28 working days to your concerns. We will endeavour to keep you updated throughout the process



If you remain dissatisfied with our response, please let us know and we will provide details of how to escalate your complaint further to the relevant organisation. This may be:

- Patient Advice and Liaison Services
- Relevant patient advocacy service
- General Dental Council
- Care Quality Commission
- Parliamentary Health Service Ombudsman

Peninsula Dental Social Enterprise takes all our complaints very seriously. We operate a process of continuous improvement where all complaints are evaluated and where necessary any lessons learned are included into our ongoing quality improvement plan



## Appendix B

### Flowchart for resolving verbal complaints

Verbal complaints should be resolved at the time whenever possible and by the staff member receiving the complaint. If this is successful inform the Governance and Compliance Manager of the details as shown below:

- Date of receipt of complaint
- Name of complainant
- Nature of complaint
- Name of staff member resolving complaint
- Action taken



If immediate resolution cannot be made, complaints are to be forwarded to the Governance and Compliance Manager. At this stage, if an investigation is required, an appropriate staff member will be appointed to carry this out and the formal complaints policy will be followed as in appendix C



If a resolution still cannot be found, the patient will be made aware of relevant external support as in appendix A

## Appendix C

### Flowchart for resolving written complaints

