

Complaints Policy

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1. Purpose

This policy is designed to outline our complaints process and how to properly log, investigate and respond to our patient's concerns. The responsibility for handling complaints is one that is shared by all within the practice as well as PortmanDentex as a whole. It's purpose is to ensure that:

1. Complaints are responded to fairly, within the correct timescales, and in accordance with the expectations of our regulators.
2. Complaints are appropriately logged to ensure central visibility.
3. Where appropriate, complaints are properly notified to our insurers, protecting the business from claims made on the basis of vicarious liability or a non-delegable duty of care.
4. Learning from complaints is shared across the whole business, improving standards.

2. Scope

This policy applies to all employees of PortmanDentex Dental Care and its subsidiaries. This policy also applies to self-employed clinicians engaged with PortmanDentex.

Colleagues, self-employed clinicians, patients and members of the public are impacted by this policy.

3. Complaint Types

A complaint is 'an expression of dissatisfaction that requires a response' made verbally or in writing. PortmanDentex categorises complaints in the following ways:

1. Informal and formal complaints.
2. PortmanDentex, Clinician and NHS complaints. Each of these is responded to by different people
3. By seriousness of complaint.

Complaints are categorised based on this policy, and not on the complainant's perception. For example:

1. Some complainants will say, "I'm not complaining, but...". Any expression of dissatisfaction should be treated as a complaint and this policy followed, even if the patient does not identify it as such.
2. Complainants may say, "I want to make a formal complaint.". If a complaint meets the definition of informal, then it should be responded to as such.

3.1 Informal and Formal Complaints

3.1.1 Informal Complaints

An Informal complaint is an expression of dissatisfaction which can be responded to verbally and resolved to the complainant's satisfaction either immediately or within no more than two working days. This response will normally be verbally, at the practice level. For PortmanDentex to have visibility of trends in patient concerns, informal complaints must be logged on Radar.

Where a complaint is complex in nature, needs formal investigation and a written response, it should not be logged as an informal complaint.

3.1.2 Formal Complaints

A formal complaint is any expression of dissatisfaction, whether oral or written, and whether justified or not, from, or on behalf of, an eligible complainant. Formal complaints of any nature will in most cases require a level of investigation before a written response is provided.

The reception team or Practice Manager, will in most cases be the first point of contact for individuals raising concerns or complaints. If the complaint cannot be involved informally at the time, or within the next two days, then it must be logged on RADAR as a formal complaint.

3.2 PortmanDentex Complaints, Clinician Complaints and NHS Complaints

Complaints can broadly be divided into PortmanDentex complaints, and Clinician complaints. It is important to identify which category a complaint falls into when the complaint has been received as this determines who will write the substantive response.

They can be distinguished as follows:

PortmanDentex Complaints	Clinician Complaints	NHS Complaints
Often triggered by an incident outside the surgery/at reception	Often triggered by an incident in the surgery	Relate to the provision of care under the NHS contract
Relate to the conduct or performance of an employee	Relate to:	An NHS patient's practice experience
Relate to failure in a business processes	Advice a clinician has given	Access to or removal of NHS care
Follow the failure of equipment or IT owned by the business	Treatment they have provided or did not provide	
Are due to issues with the practice facilities or environment	Their conduct	
If about a cancellation, where the business is responsible for the cancellation	If about a cancellation, where the reason for the cancellation is clinician availability	
Any complaint relating to an employed clinician (including employed dentists)	(Note: where the complaint relates to an employed clinician it is treated as a PortmanDentex complaint)	

PortmanDentex complaints must receive a substantive response from the business, with input from the clinician if appropriate. Depending on the nature and grading of the complaint, this response may be from the Practice Manager, the Ops Manager, or centrally.

Clinician complaints must receive a substantive response from the clinician or clinicians who treated the patient, with a covering letter from the Practice Manager.

NHS complaints must always receive a response from PortmanDentex. This is because PortmanDentex is the NHS contract holder and so has a direct responsibility for all NHS patients treated in the business. Where the complaint relates to clinical care, the clinician must provide a response to these aspects of the patient's complaint.

Where a patient complains directly to the NHS or the relevant Ombudsman for their area then they will handle the complaint in line with their policies and timeframes.

3.3 Complaint Grading

PortmanDentex grades complaints from 1 to 5, with 1 being informal complaints, and 5 the most serious complaints. This grading is important because it determines:

1. Who is primarily responsible for investigating and responding to the complainant
2. Who needs to be informed about the complaint.

Examples of each grading can be found in the table in Appendix 2.

4. Responsibilities

Responsibilities and accountabilities for complaints management are as laid out in the separate RACI chart however in summary:

Level 1 and 2 complaints

The expectation is that these will be managed entirely at the practice level, supported by the Ops Manager if necessary. Where necessary, the complaints team can be approached for additional advice and support.

Level 3 complaints

The expectation is that these will be managed primarily at the practice level, with input and support from the complaints team.

Level 4 and 5 complaints

The practice team will be responsible for practical tasks such as inputting information on Radar, gathering patient notes, and sending responses for the patients. However, primary responsibility for coordinating the response will sit with the Complaints Lead, supported by the Clinical Governance Team and broader Central Team, depending on the nature of the complaint.

Insurance notifications

These must be completed for all level 4 and 5 complaints, along with some less serious complaints as required by our insurers. Responsibility for informing the insurers sits with the Clinical Governance team but responsibility for flagging potential complaints sits with the practice manager

5. Who can complain

A complaint may be made by the person who has been directly affected by a particular action or issue. Most complainants can do this themselves, but some will need support. Where necessary, our Practice Managers should give complainants the help and assistance they need to talk through their concerns. This may include summarising their concerns to pass onto the clinician.

A complaint can also be brought by a representative on behalf of the person affected. A representative can complain when:

- The person is unable to complain themselves
- A person who is able chooses to appoint a representative

When addressing complaints from representatives, we must be satisfied that:

- The representative is acting in the best interests of the person on whose behalf the complaint is made
- The representative has the right to access the affected individual's data. If the representative does not have the right to access the patient's data, we can investigate the complaint but must not include any personal information in our response.

Protecting patient confidentiality is a legal requirement. If in doubt, seek advice from the Clinical Governance Team before responding to the complaint.

5.1 Where a person is unable to complain themselves

This occurs when the person who is affected:

- **Is a child** (up to the age of 16 years old). The representative should be someone with parental responsibility. This is covered in full in the Consent Policy and the same principles apply here.
- **Has died.** A complaint can be made by a 'personal representative' or the executor of the estate. In these sensitive cases, please contact the Clinical Governance Team to discuss this on a case-by-case basis.
- **Lacks capacity.** Where a person lacks capacity within the meaning of the Mental Capacity Act 2005 to make the complaint themselves, then a friend or relative may complain on their behalf. This may include someone with a Lasting Power of Attorney for Health and Welfare, which has been registered with the Office of the Public Guardian. This is covered in the Mental Capacity policy.

Where a person lacks capacity to complain themselves but is able to consent to someone complaining on their behalf, then this consent must be sought.

5.2 Where a person has appointed a representative

Anyone can appoint a representative to act on their behalf. Representatives include a friends, family

members, MPs or other elected representatives, or solicitors. The complainant must give consent before we respond to the third party. This can be verbally, by email, or in writing. A record of this must be kept.

5.3 Complaints and Social Media

Where a complaint has been raised publicly, for example on social media, this must be discussed with the Marketing Business Partner before any response is given. Practice colleagues should not engage with complainants on social media without the explicit agreement of the PR Team.

6. Managing Complaints - General Principles

When managing a complaint, all those involved should be treated with respect, compassion, and concern for their wellbeing. Complaining can be distressing both for the complainant and for the individuals complained about.

All complaint responses should be courteous, sincere and, where appropriate, compassionate.

Complaint responses should be written in plain English avoiding jargon and acronyms. The tone of the letter should match the seriousness of the complaint.

We should be able to demonstrate to all stakeholders that the complaint investigation and any conclusions reached have been done so:

- Openly and transparently
- Based on evidence
- Logically and rationally
- Comprehensively and with a level of detail appropriate to the complexity of the complaint
- In a timely and expeditious manner
- Proportionate to the seriousness of the concern(s) raised

Complainants may wish to communicate in writing, over the phone, by email or through face-to-face meetings. At the point of initial contact, the preferred method of communication should be established and, unless there is overriding reason not to, accommodated.

The outcome the complainant is seeking should be clearly established. Complainants may be seeking information, understanding or an apology and we will endeavour to clarify what resolution they are expecting within the acknowledgement letter.

Information relating to patient complaints must be kept separately from the clinical notes.

Patients have a right to complain and must not lose access to care because they have done so.

7. Managing complaints – The Process

Template letters for all steps in this process are available on Radar.

7.1 Receiving, grading and logging the complaint

7.1.1 Complaints received at practices

The practice manager receives the complaint. They assess it to decide:

1. If it is a clinician or PortmanDentex complaint
2. The complaint grading.

The practice manager logs the complaint on Radar. The log should include the complaint itself and any other relevant documents, for example previous correspondence with the complainant about this issue.

The practice manager passes any clinician complaints into the clinician(s) involved, requesting that the clinician produce a response for the patient and provide this to the practice manager to forward on. They should advise the clinician to speak to their indemnity/insurance provider. This response is due 20 working days after sending the acknowledgement (10 in Northern Ireland).

Where the clinician has left the business, the Practice manager must seek consent from the patient to share the complaint and the clinical notes with the ex-clinician. If the patient does not consent, they should be informed that we cannot assist with the complaint and direct them to the appropriate third party.

7.1.2 Complaints received centrally

Complaints received by the complaints email are to be forwarded onto the practice manager to follow the above process. Exceptionally, where it is inappropriate for the complaint to be handled at practice level, the complaint may instead be logged either by the Clinical Governance or Operations teams.

Complaints received elsewhere in the business e.g. Support Offices should be forwarded to the complaints email.

7.2 Acknowledging the complaint

The practice manager should send the patient an acknowledgement. For clinician complaints, this acknowledgement should include an explanation of the clinician's self-employed status and our role in supporting a response. Template letters are available on Radar to assist with this.

A copy of our complaints leaflet should be sent with the acknowledgement.

The acknowledgement must be sent within three working days (two for Northern Ireland).

7.3 Complaint investigation

Responsibility for investigating complaints sits with:

Clinician complaints: the clinician or clinicians responsible for the patient's care.

PortmanDentex complaints:

- Level 1 and 2 complaints: the Practice Manager (or the Ops Manager where the complaint involves the Practice Manager and so it would not be suitable for them to respond).
- Level 3 complaints: the Practice Manager (or the Ops Manager, as above), supported by the Clinical, Safety and Quality Coordinators.
- Level 4 and 5 Complaints: the Complaints Lead.

Note: whilst self-employed clinicians are responsible for their own conduct, it is likely to be appropriate for PortmanDentex to undertake an investigation where a complaint raises concerns about a clinician's conduct or performance that have the potential to put other people at risk. Examples of when this is appropriate include:

1. Allegations of inappropriate and/or sexually motivated language or behaviour
2. Allegations of dishonesty or financial impropriety
3. Repeated complaints with similar clinical concerns about one clinician

The complaints investigation may include:

1. Contacting the complainant for further information.
2. Speaking with those involved in the events that have triggered the complaint. Where the concerns are significant or there is disagreement over what happened then it may be appropriate to take formal statements. These should be uploaded to Radar.
3. Reviewing contemporary documents such as patient records, letters, quotes, or CCTV footage.
4. Inspecting and/or taking photos of the clinic/location of the events that triggered the complaint.
5. Speaking to third parties such as carers or relatives. This should not be done without the consent of the complainant.

Full details of the investigation, including any statements, documents, or other material, must be uploaded to Radar.

7.4 Holding letters

PortmanDentex aims to provide a substantive response within 20 working days (10 in Northern Ireland). Where this cannot be achieved, the patient should be sent a holding letter explaining the delay and giving a revised timeline for the response. Where necessary, further holding letters may be sent every 10 days up to a maximum of six months. Template letters are available to assist with this.

7.5 Complaint response

The complaint response should fully address all the concerns the complainant has raised and, where appropriate, offer resolution. The intent should be to resolve the complaint with one response: our first response should be the best response we can provide.

Responsibility for drafting the substantive response sits with:

Clinician complaints (all levels): the clinician or clinicians responsible for the patient's care.

PortmanDentex complaints:

- Level 1 and 2 complaints: the Practice Manager (or the Ops Manager where the complaint involves the Practice Manager and so it would not be suitable for them to respond).
- Level 3 complaints: the Practice Manager (or the Ops Manager, as above), supported by the Clinical, Safety and Quality Coordinators.
- Level 4 and 5 Complaints: the Complaints Lead.

ALL Complaints relating to NHS care: as PortmanDentex are the NHS contract holders, complaints relating to NHS care should receive a response from the business as well as from the clinician or clinicians responsible for the patient's care. This response should be from:

- Level 1 and 2 complaints: the Practice Manager (or the Ops Manager where the complaint involves the Practice Manager and so it would not be suitable for them to respond).
- Level 3 complaints: the Practice Manager (or the Ops Manager, as above), supported by the Clinical, Safety and Quality Coordinators.
- Level 4 and 5 Complaints: the Complaints Lead.

Broadly, the response to PortmanDentex complaints should include:

1. Thanking the patient for taking the time to raise their concerns with us
2. A summary of the patient's concerns

3. An outline of our investigation
4. Any resolution we can offer the patient (for example, an apology, refund, or appointment with a different clinician)
5. Any changes we are making in response to their complaint
6. A statement thanking them for their feedback and welcoming them back to the practice
7. What to do if they remain unhappy
8. Include external escalation routes. These are:
 - a. The Parliamentary and Health Service Ombudsman (NHS England),
 - b. Public Services Ombudsman for Wales (NHS Wales),
 - c. Northern Ireland Public Services Ombudsman (NHS Northern Ireland),
 - d. Scottish Public Services Ombudsman (NHS Scotland),
 - e. Dental Complaints service (Private UK)
 - f. Dental Council Ireland (Private ROI)

For clinician complaints, the content of the response is at the discretion of the clinician or clinicians involved. We should not seek to amend their response however, if Practice Managers have significant concerns about it, please reach out to the complaints email for support. The response should be sent to the complainant by the Practice Manager, along with a covering letter. Template letters are available to support with this.

7.6 Appeals and final response

A complaint appeal occurs when a patient reaches out to us following the initial response, because they are unhappy with it. The following steps should be followed:

1. The practice manager or central team log the complaint appeal on Radar under the same COM number as the original complaint.
2. The practice manager/central team send the complainant an appeal acknowledgement letter within 3 working days (2 in Northern Ireland).
3. The Practice Manager passes any clinician complaints onto the clinician or clinicians involved, requesting a further response.
4. For PortmanDentex complaints, the original complaint, our response and any investigation are reviewed by an appropriate person. The appropriate person depends on the level of the complaint:
 - a. Level 1 and 2 complaints: the Practice Manager (or the Ops Manager where the complaint involves the Practice Manager and so it would not be suitable for them to respond).
 - b. Level 3 complaints: the Practice Manager (or the Ops Manager, as above), supported by the Clinical, Safety and Quality Coordinators.
 - c. Level 4 and 5 complaints: the Complaints Lead.
5. A final response is prepared. The person responsible for this would usually be the same individual who responded to the initial complaint. However, depending on the nature of the appeal, it may be appropriate to seek support from a more senior colleague.
6. The response is sent to the patient within 20 working days (10 in Northern Ireland) of the appeal acknowledgement.
7. The response should include:
 - a. A statement that we are sorry the complainant remains unhappy
 - b. Further information on our investigation, any resolution we can offer, and/or any actions we have taken
 - c. A clear statement that this is our final response

- d. External escalation routes
- 8. Template letters are available on Radar to support.

8. Learning from complaints

PortmanDentex is committed to learning from complaints. As part of any complaint resolution, we will indicate whether any learning has been identified, or indeed whether action(s) can be implemented that will address any identified failing or shortcomings.

The complaints lead is responsible for:

- Reporting complaints trends
- Sharing learning across the business

9. Abusive, persistent or vexatious complaints

Abusive, persistent and vexatious complainants are those complainants who, because of the frequency or nature of their contacts, hinder the consideration of their own and other people's complaints. Examples can include the way, or the frequency that complainants raise their complaint with our organisation, or how a complainant responds when informed of our decision about their complaint.

An unreasonably persistent and/or vexatious complainant may:

- have insufficient or no grounds at all for their complaint
- refuse to specify the grounds of a complaint despite offers of assistance
- refuse to reasonably co-operate with the investigation process while still wishing their complaint to be resolved
- refuse to accept that the issues raised are not within the power of the organisation to change or rectify
- insist on the complaint being dealt with in ways which are incompatible with the complaint's procedure or with good practice (insisting, for instance, that there must not be any written record of the complaint)
- make what appear to be groundless complaints about the colleagues dealing with the complaints, and seek to have them dismissed or replaced
- make an unreasonable number of contacts, by any means, in relation to a specific complaint or complaints
- make persistent and unreasonable demands or expectations of colleagues and/or the complaints process after the unreasonableness has been explained to the complainant
- harass or verbally abuse or otherwise seek to intimidate staff dealing with their complaint by using foul or inappropriate language or by the use of offensive and discriminatory language
- change the substance or basis of the complaint without reasonable justification whilst the complaint is being addressed

- deny statements he or she made at an earlier stage in the complaint process
- electronically record meetings and conversations without the prior knowledge and consent of the other person involved
- refuse to accept the outcome of the complaint after it has followed a due process and reached a fair and balanced conclusion
- repeatedly arguing the point, complaining about the outcome, and/or denying that an adequate response has been given
- make the same complaint repeatedly, perhaps with minor differences, after the complaint's procedure has been concluded, and insist that the minor differences constitute a 'new' complaint which should be put through the full complaint's procedure
- refuse to accept documented evidence as factual

Where such behaviour as described has been identified we will firstly ensure that the complaint is being, or has been, investigated properly according to our procedure and in line with this policy. Once this has been established a Practice Manager, Operations Manager or member of the Complaints Team, will contact the complainant either by phone, in writing or by email. They will explain why the behaviour of the complainant is causing concern, ask them to change this behaviour and inform them of the consequences if no change in behaviour is perceived.

If the unacceptable behaviour continues the Operations Manager and/or other colleagues within PortmanDentex (dependant on the nature of the complaint) will issue a reminder letter to the complainant advising them that we have detected no change in behaviour, and that we may not reply or acknowledge any further contact from them on the specific topic of that complaint. Furthermore, we may state that we will consider closing the complaint completely.

The complainant will be reminded that if they are unhappy with the way we have dealt with their complaint then they still have a right of appeal to the Parliamentary Health Service Ombudsman (NHS) or Dental Complaints Service (Private UK) or Dental Council (Private ROI) or local health boards.

Where the behaviour is so extreme that it threatens the immediate safety and welfare of colleagues, we will consider other options, for example reporting the matter to the police or taking legal action. In such cases we may not give the complainant warning of that action.

New complaints from complainants who have previously been treated as abusive, vexatious or persistent under this policy will be treated on their merits. PortmanDentex does not support a "blanket policy" of ignoring genuine concerns or complaints where they are founded.

10. Training

A comprehensive complaint training module is available to all colleagues which will cover, the recording, investigating, handling and responding to complaints. All colleagues involved in complaints must complete complaints training annually. Further training may be rolled out on an Ad Hoc basis, depending on the data collected on complaints handling and reporting via RADAR.

11. Support to colleagues and clinicians

PortmanDentex recognises that colleagues who become the subject of, or are involved in, a complaint may become anxious about the process or its outcome. We advocate the importance of keeping

colleagues informed about the progress of any investigation by the investigator or manager and will offer support wherever possible as well as reminding the colleagues they have access to the 'Employee Assist program' (EAP) or self-employed clinicians the 'Dentists' Health Support Trust' (DHST). When asked to provide a statement they will have the opportunity to comment on the accuracy of the draft response to the complainant should they wish to see it. To support colleagues involved in complaints the organisation:

- Promotes an open and fair culture that fosters peer support and encourages a no-blame culture
- Will provide for formal and informal debriefing of the colleague(s) involved in a complaint should this be appropriate or requested
- Will engage with affected colleagues prior to sending substantive responses to the complainant.

12. Complaints not covered by this policy

- Complaints and grievances by members of staff relating to their contract of employment or other employment related issues. This is covered by the Freedom to Speak Up Policy and People Team policies.
- Complaints made by any other organisation which do not constitute a complaint made on behalf of a patient

13. Monitoring and review

This policy will be reviewed annually by the Complaints Lead.

14. Documentation and Templates

Copies of all letter templates, patient literature and policies will be stored on RADAR within the complaints folder, in the Document section.

Appendices

Appendix 1 – Complaints Process Summary



Appendix 2 – Complaints Grading Chart

Category	Description and Consequences	Examples	Managed by/escalated to (Note: ALL clinical complaints must also be shared with the clinician)	Written response?
Minimum (Level 1)	Low level expressions of dissatisfaction or concern	Patient unhappy with cost of treatment	Responsible: Practice Manager (or OM if PM not appropriate) Accountable: Ops Manager Informed: CSQC via Radar	No
	Causes inconvenience or frustration, but no harm	Appointment cancelled at short notice due to staff sickness		
Minor (Level 2) (Formal Complaint)	Physical harm which is minor or transient in nature	Minor injury to the soft tissues, which heals rapidly with no additional care needed.	Responsible: Practice Manager(or OM if PM not appropriate) Accountable: Ops Manager Consulted: CSQC (if needed) Informed: CSQC via Radar	Yes
	Minor financial impact, quickly corrected	Patient accidentally charged twice for the same treatment but quickly refunded Typically less than £500		
	Minor or transient emotional distress	Patient complains was upset by dentist's manner		
	Expressions of anger, frustration or dissatisfaction	Multiple appointments cancelled causing inconvenience		
Moderate (Level 3) (Formal Complaint)	Moderate injury or illness, including near misses	Delayed diagnosis of a decay leading to potentially unnecessary additional loss of tooth structure and/or further treatment required, such as RCT.	Responsible: Practice Manager (or CSQC if extra support needed) Accountable: Clinical Dento-Legal Advisor and Complaints Lead Consulted: Clinical Dento-Legal Advisor and Complaints Lead Informed: 1. NHS Manager (NHS care only) 2. OM 3. Lockton	Yes
	Financial loss for the patient which is more than minor and transient (£500-£2000, or of any value where not quickly resolved)	Incident leading to time off work for the complainant with resultant loss of wages		
	Moderate emotional distress, anger or frustration	Allegations of aggressive, argumentative or offensive language from Portman colleague/clinician		
	Where a patient remains unhappy following informal resolution.	Patient complained verbally at reception desk. Unhappy with response and followed up with an email		
Major (Level 4) (Formal Complaint)	Formal allegation of clinical negligence or threat of litigation	Solicitors letter or letter before action.	Responsible: 1. Practice Manager (for practical tasks such as updating Radar, sending letters and liaising with clinician/patient) 2. Clinical Dento-Legal Advisor and Complaints Lead (for strategic decision making, clinician to clinician conversations, and drafting Portman Dentex responses) Accountable: Clinical Dento-legal Advisor and Complaints Lead Consulted: 1. Key Clinical Governance Team colleagues, depending on need 2. NHS Manager (NHS care only) Informed: 1. NHS Manager (NHS care only) 2. Director of Clinical Governance 3. Clinician engagement team, where needed 4. Lockton	Yes
	Severe, permanent or prolonged injury or illness, including near misses	Implant placed in incorrect position causing potential or actual nerve damage		
	May need to be escalated to external body such as CQC, RQIA, HIS, HIW, MHRA, HSE, ICO, or the GDC	1. Pattern of complaints/concerns such that Portman is concerned the clinician poses a real risk to patient safety 2. Clinical care sufficiently below acceptable standards that there may be a duty to whistleblow to the GDC		
	Significant or lasting financial loss for the patient (typically over £2000)	Patient accidentally charged twice but error not identified and so money not returned.		
Serious (Level 5) (Formal Complaint)	Discriminatory or potentially discriminatory concerns e.g. under the Disability Discrimination Act 1995 or The Equality Act 2010	1. Patient alleges they received substandard treatment due to a protected characteristic 2. Allegations of grossly offensive language towards patient or member of the public, particularly when involves a protected characteristic 3. Allegations of grossly offensive or discriminatory posting on social media by Portman employee or self-employed colleague	Responsible: 1. Practice Manager (for practical tasks such as updating Radar, sending letters and liaising with clinician/patient) 2. Clinical Dento-Legal Advisor and Complaints Lead (for strategic decision making, clinician to clinician conversations, and drafting Portman Dentex responses) Accountable: Clinical Dento-legal Advisor and Complaints Lead Consulted: 1. Key Clinical Governance Team colleagues, depending on need 2. NHS Manager (NHS care only) Informed: 1. NHS Manager (NHS care only) 2. Director of Clinical Governance 3. Clinician engagement team, where needed 4. Lockton	Yes
	Incident with potential or actual life-altering outcomes or death, including near misses	1. Clinician prescribes medication to a patient with a known allergy, who suffers a potentially life-threatening reaction. 2. Patient falls downstairs and suffers life-altering injury		
	Complaint via MP			
	Credible allegations of criminal conduct	1. Patient alleges finance taken out fraudulently 2. Patient alleges assault by clinician 3. Allegations of inappropriate and/or sexually motivated acts towards patient or member of the public		
	Real risk of significant reputational damage to Portman	1. Negative media coverage 2. Extensive and critical social media coverage		