

Patient Complaints Policy

It is the aim of this practice to 'Have a Clear and Effective Complaints Procedure' by meeting the GDC 'Standards for the Dental Team' and deliver good practice in complaint handling.

The team is trained to resolve all complaints promptly, efficiently and politely by following our Patient Complaints Procedure (G 110C) and Complaint Management procedures (G 110). The team responds to complaints in the time limits set by the Complaints Procedure and always provides constructive responses to complaints. The practice never discriminates against a patient who has made a complaint.

Team members do not react defensively to a complaint but listen carefully to a patient who makes one and involves them fully in the process of managing it. The team member will make best endeavours to meet any outcomes the patient expects.

If a patient is not satisfied despite our best efforts to resolve the complaint they will be informed about other avenues that are open to them such as the GDC Dental Complaints Service and the NHS Ombudsman.

The team are regularly trained in complaint handling and are involved in the regular review of complaints, complaints procedures and management through iCOMPLY so that services, policies and procedures can be continually improved.

1. Introduction

What is a complaint?

A complaint is any expression of dissatisfaction about the service provided by the practice. A complaint does not need to be made in writing, it can be made verbally. The patient does not need to use the word "complaint".

If in doubt, ensure you follow the process detailed below.

The aim of this policy is to ensure that all complaints are resolved quickly and simply and that information gained from them is used to improve our services. The policy/procedure and guidance will focus on satisfying complainants' concerns while being fair to practitioners/ services areas and staff. This document is applicable to all staff employed by the DCP and is for use by all patients within the practice. It can be located on the Practice USB Clinical governance file, on each surgery computer dropbox and in paper format in the main office under Complaints master section. File code 6 and 7.

The Manager has suggested that one definition of a complaint is: "An expression of dissatisfaction that requires a response".

This is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaints procedure is that front line staff will be empowered to resolve minor complaints, grumbles and problems immediately and informally. This principle is underpinned by the introduction of the complaints code of practice governed by the GDC guidance and BDA standards in its problem-solving role.

DCP will therefore seek to distinguish between requests for assistance in resolving a perceived problem and an actual complaint. The former will be dealt with in a flexible manner, appropriate to the nature of the problem and the latter will be dealt with strictly in accordance with the complaints procedure.

Any client who is dissatisfied with the preliminary response to a matter that has been dealt with as a problem solving issue will be advised of their right to pursue the matter further, through the complaints procedure. She/he will be offered support through the Dental Complaints Service for private dentistry (number on patient advice sheet).

Complaints may arise from two areas:

1. Clinical care - where the dentists' regulatory body for complaints about professional misconduct is the General Dental Council, 37 Wimpole Street, London, W1M 8DQ.
2. Referrals for credit finance - where the relevant body is The Financial Ombudsman Service, Exchange Tower, London, E14 9SR.

Credit Finance Complaints

If the patient makes a complaint about credit finance, the Practice's policy must follow the FCA's rules for complaint handling known as DISP, or the Dispute Resolution Complaints Sourcebook, which forms part of the FCA Handbook.

This should be read in full by any member of the Practice with responsibility for complaints and can be found at: <http://fshandbook.info/FS/html/FCA/DISP>

- 1.3 A complaint may be raised under this policy by anyone who is receiving, or has received treatment, services from DCP, or is a friend or relative on behalf of a patient, if they have been given permission to act.
- 1.4 A complaint may be made in writing (by email, letter, fax, comments card) or verbal. If the complaint is made verbally the person accepting the complaint should record this in writing, the complainant should sign this record to confirm accuracy. The Complaints Procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns. All staff must ensure that patients, carers, and relatives are not discriminated against as a result of having made a complaint.
- 1.5 Information on how to make a complaint is readily available to patients, clients and their relatives and carers, in written form, on posters, and on the practice website. Patient advice documents will be available in reception areas, from staff and on the practice website.
- 1.6 The complaints procedure can continue even if the complainant indicates an intention to take, or does indeed take, legal action and makes a claim for clinical negligence. Advice must be sought from the GDP'S insurance company to help assist in the complaint.
- 1.7 The complaints process can continue alongside disciplinary procedures. However, it is important that the processes are seen to be fair to all parties and that those involved are encouraged to be open and honest. Advice must again be sort from the GDP in question insurance membership.

- 1.8 Full details of how to respond to a complaint are given in the Complaints Procedure, which should be used by any member of staff handling a complaint. A flow chart that may be used as an aide memoir is attached as appendix of this policy. Support and advice is available for any member of staff managing the complaint procedure through the insurance membership. The overall responsibility for the management and investigation of all complaints remains that of the Practice Principal Dr P Jain However, he may delegate this to the relevant Manager in role.

2. Roles and Responsibilities

The Practice Principle Dr P Jain is the named person who is responsible for seeing that complaints are dealt with properly. Complainants have the right to receive a full and prompt written reply from the named complaints team member.

Managers are responsible for ensuring all staff attends complaints training in line with the Practice Training needs analysis. Managers will use the Policy Audit Tool (appendix) to ensure embedding of this policy and the use of CODE compliance I Comply.

Managers should use the issues raised in individual complaints to explore, and, where appropriate, initiate service improvements.

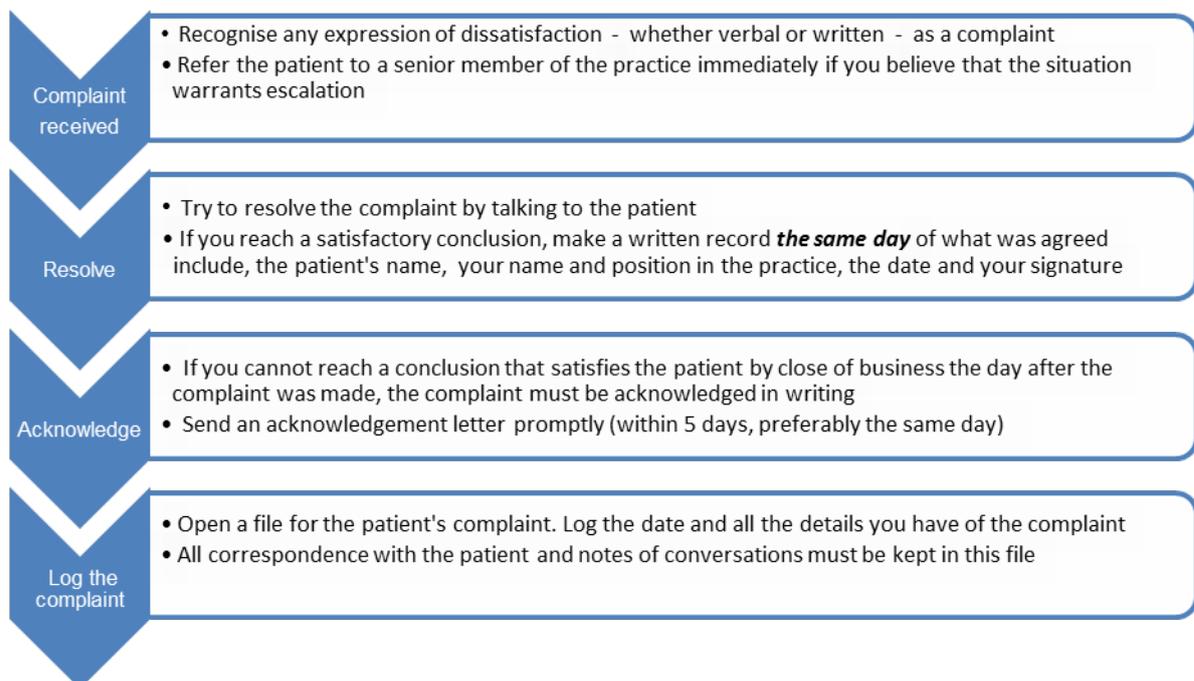
| | |
|--|--|
| Control | Dental Care Partnership |
| Complaints Handler | Dr Puneet Jain |
| Position in Practice | Practice Principle |
| Directly involved in provision of credit finance | Regulated activity restricted to credit brokerage |
| Last updated | 11th September 2015 |

How to deal with complaints

Stage 1 First stage local resolution

On many occasions, the complaint will be resolved following this initial response of either talking the issues through with a member of the team resolving any miss communication and providing a clear pathway to managing the patient's concern addressing the points enabling the patient to understand.

A complaint does not have to be dealt with under the Formal DCP Complaints Procedure if it is resolved to the complainant's satisfaction no later than 24-36 hours after which the complaint was made. However, it is important that the team learns from all feedback, and the person who resolves a complaint informally must provide the team in writing/meetings with brief details of the actions they have taken to resolve an informal complaint. An informal complaint should always be closed by signing the tracker off to agree that the complainant has agreed to close the issue as it has been resolved.



Who can deal with a complaint?

If you are notified that a patient wants to make a complaint - whether face to face, on the phone, or in writing, you must refer the matter to a colleague if you are [one of] the individual[s] involved in the process of referring patients for credit finance. This safeguards the interests of the patient and ensures that their complaint will be dealt with fairly and objectively.

What action should be taken if the complaint appears to be extremely urgent or of great concern?

Refer the matter to a senior member of the practice - without delay.

Where does the process begin?

Try to resolve the complaint by talking to the patient; It is acceptable to reach verbal agreement, provided that the patient is satisfied with the outcome, and that you keep a detailed written record of the discussion, and what was agreed.

If agreement cannot be reached with the patient by close of business the next day

You must now send an acknowledgement letter. The same day is ideal; however the rules state 'promptly' so within five days is acceptable. You should not under any circumstances delay beyond seven days unless there are exceptional circumstances such as the dentist or practice owner is on holiday or ill.

What should the acknowledgment letter say?

The acknowledgement should be by letter or email, and although it may be personalised, it must contain the following, or very similar wording.

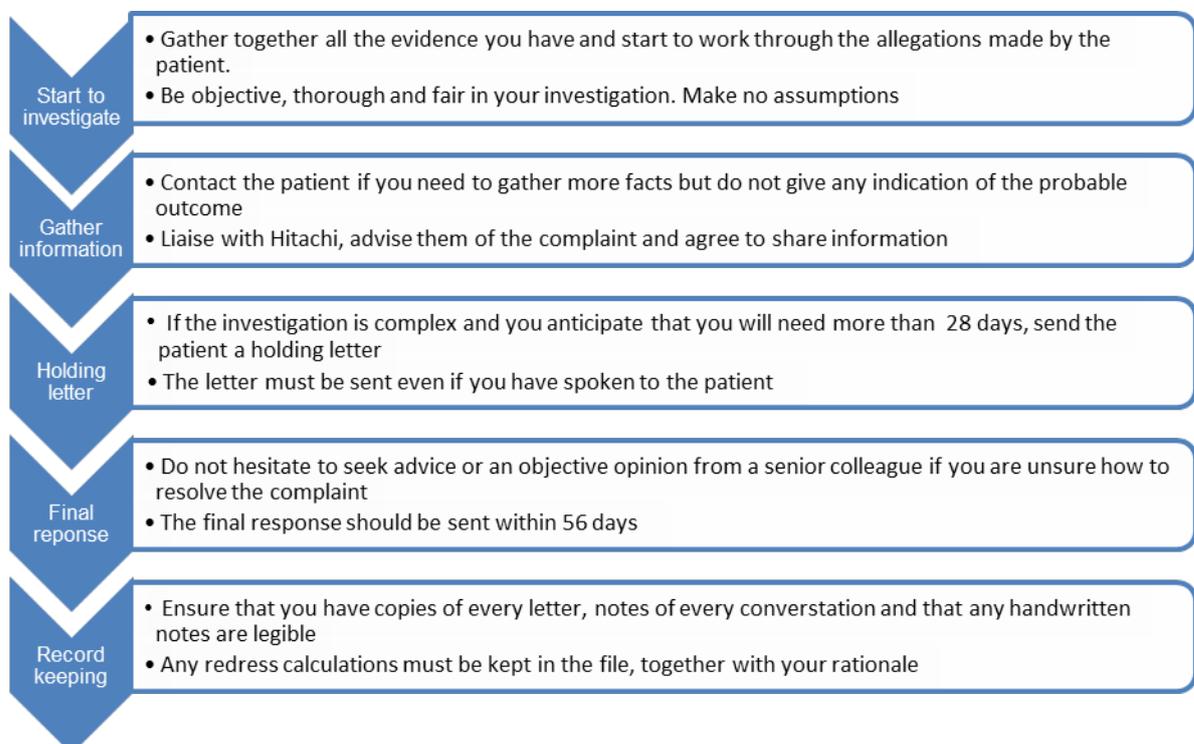
Example wording

Appendix - acknowledgement letter**Appendix – complaints procedure****Stage 2 Investigation to final response**

This section sets out how to begin your investigation and deal with any delays and difficulties that may arise.

How should the investigation be carried out?

You must be objective, fair and thorough. This means that you must be certain that you have all the relevant evidence before you begin to assess the matter. You must be impartial and search for evidence that supports the patient's allegations.



Is it appropriate to contact the patient?

If you need more facts and figures, it is acceptable to contact the patient but do not allow yourself to be drawn into any discussion about possible outcomes. Be polite but firm if the patient is pressurising you for an answer prior to the completion of your investigation.

If more time is required to complete the investigation

Keep the patient reasonably informed about the progress of their complaint - if you anticipate any delays, you must let them know in writing even if you have spoken to them.

Example wording:

Appendix – update letter**Actions to be taken once the investigation is complete**

Send the patient a ‘final response’ no later than 56 days after you received, or first became aware of, the complaint (if you have not already resolved the complaint by sending a response which the complainant has accepted in writing).

The final response must:

- State that ‘this is our final response’.
- Advise patients of their right to seek assistance from the Financial Ombudsman Service (FOS) should they be in any way dissatisfied with the handling of their complaint by the practice.
- Enclose a copy of the FOS leaflet with your “final response” letter or if you are replying to the patient by email, you may attach the link:
<http://www.financial-ombudsman.org.uk/publications/consumer-leaflet.htm>
- Deal with every point made by the patient in their complaint.
- Investigate the whole conduct of the interaction between the patient and the practice. If your investigation reveals any evidence of less than satisfactory conduct - even if not mentioned by the patient - you must deal with it as if the patient *had* raised it.

Supplies:

The FOS leaflet may be ordered online at <https://payments.financialombudsman.org.uk>;

Example wording:

Appendix – final response letter**What records should be kept**

You should keep records for six years. The minimum requirement is:

- The original complaint
- Details of any subsequent communication prior to resolution
- Notes of conversations
- Identification of the person(s) investigating the complaint
- Notes of any redress calculations made, should an offer be made to the patient
- Any holding letters

- The final response
- Details of any communication with the FOS technical team, if advice is sought, and details of the advice given. The team is available on 0207 964 1400, 9am to 5pm Monday to Friday and by email: technical.advice@financial-ombudsman.org.uk

Why are detailed records so important?

Complaints are valuable management information - you must review them for the purposes of trend analysis and with the aim of improving patient outcomes.

There is a requirement to report complaints to the FCA under two categories; complaints that are resolved by close of business on the day following the day first raised by the patient, and complaints that are not resolved by close of business the following day.

The regulator assesses whether complaints are handled fairly so will ask for the proportion of complaints where the patient's allegations were upheld (i.e. the practice accepts that the patient's allegations against the practice were accurate) and details of any redress paid, and how calculated.

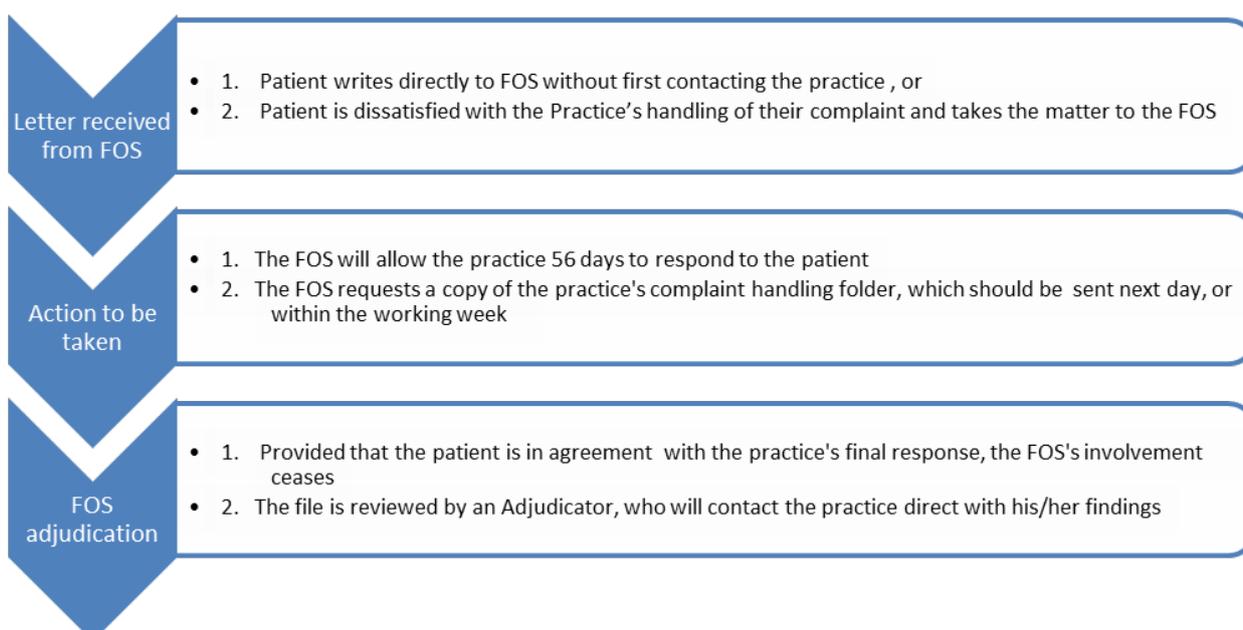
Third Stage – The Ombudsman/ complaints service

Referral to the complaints service is the second (and final stage) of the complaints procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsman.

An appeal should be made within one year of the incident in question or from the discovery of the effect of the incident. The Ombudsman can be contacted at the following addresses below.

The Financial Ombudsman Service was set up in the UK by Parliament in 2001 as the independent expert in settling complaints between consumers and businesses providing financial services.

The role of the FOS is to settle individual disputes without taking sides. FCA authorisation requires that the Practice must co-operate with the FOS as follows in the two circumstances in which the FOS may write to the practice:



Patients writing directly to the FOS

Patients who are unaware that the practice is equipped (and required by regulation) to deal with their complaints may write to the FOS instead of the practice.

Patients also have the right to raise any dissatisfaction with your handling of their complaint to the FOS within six months of receipt of your final response (this timescale is expected to be extended to twelve months from 2015).

What action does the FOS take and what must the practice do to comply?

In the circumstance where the practice has already issued its final response, the FOS may then ask the practice to forward its papers on the complaint, with notes/transcripts/recordings of any telephone conversations with the patient. You must promptly send a copy of your whole file to the FOS; the next day is ideal, within the current working week is acceptable.

The papers will be reviewed by an adjudicator, who will deal directly with you during the review and may phone you to discuss the matter or ask you for more information. The adjudicator will issue a ruling in writing, detailing any redress payments with which you must comply.

What action can the practice take if it disagrees with the adjudicator's findings?

Should the practice have grounds or evidence to support an appeal, an appeal may be submitted directly to the same adjudicator. Should a mutually acceptable outcome not be reached, you can refer the matter to an Ombudsman.

What must complaint handling employees know about the FOS?

As a best practice measure, the Complaints Handler(s) should be aware of the FOS newsletter and the published Ombudsman decisions, what they cover, and that they can be found on the FOS website. They should be read from time to time.

Understanding adjudications, even if in other markets and industries, is essential for insight into where current policy and complaint handling processes may be improved in the future.

Useful technical guides are also published on the FOS website, including a quick guide to helping you resolve complaints.

http://www.financial-ombudsman.org.uk/publications/technical_notes/quick_guides.html

A quick guide to help you resolves complaints

Complaints Procedure

Once it is clear that an individual wishes to make a formal complaint, the processes set out in the Complaints Procedure should be followed. Please refer to G110B

The following points should be noted:

- Complaints should normally be made within one year of the events complained about. However, the principal can waive this requirement if there have been exceptional circumstances, such as bereavement or illness, and his/her views should always be sought before complainants are refused access to the procedure.
 - The complaint must be made by the patient, or by his/her representative with the knowledge and consent of the patient, or if the patient has died or cannot act for himself, the complaint should be accepted from a close relative or friend. Confidentiality must be safeguarded, particularly in relation to clinical complaints, and copies of correspondence should not be sent to any third party without written consent of the complainant.
 - If a complaint is made about the services by a person representing a child (under the age of 18), it must not be considered unless the Practice Principal is satisfied that there are reasonable grounds for the complaint being made by a representative e.g. parent/guardian instead of the child. In such cases, the complaints lead will write to the representative to request the consent of the child.
 - All staff should be aware that where a complaint is referred to the Ombudsman or GDC (second stage) any information received as part of their investigation may be used to assess the organisation's performance.
 - All formal complaints should be notified to the Practice Principal as soon as received. The lead should be provided with all documents relating to the complaint.
 - On receipt of a complaint, the manager will log details relating to the complaint onto the complaints tracker and grade the complaint (see appendix 4). All complaints must be acknowledged within three working days by the practice principal: using either: the acknowledgement template letter in appendix 7; a telephone call (which should be recorded in the complaints file on the telephone record sheet), or by email. Usually the method of acknowledging a complaint would match the method in which it was originally made.
 - When a complaint is received, the practice principal will decide how best to handle the complaint and will contact the complainant, to clarify their concerns and to find out how they would like their complaint resolved.

Other options include:

- Face to face meetings with the complainant and parties involved.
- Resolution of the complaint by telephone and confirmed by letter.
- The use of an independent advocate or mediator arranged by the practice.

N.B this list is not exhaustive and a combination of several methods can be used when handling a single complaint, until it is resolved to the complainant's satisfaction.

During this discussion, the lead will negotiate a timeframe for resolving the complaint which is both realistic and acceptable to the complainant. However, complaints should be resolved within 20 working days for the complaints as a standard and target set by Dental Care Partnership.

The Team will assist in making the necessary arrangements for meetings. Responsibility for arranging the taking of minutes will rest with the Complaints Manager.

If the agreed deadline cannot be met, the complainant must be informed of this at the earliest opportunity and provided with an explanation and apology. This should be followed up in writing with a request for an extension. The need for an extension should be identified at the earliest possible opportunity and not be left until the deadline nears.

Regardless of the method used to resolve the complaint, a clear written record must be maintained of the investigation detailing all meetings or discussions with staff and complainant, covering what was asked and the responses given. A copy of this letter should be shared with, and made freely available to the complainant. Copies of all correspondence and associated file notes should be kept securely and separately from medical records/case files.

As soon as possible after the investigation, the practice must send the complainant, in writing, a response, signed by the lead complaint manager by the 20 working day or in agreement with the complainant.

Regardless of the method used to resolve the complaint, the Complaints Management Log of Lessons Learnt sheet should be put into place for any improvements that are identified- please see appendix 5. The investigating officer should monitor the complaint plan and the manager should provide the practice principal with a progress report approximately 1 month (4 weeks) after resolution of the complaint, which will be kept for lessons learnt by DCP and form part of the annual report. The manager will monitor action plans to ensure that promised actions have been carried out to a satisfactory standard.

Sign Off

Regardless of the method used to resolve the complaint, the complainant should be provided with a response in writing (usually by letter, but it may be electronically, if the complainant has consented to electronic communication). This should be prepared for the complainant, by the lead, using the final complaint response in appendix 8. The response should comprehensively cover each aspect of the complaint, with explanations of actions being taken and be in plain English. A spelling, grammar, and meaning check should also be completed before submission.

If the manager deals with the complaint on behalf of the Practice, The manager should forward the completed complaints response approval form, draft complaints response, and action plan, to the principal to ensure the response has addressed all the concerns raised

Once the complaint response has been reviewed by the principal and possibly the insurance membership, the letter will be then sent after final quality checks.

After the complaint has been dealt with, the manager will include equal opportunities monitoring form and customer service feedback form, together with a prepaid envelope when the complaint is resolved.

The Complaints lead will close the complaints file two weeks after the final response has been sent if there is no further communication from the complainant. However, this can be reopened (subject to statutory deadlines) if there is further communication from the complainant.

Comments Cards and satisfaction

Comment cards are a useful way for patients to provide an immediate response or view about the services they have received. When the person completing a card has raised informal concerns and queries, a copy of the card should be forwarded to the practice principal. The manager will keep a record of the number of cards received and monitor themes and trends.

However, if a person completing a card indicates that they would like to make a formal complaint, it will be dealt with through the Formal Complaints Procedure in the usual way

Patient Satisfaction Survey

A patient satisfaction questionnaire is conducted every quarter to assess the needs and satisfaction levels of the customers. Regular feedback questionnaires are essential to improve the quality and standards of care provided by us.

Monitoring Compliance

The Team will audit compliance with this policy annually against the following key performance indicators:

- Adherence to the complaints management process
- Changes made as a result of complaints
- The percentage of staff attending complaints training
- The number and type of complaints recorded and dealt with
- The percentage of complaints which featured learning points and the percentage of these learning points which have been analysed and

Quarterly aggregated qualitative and quantitative report on complaints with minimum content produced

- Information is communicated to relevant individuals or groups
- Risks identified via complaints are managed in line with the Risk Management Strategy

The complaints manager will provide quarterly and annual reports on complaints to give an overview on levels of compliance and quality ready for CQC inspection

In view of the report the manager will:

- Monitor arrangements for local complaints handling
- Consider trends in complaints
- Consider any lessons that can be learnt from complaints, particularly service improvements and areas for clinical audit, and those that face an educational requirement or which identify a clinical risk.

The outcome of complaints will be monitored on a quarterly basis. Manager will provide quarterly updates to the Principal on the implementation of agreed actions/recommendations following complaints.

Training on the complaints procedure is available for staff on request and assistance to complaints involving management action in the case of an investigation leading to suspension of/or disciplinary action against a member of staff can be found in appendix 6.

7. Training

All staff must receive a briefing on the Complaints Procedure as part of their induction programme or core refresher training for existing staff. Ongoing support and training will be provided as required by the manager and iComply meetings will be structured to learn lessons and identify training needs of individuals.

8. Persistent, serial or vexatious complainants

Occasionally our staff are faced with persistent, serial or vexatious complainants. Staff are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.

It is important to appreciate that such complainants may have genuine grievances that should be properly investigated.

If a member of staff feels that a complainant is persistent, serial or vexatious then they should contact the Complaints and Governance Manager for advice. The organisation has guidance for dealing with persistent, serial, or vexatious complainants.

This guidance should only be implemented by the complaints team, following advice from the relevant key members.

In determining arrangements for handling such complainants, staff/managers are presented with two key considerations:

- To ensure that the complaints procedure has been correctly implemented and that no element of a complaint has been overlooked or inadequately addressed.
- In doing so, it should be appreciated that even habitual or vexatious complainants may have issues which contain some substance. The need is to ensure an equitable approach.

Definition of a habitual or vexatious complainant

The Zero Tolerance Zone campaign (1999) defines violence as: ‘any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health’.

Complainants (and / or anyone acting on their behalf) may be deemed to be habitual, racist or vexatious where current or previous contact with them shows that they have met two or more (or are in serious breach of one) of the following criteria:

- Evidence of behaviour directed towards staff, which fits the above definition. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this.
- Persistence in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted. For example, where investigation is deemed to be ‘out of time’ or where a convenor has declined a request for independent review. Care must be taken not to disregard new issues, which differ significantly from the original complaint – these may need to be addressed as separate complaints.
- Complainants who are unwilling to accept documented evidence of treatment given as being factual, (e.g. drug records, computer records, nursing records) or deny receipt of an adequate response despite correspondence specifically answering their questions or concerns.
- Complainants, who have, in the course of pursuing a formal complaint, Made an excessive number of contacts with the team/practice, placing unreasonable demands on staff. Such contacts may be in person, by telephone, letter, and fax or electronically. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, using judgement based on the specific circumstances of each individual case.
- Complainants who are known to have electronically recorded meetings or conversations with staff without the prior knowledge and consent of the other parties involved. It may be necessary to explain to a complainant at the outset of any investigation into their complaint(s) that such behaviour is unacceptable and can, in some circumstances, be illegal.
- Complainants display unreasonable demands or expectations and fail to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand, (e.g. challenging clinical criteria for referral to a service or insisting on responses to complaints being provided more urgently than is reasonable or recognised practice).
- Have threatened or used actual physical violence towards staff or their families or associates at any time.

Personal contact with the complainant and/or their representatives will be discontinued and the complaint will only be pursued through written communication. (All such incidents should be documented in line with the Zero Tolerance Campaign).

Incident reporting data should be used to inform key members of trends and planned action should be taken to alleviate areas of concern.

Options for dealing with violent, habitual or vexatious complainants

When complainants have been identified as violent, racist, habitual or vexatious, in accordance with the above criteria, the practice principal will notify complainants promptly, in writing, that the national Zero Tolerance Policy operates in the practice and their behaviour will not be tolerated.

Expectations of their behaviour and the terms of providing future services to them should be set out in the letter.

Further reference to prevention strategies is to be found in Safer Working in the Community NHSE /RCN 1998. (Reference should also be made to the violence at work policy)

In more severe cases try to resolve matters by drawing up a signed agreement with the complainant (if appropriate, involving the relevant practitioner) setting out a code of behaviour for the parties involved if DCP is to continue dealing with the complaint. Consider using a conciliator to assist with this. Advice can be sought from the management if necessary. If this agreement is breached, consider legal advice.

Decline further contact with the complainant either in person, by telephone, fax, letter or electronically – or any combination of these – provided that one named contact is maintained

9. Reporting Arrangements

Major issues and trends identified from complaints, both at Local Resolution and by the GDC etc., will be raised through the governance process. Such reports will not normally identify individuals.

If information from complaints and/or evidence from other sources, including that provided by other staff, indicates that patients could be at risk, the Complaints & Governance Manager will have the discretion to discuss the matter confidentially, with the appropriate directors, and be guided by them as to the most appropriate action to be taken. This could include the matter being referred to:

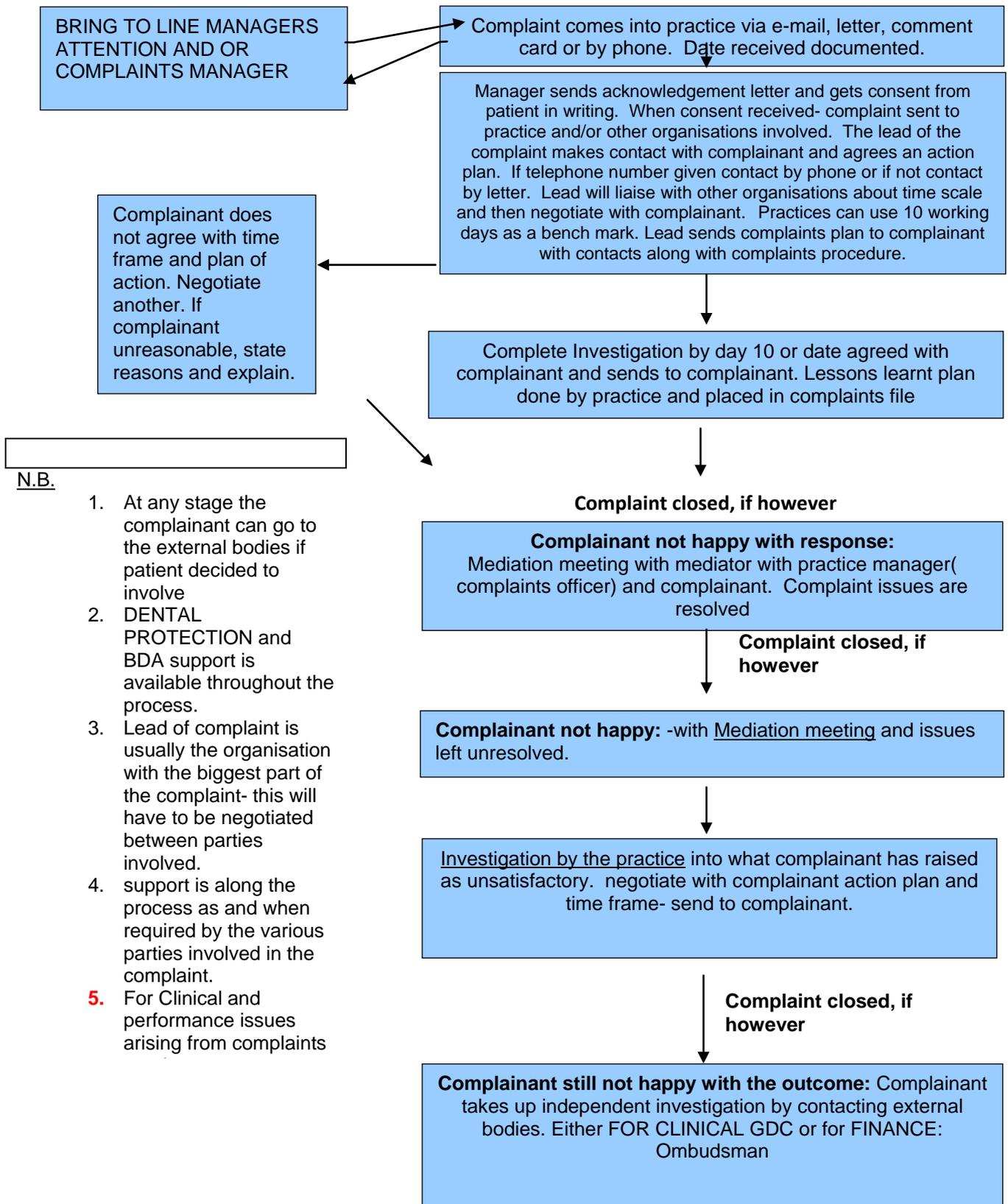
- the local support panel procedures
- the appropriate disciplinary procedures
- a professional body
- an independent enquiry into a serious incident
- the police
- the fraud officer

Appendix 1: COMPLAINTS FLOW CHART DCP

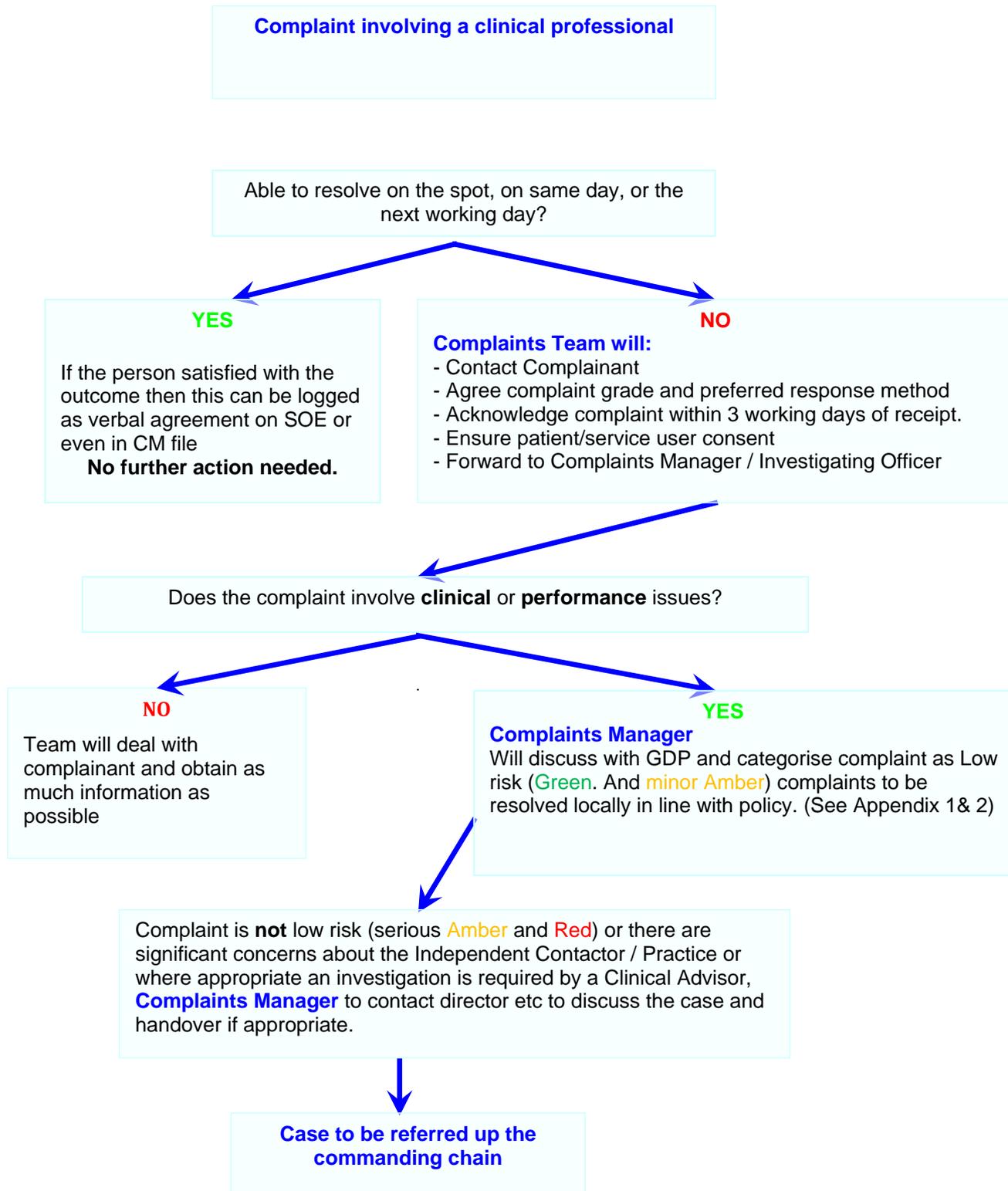
| | |
|-----|---|
| Day | <p style="text-align: center;">Complaint received - Action: Grade complaint Determine designated lead/s Send acknowledgement letter include code of practice</p> <p style="text-align: center;">Review complaint and highlight individuals Send copy of complaints letter to designated team member in question if any use with tracking and Complaint Plan sheet</p> <p style="text-align: center;">Complaints team to investigate response:</p> <ul style="list-style-type: none"> • Interview staff • Collect Statements • Establish whether behaviour breached standards/policies • Identify learning outcome to improve service <p style="text-align: center;">Lead to: Produce draft response Contact MPS if necessary</p> <p style="text-align: center;">Complaints team check draft response</p> <p style="text-align: center;">Tracker updated and signed by relevant individuals</p> <p style="text-align: center;">Practice Principal to review and sign off</p> <p style="text-align: center;">Complaints Team to: Send response to patient Update document on learning outcomes Upload all documentation</p> |
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Appendix 2 COMPLAINTS FLOW CHART 2



Appendix 3: Managing Performance related and Clinical Complaints



Appendix 4a: Complaints Grading Tool (TRIAGE)

The Grading tool will help to ensure that complaints are dealt with in the most appropriate way. The process described below sets out a proposed process using a Red, Amber, Green system which will determine the most effective way of handling the complaint.

Complaints triaged as green would be those that are fairly straightforward that would require a minimal level of intervention. They should be the type of complaint that can be resolved, requiring a minimal level of fact finding prior to a prompt remedy or resolution being provided. Details of the complaint should be outlined in the acknowledgement letter.

Complaints triaged as Amber would be regarded as complex and require a higher level of intervention. Complaints triaged as Amber may be serious enough to warrant a face to face meeting with the complainants as well as a full detailed analysis of the complaints investigation.

Complaints triaged as Red would be regarded as highly complex and, as such, require the highest level of intervention. Complaints of this type can significantly affect the reputation of the agencies involved. It is proposed this type of complaint would be investigated independently and overseen at Senior Management level.

4b: Grading Tool

Risk rating = likelihood x consequence

| Level of Risk | | | | | |
|--|--|---|---|--|---|
| | Most likely consequence (if in doubt grade up, not down) | | | | |
| Likelihood of occurrence | 1) None No obvious injury or harm Minimal financial loss (<£1,000); | 2) Minor More than 3 days off sick due to injury Moderate financial loss (£1K to 20K); | 3) Moderate Hospitalised or medium term injury Major financial loss (£20K to £100K) including litigation settlement. | 4) Major Significant / permanent harm Major financial loss (£100K - £1 million) Including litigation settlement. | 5) Catastrophic Death or major disaster / loss Financial loss >£1million including litigation settlement. Loss of ability to achieve/maintain financial stability of the PCT. |
| 1) Rare - Can't believe the risk will ever happen | 1 | 2 | 3 | 4 | 5 |
| 2) Unlikely - Do not expect the risk to happen but it is possible | 2 | 4 | 6 | 8 | 10 |
| 3) Possible - The event may occur occasionally | 3 | 6 | 9 | 12 | 15 |
| 4) Likely - The event will probably occur but is not a persistent issue | 4 | 8 | 12 | 16 | 20 |
| 5) Almost certain - The event will undoubtedly occur, possibly frequently | 5 | 10 | 15 | 20 | 25 |

Appendix 5: Complaints Management Log of Lessons Learnt template

Complaints Management
Log of Lessons Learnt from Individual complaint

| | | | |
|--|---------------------|-----------------------------|--|
| Complaint reference | | Date of complaint | |
| Ethnicity of complainant | | Date of final letter | |
| Summary of complaint | | | |
| Root cause analysis Issues identified | | | |
| Key learning points | | | |
| How have the learning points been communicated to staff or discussed discretely in practice meeting | YES/NO Date..... | | |
| Outcomes of meeting and changes to services/communications etc. | | | |

Appendix 6: Suspension/disciplinary action

Management action in the case of an investigation leading to suspension of/or disciplinary action against a member of staff. Please obtain advice from the Human Resources team Peninsula through the management team before making any decisions.

Suspension

Suspension is a neutral act that removes an individual from the situation while an investigation is carried out. It serves to protect both the service users and the staff member.

The complaints Process should continue during the period of the investigation. The complainant should continue to be informed every 10 days of the progress of the investigation as set out in the Trust's Complaints Policy.

Disciplinary Action

If, as a result of the investigation, a decision is made to invoke the practice Disciplinary Procedure, the complainant should be informed that this decision has been taken. The Complaints and Disciplinary Processes can run concurrently, if appropriate, but care must be taken to ensure that there is an open investigation in which all parties are treated fairly.

The Ombudsman considers that it is good practice to inform the complainant of the outcome of the disciplinary action. However, this should have due regard for the confidentiality of the staff member and should not include any detail of hearings.

Refer to policies Disciplinary

Appendix 7: Acknowledgement template letter.

Private and Confidential

DATE

ADDRESS

Dear (NAME)

Re: Your complaint concerning

Thank you for your letter received on (DATE). I am sorry to learn that you have cause to make a complaint regarding our (SERVICE). Every complaint will be treated seriously and confidentially and will not affect your future care or treatment.

We will carry out a thorough investigation of your complaint. Our aim is to send you a full final response from the complaints lead Dr P Jain, within 20 working days of this letter if for any reason this is unacceptable to you please contact the Complaints team as soon as possible at your earliest convenience where we can discuss this matter further.

In order to ensure that I respond fully to your complaint, I will outline my understanding of the issues you raise. I would be grateful if you could get in touch with me as soon as possible if you disagree with my understanding or feel that you have further concerns that you wish to be investigated. As I understand it you wish to complain about:-

- xxxxxx
- xxxxx

Please bear in mind that this is just a summary of the issues and that the investigation should examine each concern in detail. If more time is required, you will be contacted to negotiate a new timescale for response. If you would like to discuss our process or our timescale for responding to your complaint, please get in touch with **(insert Name and Contact Number)**. We will continue to liaise with you in case the investigation uncovers anything that may adversely affect our response time.

Please find enclosed a leaflet that explains the **our Complaints Procedure**.

For your information, there is guidance inserted on the steps we take to resolve your issue. You may also wish to speak to a member of the Complaints team who may be able to help you if you require any information regarding the Services that DCP provides.

Thank you for taking the time to let me know of your concerns.

Yours sincerely

(NAME)

(TITLE)

Encs

OR

Acknowledgement Letter – specimen

Practice letterhead

Date.....

Reference

No....

[Customer Address]

Dear

Your complaint

Thank you for your *letter/telephone call/comments** [delete as appropriate] received on in which you expressed disappointment with our service.

We enclose our Complaints Procedure which sets out our commitment to resolving complaints in a fair and professional manner, in accordance with the guidelines laid down by the Financial Ombudsman Service.

Our aim is to investigate your complaint thoroughly and provide you with a written explanation of our findings as soon as possible.

If you require an update in the interim, please email: or phone:

Yours sincerely

Full name

Job title

Practice name

Authorised and regulated by the Financial Conduct Authority under registration number

Credit Finance Complaints Handling Policy

The Practice is committed to delivering the highest standards of customer care. We are always interested in your feedback and you can contact us on the details below. **Please note: telephone calls may be recorded.**

Practice Name

Practice Address

Tel: **Insert**

Fax: **Insert**

Email: **Insert**

Our Commitment to You

- We will make sure all the information we give you will be clear, fair and accurate.
- We will always be fair and reasonable in dealing with your complaint.
- We will also act promptly to deal with your complaint.

If Things Go Wrong

Whilst we will make every effort to maintain the highest standards, we recognise that there may be some occasions when we fail to satisfy the particular requirements of our customers. We therefore have in place procedures to investigate and remedy (where appropriate) any area of concern. In such circumstances we promise:

- to acknowledge any complaint in five days or less
- to have the issue investigated by a person of appropriate seniority and authority
- to identify the person managing your complaint in our initial letter of response
- to respond fully to your concern or complaint within a maximum of 8 weeks. If for any reason this is not possible, we will write to you within this time to explain why we have been unable to finalise the matter. We will also let you know when we will contact you again
- to write to you and let you know if we have referred your complaint to anyone else and give you their contact details
- to offer fair redress where appropriate

Financial Ombudsman Service

If you are still unhappy following receipt of our final response, you can refer the matter to the Financial Ombudsman Service who will review your case on an independent basis. The address is:

The Financial Ombudsman Service

Exchange Tower
London
E14 9SR

Tel: **0800 023 4567**:

Calls to this number are normally free for people ringing from a 'fixed line' phone – but charges may apply if you call from a mobile phone, or **0300 123 9123**: Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs

Fax: 0207 964 1001

Website: <http://www.financial-ombudsman.org.uk>

Email: complaint.info@financial-ombudsman.org.uk

A leaflet detailing the services offered by the Financial Ombudsman Service is enclosed with our final response letter.

The Financial Ombudsman Service is only able to intervene in respect of personal policyholders or small businesses with a turnover of less than £1 million.

-Update Letter - specimen

Practice letterhead

Date.....

Reference No:

[Customer Address]

Dear.....

Your complaint

Further to our letter of acknowledgement sent to you on, we apologise for the delay in our response. Your concerns are important to us and your complaint is currently being thoroughly investigated as a matter of urgency. However, we are not yet in a position to provide you with an outcome and we will endeavour to complete these investigations and write to you with our findings within the next 28 days.

Should you have any queries, please do not hesitate to email:..... or phone

Yours sincerely

Full name

Job title

Practice name

Authorised and regulated by the Financial Conduct Authority under registration number

Final response template

DATE

Address

I am writing further to the letter from xxxx, dated xxxx, regarding xxxx x. I am replying to you as Practice Principal who has responsibility for complaint management within Dental Care Partnership, and regret that you have had cause to xxxxx. A thorough investigation into your concerns has now been completed so that I may reply to you.

Synopsis of your complaint

(headings)

Complaint investigated by

Insert details of investigators, name and title

Investigation findings

Use the synopsis of complaint as headings and detail a response to each

Outcomes and improvements to service resulting from your complaint

If you are unhappy with our response please contact us as soon as possible and we can arrange a local resolution meeting regarding the issues that you are not happy with. You are of course entitled to contact the Parliamentary Health Service Ombudsman for an independent review but we aim to resolve issues locally first.

Yours sincerely,

Xxxxxxx

OR– Final Response Letter - specimen

Date:

Reference No.....

[Customer Address]

Dear

Your complaint

Thank you for your letter, received on *letter/telephone call/comments** [delete as appropriate] received on in which you expressed disappointment with the service you have received from..... [Practice name]. Please accept our apologies for the time taken to complete our investigations and deliver our report to you. We are now able to address your concerns and share our findings.

The points you have raised are the following:

You felt that[specify customer concerns]

and

You felt that [specify any additional customer concerns if applicable – it is important that all issues are listed and addressed]

Thank you for raising these issues and bringing them to our attention, although it is unfortunate that you felt you had no other alternative than to raise these points as a matter of complaint.

We are able to confirm, in relation to your concerns that[need to outline investigation and outcome/response]

In relation to your additional concerns.....[delete if not required]

We apologise for any inconvenience this may have caused you. We hope the concerns you had have now been addressed; however should you have any further questions, please do not hesitate to contact us.

This is our final response; however if you are unhappy with the content, the process by which we have reached our conclusions or the evidence provided, you may contact the Ombudsman within six months from the date of this letter.

The Financial Ombudsman Service
Exchange Tower
London
E14 9R

Tel: **0800 023 4567**: Calls to this number are normally free for people ringing from a 'fixed line' phone – but charges may apply if you call from a mobile phone, or **0300 123 9123**: Calls to this number are charged at the same rate as 01 or 02 numbers on mobile phone tariffs

Fax: 0207 964 1001

Website: <http://www.financial-ombudsman.org.uk>

Email: complaint.info@financial-ombudsman.org.uk

Enclosed is a leaflet explaining the option to complain to the Financial Ombudsman Service in more detail.

Yours sincerely,

Full name

Job title

Practice name

Authorised and regulated by the Financial Conduct Authority under registration number

Appendix 9: Equality Impact Assessment Toolkit

| | |
|--|---|
| DOCUMENT AUTHOR Louise Harris | APPROVAL FOR DOCUMENT Dr P Jain |
| NAME OF DOCUMENT/POLICY/STRATEGY/PROCEDURE DCP Complaints' policy and procedure E and Q IMPACT ANALYSIS | OLD – N/A NEW - Implementation to CG June 2013 |
| DATE 21.9.15 version 2 | Louise Harris |

Aim/Status

| |
|---|
| [a] What is the aim/purpose of the policy/strategy/procedure? To give a clear understanding of the Complaints policy and procedure for DCP |
| [b] Who is intended to benefit from this policy/strategy/procedure and in what way? All staff/ Patients- to understand the complaints process/policy |
| [c] How have they been involved in the development of this policy/strategy/procedure? First draft printed, read and understood by team. All agree with policy and structure |
| [d] How does it fit into the broader practice aims? It is essential to keep this policy updated as it affects all practice and staff. |
| [e] What outcomes are intended from this policy/strategy/procedure? To use this policy as the most up-to-date policy for Complaints in DCP |
| [f] What resource implications are linked to this policy/strategy/procedure? None- just uploading it onto the practice computers and USB |

Impacts

| | | |
|--|---|---|
| [a] what is the likely impact [whether intended or unintended, positive or negative] of the initiative on individual users or on the public at large? Positive impact- as the policy will update the current regulations that are mandatory for all staff and patients guidance available in depth and support in practice | | |
| [b] Is there likely to be differential impact on any group? If yes, please state if this impact may be adverse and give further details [e.g. which specific groups are affected, in what way, and why you believe this to be the case] It will not affect any specific group | | |
| [i] Grounds of race, ethnicity, colour, nationality or national origin | Please tick box yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Please tick box Adverse? <input type="checkbox"/> Please give further details |
| [ii] Grounds of sex or marital Status Women and Men | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? <input type="checkbox"/> Please give further details |
| [iii] Grounds of gender: Transgender or Transsexual People | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? <input type="checkbox"/> Please give further details |
| [iv] Grounds of religion or belief: Religious /faith or other Groups with a recognised belief system | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? <input type="checkbox"/> Please give further details |

| | | | |
|--|---|---|-----------------------------|
| [v] Grounds of disability | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? | Please give further details |
| [vi] Grounds of age: Older people, children and Young people | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? | Please give further details |
| [vii] Grounds of sexual orientation: Lesbian, gay, bisexual | Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? | Please give further details |
| [viii] Grounds of carers: Older relatives, children | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? | Please give further details |
| [ix] Grounds of human rights | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Adverse? | Please give further details |
| Is the policy directly discriminatory? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | Is the policy indirectly discriminatory? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If you said yes, is this objectively justifiable or proportionate in meeting a legitimate aim yes <input type="checkbox"/> no <input type="checkbox"/> | Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Please give details. Because there no imbalance of equality | |
| If the policy is unlawfully discriminatory it must go to a full impact assessment (please Contact the Equality, Diversity & Human Rights Advisor – Human Resources Directorate) | | | |
| Persons conducting Equality impact tool Louise Harris | | | |
| Signed P Jain..... | | Date 21 st September 2015 | |

APPENDIX 10: Audit tool Complaints management

The following are five questions to assess your understanding and implementation of this policy.

Score yourself – Yes / No

- Do you understand who this policy applies to? Yes / No
- Do you understand your responsibilities as members of staff? Yes / No
- Do you understand your responsibilities as a manager? Yes / No
- Do you understand the training requirements for handling complaints? Yes / No
- Do you know where to find more information? Yes / No
- Are you aware of your CPD requirements regarding this topic? Yes / No

If you score yourself No for any of the questions; please re-read the relevant section of the policy. If you are still unclear, please contact your line manager for clarification.

A copy of this should be kept in your personal file and may be used as part of a continuous professional development folder.

Signed **Role**

Date

Signed Clinical Manager..... Date.....

| | | |
|--|--------------------------------------|--|
| VERSION No: 4 UPDATED September 2015 | Prepared by Louise Harris | Approved by Dr Anand Signed..... Dr Puneet Jain..... |
| Date of preparation of version 21 st September 2015 | Date of review September 2016 | Date approved for release 30 th September 2015 |

| <u>Document Reference</u> | |
|--|---|
| Title of document | COMPLAINTS POLICY DCP version 4 |
| Authors name(s) | Miss Louise Harris |
| Authors job title(s) | Operations Manager |
| Clinical approval | Dr P Jain |
| Date of approval | 21 st September 2015 |
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| Document status | Version 4 |
| Review date | Review and update to incorporate FCA legalities. Inserted FCA credit finance contact for patients with finance complaints  |
| Updates and Review 1 If no updates apply and all relevant information is still up to date for use, please enter next review date | Date..... Name.....Signed..... Next review date - |
| Updates and Review 2 If no updates apply and all relevant information is still up to date for use, please enter next review date | Date..... Name.....Signed..... Next review date - |