

TASL	
Complaints and Compliments Policy and Procedure	
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COMPLAINTS AND COMPLIMENTS POLICY AND PROCEDURE

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Document Number	GOV-CG-007-Policy
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Linked Procedural Documents	
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TASL has made every effort to ensure this Policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Company will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Company will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This Policy applies to all individuals working at all levels and grades for the Company, including senior managers, directors, employees (whether permanent, fixed-term or temporary), contractors, seconded staff, casual workers and agency staff, volunteers, interns, agents or any other person associated with the Company

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1. Introduction

TASL provides a wide range of services to the public such as Urgent Care, Non-Emergency Patient Transport Services, Call Handling Services and Training.

With the nature of the work, the Company comes into contact with patients and the public, and mistakes will sometimes happen or the service delivery we aim to provide will not meet expectations. When this happens, the Company is committed to learn from any mistakes so that there is a continuous improvement of service delivery to improve patient and public experiences.

Patient and public feedback comes in various forms and is often an expression of dissatisfaction with the service provided. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 provides the statutory framework for managing complaints and this is further supported by the Parliamentary and Health Service Ombudsman's principles of good complaint handling.

This Policy provides guidance to Managers and staff so that they understand their responsibilities when a patient or member of the public is unhappy with the care or service they are receiving and how to deal with their dissatisfaction, or at least direct them to how they can register concerns. The Policy also informs staff what the complainant can expect from the Company and the involvement staff will have to help bring the complaint to a satisfactory conclusion, and what further steps may happen if that is not possible.

Details of how and where to complain can be found on the Company's premises, in vehicles and on the website.

2. Purpose

The purpose of the Policy is to ensure that the Company meets its legal obligations and focusses on outcomes rather than the process. The Company will approach any complaint in an honest and open way, with the prime aim of resolving the problem, satisfying the concerns of each complainant and learning from the experience, and will respond to all complaints about the services it provides or manages.

Where our service is provided within an NHS Contract, the Company will comply with the NHS Complaints Policy and Procedures. We will also make provision for sharing and receiving complaints from Commissioners.

The Company will handle complaints by talking to the complainant, understanding their issues and providing a customer focused response which addresses the concerns raised. We will provide a full explanation to all its complaints, take appropriate action and ensure learning is gained and embedded from the feedback.

The Chief Executive and Directors must be notified of all serious complaints.

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3. Responsibilities

3.1 Chief Executive

- The Chief Executive is the 'Accountable Officer' and has overall responsibility for the implementation of this policy, ensuring that lessons are learnt from complaints and, where appropriate, remedial action taken. This function may be performed by any person authorised by the Company and periodically may be devolved to other Directors, ensuring the requirements of the Health and Social Care Act 2014.

3.2 The Executive Board

The Executive Board is responsible for receiving and reviewing reports on the effectiveness of the Company's Complaints & Compliments Policy and to ensure that action is taken to address complaints and any adverse incidents and trends. The Corporate Governance Group will monitor all complaints and escalate matters to the Executive Board as appropriate

3.2 Corporate Governance and Compliance Officer

- Recording of all complaints (Appendix 3)
- Ensuring all complaints are acknowledged within 3 working dates, and responses are available in the correct format, within the 25 working days.
- Ensuring Authorisation Forms are sent to third party complainants and responses shared appropriately. (See Appendix 5).
- Producing a Compliance and Performance Report for the Executive Board via the Director of Corporate Services and Workforce.
- Monitoring numbers of complaints by category and compliance with stated time frames.

3.3 Chief Operations Officer

The Chief Operations Officer has a responsibility to assist the complaint process to the satisfactory conclusion of the complainant by:

- Ensuring that all complaints are allocated to an appropriate Manager depending on the grading and seriousness of the complaint.
- Ensuring that the complaint is investigated in a timely manner as determined by the Policy. (See Appendix 2)
- Ensuring that all aspects of the complaint have been fully investigated and any recommendations are followed up and actioned.
- Ensuring that all actions have been completed.
- Ensuring support is in place for staff who may be the subject of a complaint .

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3.4 Investigation Manager

The Investigation Manager is responsible for:

- Making contact with the complainant to establish a rapport and to gather any further facts.
- Ensuring that the complaint is investigated within the agreed timescale. (Appendix 2)
- Submitting their investigation to the Corporate Governance and Compliance Officer ensuring all areas of the complaint have been addressed. (See Appendix 4).
- Reporting the outcome of the investigation and any lessons learned to the appropriate Line Manager and staff involved in the complaint.

3.5 Managers and Staff

Managers are responsible for ensuring that their staff are fully familiar with this Policy and supporting the staff during the investigation process.

Individual members of staff have a responsibility to acknowledge and respond to patients' and carers' concerns and comments, ensuring that any necessary remedial action is taken. All staff involved in a complaint will be treated fairly, openly and with dignity throughout the investigation process. Staff who have been named in the complaint will receive feedback on how the complaint was handled and resolved.

The Company has empowered staff to resolve complaints and concerns at a local level whenever possible.

4. Definitions

4.1 Complaint

A complaint can be defined as an expression of dissatisfaction from a patient or member of the public and can be raised orally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally and that they require a written response which explains what happened, why it happened, what we have learnt and what action is being taken to ensure it does not happen again. Complaints will be reported and managed in line with this Policy.

4.2 Concern

A concern can be described as negative feedback, but which has not been or is not required to be dealt with as a formal complaint. It does not necessarily require a written response and can be resolved orally if appropriate.

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4.3 Compliments

A compliment can be defined as an expression of appreciation or thanks for a service received. It is important that these compliments are treated with the same importance as a concern or complaint. All letters/emails/telephone calls of appreciation are logged and sent to the appropriate Manager who will ensure that the staff involved are made aware of the comments received and a record made on their personnel file.

4.4 Adverse or Serious Complaint

All negative feedback is treated seriously however some complaints or concerns may trigger the criteria for a Serious Incident requiring investigation due to the serious nature or circumstances. This type of complaint or concern must be brought to the attention of an Executive Director as soon as it has been received.

5. Complaints Management Process

5.1 Who can complain?

A complaint can be raised by:

- A patient or their representative.
- Any person affected or likely to be affected by the action, omission or decision of the Company.

A complaint may also be raised by a person acting on behalf of another person where that person:

- Has died.
- Is a child or minor.
- Is unable by reason of physical or mental capacity to make the complaint themselves.
- Has requested the representative to act on their behalf.

5.2 Issues that cannot be dealt with as a complaint

There are some instances where the Company is unable to investigate a complaint or is not required to investigate a complaint:

- Oral complaint resolved within 24 hours (not dealt with as a complaint but through this policy as a concern).
- A comment or concern.
- Those arising from a Freedom of Information request.
- From an employee in relation to their employment, past or present.
- Previously investigated by the Company or the Parliamentary and Health Service

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Ombudsman.

- From an NHS or Local Authority Social Services Body.
- During any Police investigation of a criminal matter.
- Exceeding the time limit of 12 months for raising a complaint.

Whilst the above list is not reportable, this does not mean that the issues raised should not be considered as a concern or dealt with through other policies.

5.3 What can the complainant expect?

The complainant should expect an acknowledgement of their complaint within 3 working days which describes the nature of their complaint and the timescale of 25 working days to respond. They should receive a timely response in writing which addresses the areas of concern raised and an apology where an apology is required. They will also be kept informed throughout the complaints process and updated where a delay in the investigation has occurred. The letter will also explain their rights to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if all lines of enquiry are exhausted

6. What happens if a complaint cannot be resolved?

Every effort will be made by the Company to resolve the complaint, however there may be occasions when we cannot reconcile the differences. The complainant will be informed in writing that should they still remain dissatisfied and all attempts have failed to resolve their complaint, then they should contact the Parliamentary and Health Service Ombudsman.

7. Time Limit to Raise a Complaint

The time limit to make a complaint is normally:

- 12 months from the date that the event happened, or
- 12 months from the date the complainant first became aware of it.

The decision to investigate complaints that fall outside of the time frame is at the discretion of the Executive Board.

8. Duty of Candour, Transparency and Being Open

TASL and everyone working for the Company must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.

Being open and honest about what happened and discussing complaints promptly, fully and compassionately with patients and/or their carers can:

- Help patients and/or relatives cope better with the after-effects.
- Provide reassurance that everything will be done to ensure a similar type of complaint

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does not recur.

- Provide an environment where patients and/or their carers, employees and Managers feel supported when things go wrong.
- Help prevent such events becoming a litigation claim.

9. Consent

Consent is required from the patient or person involved for the outcome of any investigation to be released to a third person. If it is not possible to gain formal consent, for instance the patient's condition is such it would be inappropriate to seek it, then the Director of Corporate Services and Workforce has the discretion to waive the consent.

If the consent is a reasonable request but not received, the Company has the right to stop the investigation or can provide limited information without breaching any confidentiality. This decision is again at the discretion of the Director of Corporate Services and Workforce.

Where a representative makes a complaint on behalf of a child (under 16 years), the Company must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child. If the Company is not satisfied, they must notify the representative in writing, stating the reason for its decision.

Consent may be a sensitive issue and the Company wishes to avoid giving complainants the impression that it is trying to avoid investigating their legitimate concerns. The issue of consent is often resolved when the investigating officer makes a home visit when both complainant and patient are present.

10. Confidentiality

All recorded information will be treated as confidential and in accordance with the Data Protection Act 1998 (2005), the Caldicott Guardian Principles and the Access to Health Records Act 1990.

11. Legal Action or Criminal Proceedings

The Director of Corporate Services and Workforce together with the relevant Manager(s) will assess the likelihood of the complaint being the subject of legal action or criminal proceedings and, where appropriate, will seek guidance and legal advice in advance of preparing the response.

All letters which state that legal action is being taken, or that include a claim for compensation, must be forwarded immediately to the Director of Corporate Services and Workforce. This must not delay the statutory obligation to acknowledge the letter within 3 working days. The Director of Corporate Services and Workforce will, where necessary, work with the Company's solicitors regarding any further action required. The complaint should still be investigated and resolved as usual, however all correspondence and actions must be passed to the Director of Corporate Services and Workforce for advice and action. Where criminal proceedings are likely, and the Police are conducting an investigation into

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the complaint, then the Director of Corporate Services and Workforce will seek guidance from the Company's solicitors in order to determine whether progressing with the complaint might prejudice any criminal proceedings.

12. Financial Redress

Financial redress can be made without recourse to legal action. The Parliamentary and Health Service Ombudsman has made clear the expectation that there is an obligation to put the complainant back in the position they were in before they experienced the problems they encountered. The Company recognises that there is consequently an obligation to consider financial redress in each appropriate case. Where financial redress is made, this will not be considered as an admission of liability in relation to any legal action that may ensue. Where a complaint gives rise to legal action, a response to the complaint will still be made. This decision will be made by the Director of Corporate Services and Workforce in consultation with the Financial Director.

13. Staff Complaints

Staff who have concerns about the care or treatment given to an individual or a particular group or by another member of staff are encouraged to raise concerns with their Line Manager where appropriate. Staff should also be made aware of the Raising Concerns Policy.

14. Learning from Feedback

The Company recognises the value of learning from feedback so that there is continuous learning to improve the quality of service provided to patients and the public.

15. Equality, Diversity and Human Rights

In handling and responding to complaints, complainants will be treated fairly with equal opportunities to make their view known. Fairness requires all those who complain to be treated with dignity, respect and compassion. Where reasonable adjustments are appropriate to enable equitable access, these will be facilitated.

Regardless of people's differences, everyone who complains has the right not to be discriminated against.

The Company is committed to pro-diversity and anti-discriminatory practice.

16. Process for Joint Handling of Complaints between Organisations

Health and social care organisations are required to work together to ensure coordinated handling and to provide the complainant with a single response that represents each organisation's final response. Where a service user wishes to make a complaint about a healthcare related matter, they have the choice of doing this either to the organisation providing the service or the Clinical Commissioning Group (CCG) that commissions the service. The CCG may decide that it is best placed to handle the complaint itself, and in such cases, or where other providers are involved, the Company will afford every

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cooperation, negotiating the time frame for a response accordingly. On some occasions, the Company will be unable to comply with the other provider's time frame due to investigation constraints. In this case, the lead provider should discuss this with the complainant to establish if a split response is appropriate.

In instances where the Company receives a complaint involving more than one service provider, the Director of Corporate Services and Workforce will discuss this with the complainant and share the complaint with the relevant Organisation, co-ordinating, where possible, a single, joint response to the complainant within an agreed time frame. Every effort should be made to adhere to these timescales.

17. Habitual or Vexatious Complaints

Very occasionally complainants will persist with a complaint that staff consider has reached a conclusion through the complaints procedure. Guidance for handling such situations to protect both staff and complainants can be found in Appendix 1.

18. Staff Support

All staff who are the subject of a complaint or concern should be offered support throughout the process. Staff will be required to contribute to any investigation by explaining their version of events either verbally or in writing. The purpose of the investigation is to understand what may have gone wrong, to clarify to the complainant what happened against what should have happened and apologise if an apology is appropriate. Staff should be notified by their Line Manager of any outcome from the complaint or concern and feedback the learning that has been realised as a result of the investigation. This is monitored by the Director of Corporate Services and Workforce

19. Complaints Received During Out of Hours

Any complaint received or likely to be received outside of normal office hours should be reported to the Line Manager or Duty Manager, who will assess the complaint and respond where appropriate to resolve the complaint. Where this is not possible, or the complainant is still unhappy, the details should be passed to the Chief Operations Officer.

20 Review of Policy

This Policy will be reviewed at least annually or more often should it be required, i.e. for any legislative changes.

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21 Equality Impact Assessment

Executive Summary Page for Equality Impact Assessment:	
Document Reference: GOV-007-Policy and	Document Title: Complaints and Compliments Policy
Assessment Date: 29/08/2017	Document Type: Policy
Responsible Director: Medical Director	
Conclusion of Equality Impact Assessment: This Policy has a neutral impact for the protected characteristics. This Policy provides a framework and guidance for all employees for reporting, managing, investigating, analysing and learning from SIs. The ultimate aim is to reduce the risk to all groups.	
Recommendations for Action Plan: None	
Risks identified: None	
Approved by a member of the Executive Board	
YES <input checked="" type="checkbox"/>	NO
Name: Margaret Serna	Position: CEO
Signature: 	Date: 06/09/2017
This whole document should be stored with the master document and a final approved electronic copy must be saved to the staff intranet.	

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APPENDIX 1

Procedure for Handling Habitual or Vexatious Complainants

1. Introduction

- 1.1 Habitual and/or vexatious complainants are becoming an increasing problem for staff although the Company does not experience this to any great extent. The difficulty in handling such complainants places a strain on time and resources and causes undue stress to staff that may need support in difficult situations. TASL staff are trained to respond with patience and empathy to the complainant's needs and feelings, but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.
- 1.2 In determining arrangements for handling such complaints, the need to ensure an equitable approach is crucial. Staff are presented with two key considerations:
- To ensure that the complaints procedure has been correctly implemented as far as possible and that no genuine element of a complaint is overlooked or inadequately addressed. In doing so, it should be appreciated that habitual or vexatious complainants can have issues, which contain some genuine substance.
 - To be able to identify the stage at which a complainant has become habitual or vexatious.

2. Purpose of this Procedure

- 2.1 Complaints about services provided by TASL are processed in accordance with the Company's complaints procedure. During this process staff, inevitably have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints. The aim of this procedure is to determine situations where the complainant might be considered to be habitual or vexatious and to suggest ways of responding to these situations.
- 2.2 It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try and resolve complaints following the Company's complaints procedure.
- 2.3 Judgement and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases.
- 2.4 The procedure should only be implemented following careful consideration by and with the authorisation of the Director of Corporate Services.

3. Definition of a Habitual or Vexatious Complainant

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

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- Persist in pursuing a complaint where the Company's complaints procedure has been fully and properly implemented and exhausted.
- Change the substance of a complaint, continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint has been addressed. Care must be taken not to discard new issues, which are significantly different from the original complaint. These may need to be addressed as separate complaints.
- Unwilling to accept documented evidence of treatment given as being factual or deny receipt of an adequate response in spite of correspondence specifically answering their concerns; or do not accept that facts can sometimes be difficult to verify if a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite the reasonable efforts of the Company and where the concerns identified are not within the remit of the Company to investigate.
- Focus on a trivial matter to an extent, which is out of proportion to its significance, and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).
- Have threatened or used actual physical violence towards any member of staff. This will in itself cause personal contact with the complainant and/or their representative to be discontinued and the complaint will thereafter only be pursued through written communication.
- Have in the course of addressing a formal complaint had an excessive number of contacts (or unreasonably made multiple complaints) with the Company, placing unreasonable demands on staff. A contact may be in person or by telephone, letter, fax or e-mail. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section, using judgement based on the specific circumstances of each individual case.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint, or their families/associates. (It is recognised that complainants may sometimes act out of character at times of stress, anxiety or distress and, where appropriate, allowances should be made for this, provided it is not detrimental to the staff concerned). All incidents of harassment or aggression should be documented, reported and investigated in accordance with the Company's accident Incident Reporting Policy and Procedure.
- Are known to have tape recorded meetings, or any conversations held either face to face or over the telephone 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 investigations into their complaint(s) that such behaviour is unacceptable and can, in some circumstances, be illegal.
- 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. insist on responses to complaints or

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enquiries being provided more urgently than is reasonable or recognised practice).

4. Options for Dealing with Habitual or Vexatious Complainants

4.1 Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Director of Corporate Services and Workforce will determine what action to take. The Director of Corporate Services and Workforce will implement such action and will notify complainants promptly in writing of the reasons why they have been classified as habitual or vexatious complainants and the actions to be taken.

This notification must be copied promptly for the information of others already involved in the complaint. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious and the action taken.

The Director of Corporate Services and Workforce may decide to deal with habitual or vexatious complainants in **one or more** of the following ways:

- Try to resolve matters, before invoking this procedure, by drawing up a signed 'agreement' with the complainant (and if appropriate involving the relevant staff member in a two-way agreement) which sets out a code of behaviour for the parties involved if the Company is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that complainants meet any one of the criteria in point 3, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants copy this procedure to them and advise them to take account of the criteria in any other dealings with the Company. In some cases it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that the complainant seeks independent advice in taking their complaint further.
- Decline further contact with the complainant apart from written correspondence or through a third party. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation with a complainant. This is shown in 6.2 overleaf.
- Notify the complainant in writing that the Company has responded to the points raised and has tried to resolve the complaint, that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that further communications on the current complaint will not be responded to.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance.
- Inform the complainant that in extreme circumstances the Company reserves the

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right to pass unreasonable or vexatious complaints to the Company's solicitors and/or, if appropriate, the Police.

- 4.2 In cases where the complaint is made against the Chief Executive of the Company, then the decision about whether the complainant is deemed to be habitual or vexatious will be taken by the Chief Executive of the Parent Company.

5. **Withdrawing Habitual or Vexatious Status**

- 5.1 Once complainants have been determined as habitual or vexatious there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.
- 5.2 Staff should previously have used discretion and careful judgement in recommending habitual or vexatious status at the outset and similar discretion and judgement should be used in recommending that this status be withdrawn.
- 5.3 Where this appears to be the case, a discussion will be held with the Director of Corporate Services and Workforce and, subject to their approval, normal contact with the complainant and application of the Company's complaints procedures will be resumed.

6. **Guidance for Staff Handling Habitual or Vexatious Complainants**

- 6.1 The following form of words – or a very close approximation – should be used by any member of staff who intends to terminate a telephone conversation with a complainant. Grounds for doing so could be that the complainant has become unreasonably aggressive, abusive, insulting or threatening to the individual dealing with the call. It should not be used to avoid dealing with a complainant's legitimate questions/concerns, which can sometimes be expressed extremely strongly. Careful judgement and discretion must be used in determining whether or not a complainant's approach has become unreasonable.

6.2 **Form of Words**

'I am afraid that we have reached the point where I believe your approach is unreasonable and I have no alternative but to end this conversation. Your complaint(s) will still be recorded and dealt with by the Company as appropriate, but I am now going to end this telephone conversation.'

6.3 **Follow Up Action**

The incident should be reported through the completion of an Incident Report form. In respect of future means of communication with the complainant and any further action deemed necessary, advice should be sought from the Chief Operations Officer.

6.4 **Continuing with Service**

Where the complainant requires continuing service, this should continue. Where the

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complaint is against staff who are providing care to the complainant, their care where possible should be transferred to a different member of staff, following discussion with the relevant Manager.

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APPENDIX 2

Summary of Timescales

Event	Time Allowed
Original complaint	Complaint to be raised within 12 months of the originating event, or 12 months of becoming aware of a cause for complaint.
Local Resolution	
Non-reportable Complaint	Dealt with on the spot or resolved by the next day to the satisfaction of the complainant. Where the complainant does not wish to proceed under the complaints procedure.
Reportable Complaint	Not resolved on the spot or next working day. Where the complainant wishes the complaint to be investigated further under the complaints procedure.
Acknowledgement letter	3 working days of receipt
Full response to be sent	25 working days of receipt.
Time limit for complaint to receive a response	6 months from the date of receipt of complaint or longer if agreed
Complainant referring their case for Review to the Parliamentary and Health Service Ombudsman	Within a year of becoming aware of the problem

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APPENDIX 3

RECORD OF RECEIPT OF COMPLAINT/COMMENT		
Name and Address of Person Making Complaint/Comment	Name and Address of Patient (if different)	
Telephone	Telephone	
Present at the incident Yes/No		
Date of Incident/Journey	Time	
Complaint/Comment Received By:		
Signature	Date	
TYPE OF COMPLAINT (tick as appropriate)		
Attitude <input type="checkbox"/>	Delay <input type="checkbox"/>	Driving <input type="checkbox"/>
Patient Care <input type="checkbox"/>	Provision <input type="checkbox"/>	Other <input type="checkbox"/>
Escort denied	<input type="checkbox"/>	Non-provision <input type="checkbox"/>
DETAILS OF COMPLAINT/COMMENT		
ANY ACTION TAKEN AND WHEN		
<i>For Admin use only</i>		
COMPLAINT DESIGNATION		
Clinical	Non-Clinical	Local Resolution
Signatures		Date
.....		
Recorded (date)	By (name)	File No
Response due date	Extended response date	

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APPENDIX 4

'Complaint Aid Memoire' from 'Listening, Responding, Action'

Things to remember to do when someone says they are unhappy – stage 1 complaint via telephone:

1. Ask the person how they would like to be addressed – as Mr, Mrs, Ms or by their first name.
2. If someone has phoned you, offer to call them back and give them the chance to meet face to face to discuss the issue.
3. Ask them how they wish to be kept informed about how their complaint is being dealt with by phone, letter, email or through a third party such as an advocacy or support service.
 - If they say by phone – ask them for times when it is convenient to call and check that they are happy for messages to be left on their answerphone.
 - If they say by post – make sure that they are happy to receive correspondence.
4. Check if the person has any disabilities or circumstances you need to take account of.
5. Offer to meet the person at a location convenient to them.
6. Make the person aware that they can request an advocate to support them throughout the complaints process, including at the first meeting.
7. Systematically go through the reasons for the complaint with the person who is unhappy – it is important that you understand why they are dissatisfied.
8. Ask them what they would like to happen as a result of the complaint (for example, an apology, new appointment, reimbursement for costs or loss of personal belongings or an explanation). Tell them at the outset if their expectations are not feasible or realistic.
9. Agree a plan of action, including when and how the person complaining will hear back.
10. If you think you can resolve the matter quickly without further investigation, do so as long as the person complaining is happy with that and there is no risk to other service users.
11. For any complaint, remember to:
 - Check if consent is needed, and
 - Let the complainant know the name and contact details of the Manager who will investigate their complaint.

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APPENDIX 5



**THIRD PARTY COMPLAINT CONSENT FORM /
PATIENT INFORMATION AUTHORISATION FORM**

I, (Full Name of Patient) (Please Print), of

Address

.....

.....

Telephone Number

Date of Birth

Your Declaration:

I hereby authorise:
(Please print the full name of the Person making the complaint on your behalf)

Address of Person

.....

.....

Their relationship to me is

To act on my behalf and to receive such information as may be considered relevant to my complaint.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have consented to acting on my behalf.

Signature of Patient

Date