



Thames Valley and Wessex
Specialised Mental Health
Provider Collaboratives



Complaints, Concerns and Compliments Policy

February 2026

Summary

Thames Valley & Wessex Specialised Mental Health Provider Collaboratives are responsible for the commissioning of specialised mental health care for the network, providing a high standard of care and services that are flexible and responsive to the needs of the service user.

The Provider Collaborative is firmly committed to continuously improving the quality of services it provides or commissions by understanding the experiences of people accessing those services. Commissioned services are those that are paid for by the Provider Collaborative but provided by other organisations.

The Provider Collaborative understands that to continue to make improvements, it is essential to encourage, value, engage with and learn from all types of feedback. Therefore, the Provider Collaborative takes a proactive approach to handling complaints, concerns, comments and compliments as a genuine means to improving the experiences of service users and the quality of its services.

This policy incorporates the Provider Collaboratives obligations in the NHS Constitution and the Health and Social Care Act and responds to several key reports, guidelines and legislations which relate to the handling of complaints

This policy ensures that feedback is always:

- Actively encouraged and that people know how to give feedback and make a complaint.
- Taken seriously and responded to their feedback and complaint promptly.
- Investigated thoroughly and proportionately to the seriousness of the complaint
- Utilised as an opportunity to learn and improve.

The Provider Collaborative will:

- Ensure that this policy promotes a consistent and fair process for managing feedback and handling complaints.
- Ensure that it is easy for people to give feedback, and that the complaints process is accessible for all.
- Implement systems for monitoring, reporting and sharing information regarding feedback and complaints across the network, including lessons learned.
- Follow the full Oxford Health NHS Foundation Trust Concerns, Complaints and Compliments Policy and Procedure (Corp25), based on the NHS Complaints Standards. The Oxford Health website contains a [summary of steps](#) to help with understanding the process.

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1. Introduction

Thames Valley & Wessex Specialised Mental Health Provider Collaborative is committed to providing service users, their family members, carers or members of the public with the opportunity to seek advice, raise concerns, compliments and formal complaints about the Provider Collaborative and its services. The Provider Collaborative has adopted a person-centred approach to ensure that issues are dealt with in a way which empowers service users and their loved ones to make choices about how their concerns are handled and in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Provider Collaboratives approach is structured around the 'My Expectations' report, published by the Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch. This report sets out a best practice framework to support a positive experience for people raising concerns and complaints in five steps:

- **Considering a complaint:** ensuring people are given information about how to complain, that they will be supported to do so, and care will not be compromised.
- **Making a complaint:** ensuring all staff can help, and that making a complaint is easy and convenient.
- **Staying informed:** keeping people up to date and making the response personal.
- **Receiving outcomes:** resolving complaints and achieving an appropriate outcome.
- **Reflecting on the experience:** ensuring complaints are handled fairly and consistently, and that people understand how their feedback has helped to improve services.

2. Definition

The Provider Collaborative recognises and records feedback activity under the following categories:

Comments: Comments may be made either verbally or in writing to any member of staff within the Provider Collaborative. These may be general comments or opinions regarding NHS and Independent Sector services or may be specific to a service. Comments may offer observations or suggestions regarding services.

Concerns: An issue raised in writing, or verbally, identifying issues about a service or the Provider Collaborative.

Complaints: A complaint is an expression of dissatisfaction about any aspect of the Provider Collaborative and its commissioned services requiring a response.

Compliments: The Provider Collaborative recognises that compliments are also a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practice and to apply this across other areas.

3. Purpose

The purpose of this document is to outline the Provider Collaboratives Complaints Policy to ensure that the Provider Collaborative meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. This policy aims to ensure the following:

- To provide a clear, simple and easy to understand process for managing complaints which is fair and impartial, widely publicised and accessible to all.
- To ensure complainants and staff are provided with the necessary guidance and support.
- The causes of complaints and lessons learned are identified and utilised to improve services and prevent recurrence.
- Complaints are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits.
- Complainants are treated courteously and sympathetically, and care is not adversely affected as a result of having made a complaint.

4. Scope

This policy applies to all complaints, comments, concerns and compliments received by the Provider Collaborative and must be followed by all staff employed by the Provider Collaborative, including those employed as part of a temporary or honorary contract, or any other person that is acting on behalf of the Provider Collaborative. Additionally, all commissioned Providers must ensure that they have robust policies and procedures in place to support service users, carers and their families.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 complainants have the choice of making a complaint to either the provider or the commissioner of services, but not both.

5. Exceptions

In accordance with the NHS Complaints regulations the following complaints will not be dealt with under this policy:

- A complaint made by a Local Authority, NHS body, Primary Care provider or independent provider.

- A complaint made by an employee of a Local Authority or NHS body about any matter relating to employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made.
- A complaint which is the same as a complaint that has previously been made and resolved.
- A complaint which has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by the organisation to comply with a request for information under the Freedom of Information Act 2000.

Where a complaint is not to be investigated under the NHS Complaints Regulations 2009, where possible the complainant will be signposted appropriately to progress their concern.

Complaints should be submitted to the Provider Collaborative within 12 months of the event in question, or within 12 months of the date on which the complainant first became aware that there was cause for complaint. In exceptional circumstances, this timeframe may be extended at the discretion of the Associate Director or Clinical Director of the Provider Collaborative. If a decision is made not to extend the time limit, the complainant will be notified in writing and provided with an explanation.

6. Process and Procedures for Handling Complaints – Local Resolution

In line with the NHS Complaints Regulations 2009 complainants should be offered a choice of raising their concerns or making a formal complaint to either the service provider directly, or the commissioner.

All avenues must be explored to resolve issues at a local level, including a review of the complaint, if the complainant is not initially happy with the outcome.

A complaint can be made orally, in writing or electronically. If a verbal complaint is received the staff member should establish whether it is a matter that they or a colleague can respond to immediately. If the verbal complaint can be resolved to the complainant's satisfaction within one working day, then this will not be recorded as a formal complaint but will be documented. If a verbal complaint is a formal complaint, then the member of staff receiving the complaint must make a written record of the complaint and provide a copy as soon as possible.

All complaints, comments, concerns and compliments should be addressed to the related Provider Collaborative, and sent to:

Address:

Thames Valley & Wessex Specialised Mental Health Provider Collaborative,
Slade House,

Horspath Driftway,
Headington,
Oxford, OX3 7JH

If emailing, please use the email address for the Provider Collaborative you are referencing in your complaint, comment, compliment or concern.

For Me / Adult Secure Provider Collaborative:

Email: ForMePC@oxfordhealth.nhs.uk

HOPE / Adult Eating Disorder Provider Collaborative:

Email: hopespa@oxfordhealth.nhs.uk

Telephone: 07827 357 357

Thames Valley CYP Provider Collaborative:

Email: ThamesValleyT4SPA@oxfordhealth.nhs.uk

All contacts will be acknowledged within 3 working days of receipt. Following receipt, the Provider Collaborative, in discussion with the complainant, will agree:

- The way the complaint is to be handled, including an offer to meet the patient if appropriate.
- The timescale for providing a response.
- The desired outcomes from raising their complaint.

Should the complainant wish to meet with the Provider Collaborative to discuss the contents of their complaint this will be arranged. All meetings are to be held on NHS premises with two members of staff present. This meeting will be documented and a copy of this shared with the complainant.

When a complaint is received by the Provider Collaborative but is considered more appropriate for the relevant Provider organisation to investigate, the Provider Collaborative team will seek the complainant's consent to share the details of the complaint with that Provider. If consent is given, the Provider Collaborative will forward the complaint to the Provider organisation for investigation and response.

If the complainant states that they would prefer for the Provider Collaborative to deal with the complaint on their behalf, the Provider organisation will be notified of this.

If a complaint has previously been investigated by a Provider organisation and the complainant remains dissatisfied with their response, then the complainant has the right to escalate this to the Parliamentary & Health Service Ombudsman. The Provider Collaborative are unable to reinvestigate a complaint which has already been investigated by a Provider organisation unless any new issues are raised.

If the content of a complaint highlights serious concerns which meet the criteria of an incident, the complaint will be investigated under the Lead Provider (Oxford Health NHS FT) Incident Management Policy and the complainant informed. If a safeguarding concern is identified, then advice will be sought from the Safeguarding Lead to ensure the safety and best interests of the patient.

Where a complainant indicates they intend to take legal action, the matter should be referred to the Provider Collaborative programme Senior Responsible Officer, to ensure due consideration and collaboration with relevant individuals. If there is no indication that a complaint investigation will prejudice any legal proceedings, the complaint will be registered and dealt with through the complaints process. In some circumstances it may be appropriate to cease action under the complaint's procedure.

7. Unreasonable Complaints

The Provider Collaborative recognises that it is the right of every individual to pursue a complaint. However, on occasions, staff may consider that a complaint is unreasonable e.g. the complainant raises the same issues repeatedly despite having received a comprehensive response, or the complainant becomes aggressive, threatening, abusive or violent towards those involved in the complaints process. If it is considered that a complainant is becoming unreasonable, the member of staff should refer this to the Associate Director or Clinical Director of the Provider Collaborative who will manage the situation in accordance with the Unreasonable Complaints Procedure (Appendix B).

8. Confidentiality

Feedback and complaints will always be handled in the strictest confidence and in accordance with the Lead Providers information governance policy. Where it is necessary to seek input from organisations external to the Provider Collaborative, written consent from the patient should be obtained prior to sharing any information. If consent cannot be determined, following multiple attempts, the complaint will be closed.

Information will only be disclosed to those individuals who are investigating the complaint or have been asked to provide a statement directly in relation to the contents of the complaint. Information will not be disclosed to service users or complainants unless the person has given written explicit consent to the disclosure of that information. In the case of a complaint raised by a third party (e.g. family member, carer, MP, representative) including those regarding a patient who has died or who lacks capacity, the representative must be a relative or other person who had or has a sufficient interest in the patient's welfare and is a suitable person to act as representative. Every case should be considered on an individual basis before a response is provided, and where possible evidence, such as identification or legal documents, will be required.

There may be instances where the investigation of a complaint reveals further information of a particularly sensitive nature that the complainant could feel uncomfortable being disclosed to third parties. Where explicit consent to reveal such information is not already

present, complaints made by representatives, including MPs, may require the Provider Collaborative to gain written consent from the patient prior to sharing confidential or personal information.

There are some instances where the Provider Collaborative is required to disclose patient information without consent to the appropriate body e.g. safeguarding, police or a senior person involved in providing their health care. This must be conducted in accordance with current data protection legislation and may involve cases where the law requires disclosure of information which will be:

- If the health and/or welfare of a child or young person is at risk.
- If the complainant admits to committing a serious crime.
- An individual who may be put at significant risk or their life threatened.

Prior to any disclosure where consent has not been provided the Lead Providers Caldicott Guardian must be consulted and recorded within the Caldicott Log (held by the Caldicott Guardian). Following disclosure, a written explanation to the person involved must be provided. Information governance advice may be sought from the Lead Providers Information Governance Lead.

Under the General Data Protection Regulation (GDPR) individuals have the right to complain to the Information Commissioner's Office if they feel their rights under the regulation have been infringed.

9. Investigation and Response

The Provider Collaborative will investigate a complaint in a manner appropriate to resolve it as quickly and efficiently as possible after receiving the complaint. The complaint must be carried out by someone not directly involved in the events leading to the complaint. The Provider Collaborative will keep the complainant informed throughout the investigation process, as far as reasonably practicable, informing the complainant of any delays.

Where a complaint involves more than one organisation it will be agreed at the beginning of the process which organisation will manage and coordinate the complaint. This is usually the organisation that has the majority of issues, or the highest risk issues. The lead organisation will coordinate a single comprehensive investigation and response to the complaint, as set out in Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Provider Collaborative has contracts in place with multiple Providers and under the 2009 Regulations a patient can choose to approach either the provider or the commissioner to make a complaint. If a complaint received by the Provider Collaborative concerns a commissioned service, the team, in discussion with the complainant, will decide who the most appropriate body is to handle the complaint.

It is not possible to raise the same complaint with the service provider as well as the commissioning organisation.

Following the completion of the investigation and within the timescales agreed with the complainant, the Provider Collaborative will send a formal response in writing to the complainant which will include:

- An explanation of how the complaint was considered.
- Honest explanations based on facts and where it is clear that there has been a mistake or failure in procedures, this should be clearly stated and an apology given, in line with duty of candour.
- The conclusions reached including any remedial action that the organisation considers to be appropriate.
- Clearly demonstrate how the complaint and findings have improved services or led to changes.
- Invitation for the complainant to contact the complaints team if they have any outstanding concerns.
- The complainants right to ask the Parliamentary and Health Service Ombudsman to review their complaint if they are dissatisfied with the Provider Collaboratives response.
- Following a response being offered, the Provider Collaborative will actively seek feedback from complainants regarding their experience of making a complaint, which will be recorded and used to inform future policy and process change.

10. Final Stage: Independent Review

If a complainant remains dissatisfied with the response gained at a local resolution stage, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. The PHSO may review a complaint where:

- A complainant is not satisfied with the result of the investigation undertaken by the Provider Collaborative.
- The complainant is not satisfied with the response and does not believe the Provider Collaborative has resolved their concerns.
- The Provider Collaborative has decided not to investigate a complaint on the grounds that it was not made within the required time limit.

Complainants must have complained to the Provider Collaborative or service provider involved before contacting the PHSO. The PHSO require that a complaint is referred within a year after the day on which the complainant first identified the issue, unless the PHSO considers that it is reasonable to review the complaint outside of this timescale.

Upon request, the Provider Collaborative will provide copies of all records and correspondence relating to the complaint and co-operate fully with the PHSO.

If a complaint is upheld by the PHSO, the Provider Collaborative will co-ordinate any points of action required to ensure that actions are completed, and a response is provided within the set deadline established by the PHSO.

11. Ensuring Learning

Learning from complaints is critical to the delivery of safe and effective services within the Provider Collaborative. Each complaint is an opportunity to improve services and must be used as an opportunity for learning and improvement.

The Provider Collaborative will record the conclusion, lessons learned and agreed actions for each comment, concern or complaint and the area it relates to prior to closing the complaint file. This ensures any themes or emerging trends can be identified.

Themes and trends for complaints are regularly reviewed within the Provider Collaborative Quality Assurance monthly meeting and Provider Collaborative Governance Board. These themes and trends, in a non-identifiable format, are also shared with relevant Provider organisations.

Compliments received within the Provider Collaborative are used to inform good practice which can be applied to other areas to support service development.

12. Compliments

The Provider Collaborative maintain a record of all letters of praise and compliments received. Compliments about healthcare services, or a specific individual received within the Provider Collaborative are shared with the relevant Provider organisation, team, or individual and are included within regular reports. Compliments are an effective source for informing service improvement and for sharing best practice.

13. Implementation and Training

The Provider Collaborative will ensure that all staff are aware of this policy and the supporting procedures and have access to the associated documents. To support staff the complaints process forms part of the provider collaborative induction programme and on-going training is available.

14. Monitoring Compliance and Effectiveness

The complaint process will be monitored by the Provider Collaborative to review the effectiveness of the process as well as how information about complaints is being used to improve services. The Provider Collaborative team will ensure:

- This policy and relevant processes remain in line with current legislation and guidance and continue to reflect models of best practice.
- The policy remains up to date and continues to represent the practice of staff dealing with concerns, comments, complaints and feedback. Any changes to the process should be reflected within the policy.
- The policy continues to place the patient first and that feedback and suggestions from complainants regarding the complaints process are used to inform and continually improve the process.

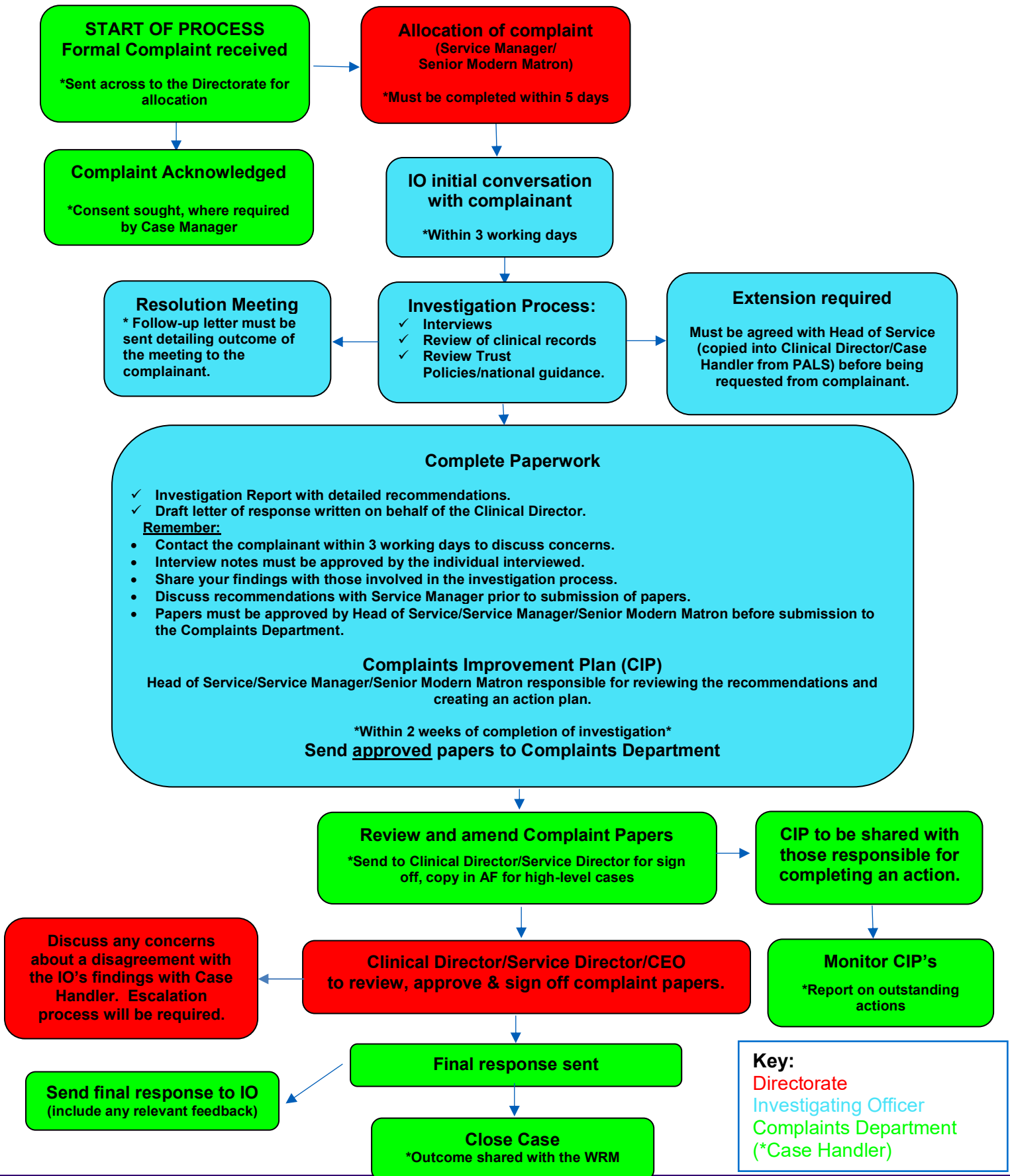
15. Reporting Requirements

The Provider Collaborative team will produce regular reports on patient experience. These will provide an overview of the numbers and types of feedback received across the network, including information relating to the theme/subject of the complaint, and the service area to which the complaint relates. This enables any emerging themes and trends to be identified and appropriately escalated. Details of formal complaints are also reported within the Provider Collaborative annual report.

Information relating to complaints, including equality data, is provided to the Health and Social Care Information Centre (HSCIC) in line with national requirements. This is provided via Oxford Health as the lead provider.

The Provider Collaborative receives and reviews regular complaints reporting from the providers of its commissioned services. These are reviewed at the CQRM meetings in conjunction with the provider, and data is triangulated to provide a detailed understanding of patient experience.

Appendix A: Formal Complaints Process Flow Chart (low/high graded complaints)



Appendix B: Dealing with Habitual and / or Vexatious Complaints Policy

Habitually demanding, repetitive or vexatious complainants, and/or people who exhibit habitually demanding, repetitive or vexatious behaviours represent a particular challenge in the resolution of complaints. Handling such people or complainants could place a strain on time and resources and cause unacceptable stress for staff, who may need support in difficult situations. The majority of people who come into contact with staff employed by the Trust do not display such behaviour. This procedure is for the minority who do.

In certain circumstances (for example as per points 6 and 7 below), it may also be appropriate for staff to involve the police (as per the procedure set out in the appendices to the Policy For Reporting And Learning From Incidents And Deaths, Including Serious Incidents at RMHS1) or for staff to summon assistance in accordance with the Policy on Reducing Restrictive Interventions (formerly the Prevention & Management of Violence and Aggression) at CP29 which applies to incidents originating from members of the public as well as from patients or service users.

The procedure outlined in this document will be used after reasonable measures have been taken to try to resolve issues locally including through the NHS complaints procedure. Judgement and discretion must be used in applying the criteria to identify such behaviour and in deciding on the action to take in each individual case.

The procedure will be implemented following careful consideration by the Complaints & PALS Service Manager with the authorisation of the Chief Executive and any relevant Director (or their deputies).

Purpose of procedure

To identify situations where someone might be considered to fall into these categories and establish a procedure to protect staff from the nuisance, abuse and threatened or actual harm, which may be caused by such behaviour.

Definition

A complainant, or others coming into contact with the Trust, may act out of character. They may show signs of vexatious behaviour for several reasons and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts however should be considered against this procedure.

One definition of vexatious behaviour is to harass, distress, annoy, tease, cause trouble, agitate, disturb, or pursue issues excessively. Behaviour exhibited by a person (**and/or anyone acting on their behalf**) may be deemed to be habitually demanding, repetitive or vexatious where previous or current contact with them shows that they meet any of the following criteria:

Theme: no reasonable end in sight

1. **Persisting in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted, but no appeal has been made to the Parliamentary Health Service Ombudsman.

2. **Seeking to prolong contact** by continually raising further concerns or questions upon receipt of a response or changing the substance of a complaint whilst it is being dealt with. Please note that care must be taken not to discard new issues which are significantly different from the original issues. These might need to be addressed as separate issues.

3. **Unwilling to accept documented evidence** by denying receipt of an adequate response, in spite of correspondence specifically answering their questions.

Theme: focus (can be shifting or the opposite - unwavering)

4. **Does not clearly identify the precise problem** despite reasonable efforts of Trust staff and, where appropriate, advocacy services to help them specify their concerns, and/or where the concerns are not within the remit of the Trust to investigate.

5. **Focuses on a matter to an extent which is out of proportion to its significance** and continues to focus on this point.

Theme: threatening behaviour

6. **Has threatened or used actual physical violence towards staff or their families or associates.** This will, of itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication. Such incidents should also be documented and reported, as appropriate, to the police.

7. **Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issue or their families or associates.** Staff should recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this. However, such incidents should also be documented and may be reported, as appropriate, to the police; if the police and the Crown Prosecution Service decide not to prosecute then the Trust may, at its discretion, offer its staff the option to consider commencement of a private prosecution or other appropriate civil action, such as an injunction, and the Trust may, at its discretion, provide its staff with appropriate support in taking such action.

8. **Has threatened to or made defamatory comments** about staff to the press or on social media.

Theme: unreasonable behaviour

9. Has had, in the course of addressing an issue, an **excessive number of contacts with the Trust**, placing unreasonable demands on staff time or resources (a contact may be in person, or by telephone, letter or e-mail). Judgement must be used in determining what is an "excessive number" of contacts and this will be based on or the specific circumstances of each individual case.

10. **Does not adhere to previously agreed communication plans**, codes of behaviour or other contact agreements with the Trust.

11. **Displays unreasonable demands or expectations** and fails to accept that these may be unreasonable (i.e. insists on responses being provided more urgently than is reasonable or normally recognised practice).

The context and history of the complaint or behaviour should be considered when considering the above criteria. An individual complaint or behaviour may not be habitually demanding, repetitive or vexatious in isolation but in context may form part of a wider pattern of habitually demanding, repetitive or vexatious behaviour.

This context may extend to others/third parties acting on behalf of a person or, if the person has not been named, in relation to circumstances and issues which can be associated with a person where they have behaved in accordance with the above criteria. A person/third parties acting on behalf of another or their issues is/are not exempted from this procedure.

Decision-making, involvement, and information sharing

Where people have been identified as exhibiting habitually demanding, repetitive or vexatious behaviour in accordance with the above criteria, the Chief Executive, the relevant Director, and the Complaints & PALS Service Manager (or their deputies), will decide what action to take. The Chief Executive (or deputy) will then implement the action and will notify such individuals, in writing, of the action that has been taken and the reasons for it.

Names of individuals who have been classified as habitually demanding, repetitive or vexatious will also be communicated by the Complaints & PALS team to the office of the Director of Corporate Affairs & Company Secretary as this may affect the suitability of the individual(s) to become or remain a member or a Governor of the Trust under the terms of the Constitution.

If appropriate, notifications under this procedure may be copied for the information of others involved e.g. General Practitioner, an advocacy service, and Members of Parliament. A record will be kept of the reasons why someone has been classified as habitually demanding, repetitive or vexatious.

Sharing of information will be appropriate and in accordance with the Integrated Information Governance Policy at CORP 09 and the terms of legislation such as the General Data Protection Regulation, as may be in force from time to time. The Trust will process personal data in accordance with a valid lawful basis (or bases, if applicable and appropriate) including, but not limited to relevant legal obligations; a task in the public interest or for the Trust's official functions; or for other legitimate interests.

Options for dealing with habitually demanding, repetitive or vexatious complainants and/or habitually demanding, repetitive or vexatious behaviour

Depending upon the circumstances, some, all, or a combination of options may be explored with an individual but in each case the Trust will communicate to the individual the action which is being taken and the reason(s) why. In certain circumstances,

depending upon the context or history of the complaint or behaviour (for example if an individual continues to exhibit threatening, abusive, or unreasonable behaviour), then the Trust may proceed directly to a final written notice.

Written warning

Once it has been determined that an individual meets the criteria above, it may be appropriate to inform them in writing that if such conduct continues then they **may be** classified as habitually demanding, repetitive or vexatious. The letter should state which elements of their behaviour this relates to and be accompanied by a copy of this procedure. If people are using the NHS complaints procedure, they should also be advised to seek advice e.g. from their local advocacy provider in presenting their complaint.

Agreed communication plan, contact agreement or code of behaviour

It may sometimes be appropriate to try to manage or resolve matters by drawing up a signed agreement with the person, which sets out a code of behaviour for the parties involved, if the Trust is to continue communication or to process a complaint, for example:

- restricting contact to one or two individuals within the Trust and/or through a third party such as a local advocacy provider; or
- restricting the method of communication i.e. in writing only.

Final written notice

However, where the Trust has responded fully to the points raised by the person, or by the person whose issues they are representing, and has tried to resolve the issues, without success, and continuing contact on the matter would serve no useful purpose then the individual will be notified by the Chief Executive (or deputy) that: they have been classified as habitually demanding, repetitive or vexatious, in accordance with this procedure; contact with them is at an end; and further contact will not be answered.

Depending upon the circumstances, which may be unique in each case, ending contact in this way or trying to manage contact by one of the means set out above (such as an agreed communication plan) does not necessarily mean that an individual is being, or would be, denied medical treatment. However, the Trust may arrange for medical treatment to be through an alternative provider or may suggest an alternative provider, liaising, as may be appropriate, with an individual's referring GP or other primary care services or other services.

Withdrawing habitual or vexatious status

Where people have been classified as habitually demanding, repetitive or vexatious, there needs to be a mechanism for withdrawing this status if, for example, they submit a further complaint for which the normal complaints procedures would be appropriate. Where it appears to be appropriate to withdraw "habitually demanding, repetitive or vexatious" behaviour status, even if only for a specific duration or consideration of a specific matter, then the approval of the Chief Executive and relevant Director (or their deputies) will be required. Subject to this approval and any relevant terms, contact with the person will be resumed.

Freedom of Information Act 2000

Where a Freedom of Information Act request is made by a complainant or person who has been designated as habitually demanding, repetitive or vexatious, the Trust may, in assessing whether that individual request is a vexatious request, consider the habitually demanding, repetitive or vexatious complainants/behaviour if it considers this to be

relevant. In doing so, the Trust will also follow the Information Commissioner's guidance on vexatious requests.