



The Complaints Handling Procedure for Glasgow City Integration Joint Board

Part 1:

Introduction and overview

<i>Version</i>	<i>Description</i>	<i>Date</i>
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Foreword

Our Complaints Handling Procedure reflects the commitment of Glasgow City Integration Joint Board ('the IJB') to valuing complaints. It seeks to resolve any customer dissatisfaction with the work of the IJB as quickly as possible consistent with a thorough, impartial and fair investigations of complaints so that we can make evidence-based decisions.

Any examination and resolution of complaints will be considered within the overarching ethos of the IJB, which seeks to ensure that the City's people can flourish, with access to health and social care support when they need it. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives.

Our procedure is based on the model developed by the Scottish Public Services Ombudsman and includes a separate document for the public explaining in simple terms how complaints about the work of GCIJB may be submitted and how they will be handled. That document forms part 5 of the procedure. The other parts are intended for use by members of the IJB and the staff working within Glasgow City Health and Social Care Partnership ('the HSCP') who support the work of the IJB. In following a standardised model developed by the Ombudsman, our customers can be assured that we are pursuing those aims in line with recognised best practice.

This procedure applies only to complaints raised directly with or about the IJB in connection with the work of the IJB itself, that is to say: the decisions of the IJB; the measures it directs to be implemented to achieve strategic objectives; the execution of its planning and monitoring functions; its administrative processes including the organisation and conduct of meetings; behaviour of its members and the content of information it produces. Matters of front-line service delivery by the HSCP in terms of health and social care however fall under the complaints procedures of the Health Board and the Council and are not matters that may be dealt with under this procedure.

The Integration Joint Board will however continue to receive regular reports on all complaints activity and will ensure that our complaints handling procedures, including this one, work in a cohesive and comprehensive manner to enable us to address any and all concerns expressed to us about the work that we do. Handled well, complaints can both offer individual customers redress when things go wrong and also help us continuously improve the services delivered under our direction.

Because the IJB has no staff, any complaints about the IJB will be investigated and responded to on its behalf by relevant senior staff working within the HSCP acting under direction of the Chief Officer with the delegated authority of, and in consultation with, the Chair of the IJB.

Relevant staff within the HSCP should be familiar with this procedure and confident in dealing with any complaints they might receive that focus on the IJB rather than on health and social care services.

Susanne Millar

Chief Officer Glasgow City Health and Social Care Partnership



Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to staff working within the HSCP and those staff with specific responsibility for investigating complaints concerning the IJB how to handle those complaints. The CHP consists of:
 - Overview and structure (part 1) – this document
 - When to use the procedure (part 2) – guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply
 - The complaints handling process (part 3) – guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - Governance of the procedure (part 4) – staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints
 - The customer-facing CHP (part 5) – information for customers on how we handle complaints
2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the SPSO.

www.spsso.org.uk

Overview of the CHP

3. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.
4. We will try to resolve complaints to the satisfaction of the customer wherever this is possible. Where this isn't possible, we will give the customer a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
5. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the customer remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.

Stage 1: Frontline response	Stage 2: Investigation	Independent external review (SPSO or other)
<p>For issues that are straightforward and simple, requiring little or no investigation</p> <p>‘On-the-spot’ apology, explanation, or other action to put the matter right</p> <p>Complaint resolved or a response provided in five working days or less (unless there are exceptional circumstances)</p> <p>Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)</p> <p>We will tell the customer how to escalate their complaint to stage 2</p> 	<p>Where the customer is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'</p> <p>Complaint acknowledged within three working days</p> <p>We will contact the customer to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)</p> <p>Complaint resolved or a definitive response provided within 20 working days following a thorough investigation of the points raised</p> 	<p>Where the customer is not satisfied with the stage 2 response from the IJB</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the IJB</p>

6. For detailed guidance on the process, see Part 3: The complaints handling process.

Expected behaviours

7. We expect all IJB members and staff working within the HSCP to behave in a professional manner and treat customers with courtesy, respect and dignity. We also ask customers bringing a complaint to treat IJB members and staff with respect. We ask customers to engage actively with the complaint handling process by:
 - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
 - working with us to agree the key points of complaint when an investigation is required; and
 - responding to reasonable requests for information.
8. If these standards are not met, customers may be subject to one or more of the Unacceptable Actions Policy of the partner agencies within the HSCP – Glasgow City Council ('The Council') and NHS Greater Glasgow and Clyde ('the Health Board'). These may be found at: [Glasgow City Council UAP](#) and at Appendix 11 of: [NHSGGC Full Complaints Policy](#)
9. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The

circumstances leading to a complaint may also result in the customer acting in an unacceptable way.

10. Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards staff. We will, therefore, support the policies and procedures of the Council and the Health Board to protect their staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from customers. Where we, or they, decide to restrict access to a customer under the terms of this policy, the Council and Health Board have procedures in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with one or more of those bodies, the HSCP and the IJB.
11. If we decide to restrict a customer's contact, we will be careful to follow the processes set out by the Council and Health Board and to minimise any restrictions on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires manager approval. Where access to the complaint process is restricted, we must signpost the customer to the SPSO (see Part 3: Signposting to the SPSO).
12. The SPSO has [guidance on promoting positive behaviour and managing unacceptable actions](#).

Maintaining confidentiality and data protection

13. Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.
14. This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.
15. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information. The IJB's policy on handling personal data is set out in our privacy notice and this will apply to any complaint submitted concerning the IJB.

This can be found at: <https://glasgowcity.hscp.scot/publication/qciib-privacy-statement>

16. The ability to respond to a complaint may be limited by considerations of confidentiality, privacy or Data Protection in certain situations. For example where:
 - the complaint relates to the personal conduct of an IJB member
 - a decision by the IJB relates to particular set of service users of the HSCP who may be identifiable if particular information is disclosed in response to the complaint.



The Complaints Handling Procedure for Glasgow City Integration Joint Board

Part 2:

When to use this procedure

<i>Version</i>	<i>Description</i>	<i>Date</i>
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What is a complaint?

1. The IJB's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about the IJB's action or lack of action, or about the standard of service provided by, or on behalf of, the IJB.'
2. The use of the term 'service' in the above definition refers to the work carried out by the IJB on the public's behalf in planning and monitoring the delivery of Community Health and Social Care Services within Glasgow City. The actual health and social care services delivered by employees of Glasgow City Council ('the Council') and NHS Greater Glasgow and Clyde ('the Health Board') working within Glasgow City Health and Social Care Partnership ('the HSCP') are covered by separate complaints policies of respectively the Council and the Health Board. These policies may be found at: [GCC Complaint Policies](#) and [NHSGGC Complaints Policy](#)
3. For clarity, an employee of the Council or the Health Board may also complaint about the IJB as a member of the public.
4. A complaint under this procedure may relate to the following, but is not restricted to this list:
 - failure or refusal to execute the relevant planning and monitoring functions for which the IJB is the responsible body
 - inadequate quality or standard of delivery of those relevant planning and monitoring functions or failure to properly apply law, procedure or guidance when executing them

- dissatisfaction with one of the policies of the IJB or its impact on the individual or the community
- failure to follow the appropriate administrative process delivered by, or on behalf of, the IJB
- inadequate quality of information produced by, or on behalf of, the IJB
- conduct, treatment by, or attitude of, an IJB member may be dealt with under this procedure unless of a serious nature requiring the application of other procedures (see **Complaints about IJB Members**)
- disagreement with a decision of the IJB, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).

5. A complaint under this procedure **is not**:

- a routine first-time request for a service (see **Complaints and service requests**)
- a request for compensation only (see **Complaints and compensation claims**)
- issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
- disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
- a request for information under the Data Protection or Freedom of Information (Scotland) Acts or other enquiries seeking an explanation of IJB processes or decisions, including enquires and representations made by elected representatives on behalf of constituents
- a grievance by a staff member relating to employment or staff recruitment by either the Council or the Health Board
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
- abuse or unsubstantiated allegations about the IJB where such actions would be covered by the Unacceptable Actions Policy of the Council or the Health Board
- a complaint about delivery of health and social care services by the Council and the Health Board, its employees or any services commissioned by them.
- a concern about a child or adult's safety, which should be redirected to the Social Care Direct service of the HSCP
- a concern or complaint about the actions or services of a different organisation than the IJB.

6. We will not treat these issues as complaints for the IJB, and will instead direct customers to use the appropriate procedures, including the complaints procedure of the Council and Health Board. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.

If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the customer, and tell them what (if any) action we will take, and why. See **What if the CHP does not apply**.

Who can make a complaint?

7. Anyone who is affected by the work and decisions of the IJB can make a complaint. In this procedure these people are termed 'customers', regardless of whether they are or were using a service provided by the HSCP.
8. We also accept complaints from the representative of a person who is dissatisfied with the IJB's work and decisions. See **Complaints by (or about) a third party**.

Supporting the customer

9. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.
10. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:
 - the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
 - the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.
11. Examples of how we will meet our legal duties are set out in our participation and engagement strategy which can be found at: [GCIJB Participation and Engagement](#) . The principles set out at section 8 of that strategy extend to representation made via complaints. All necessary measures will be taken to remove barriers to complaint arising from protected characteristics, including facilitating access to translation, interpretation and advocacy services where required.

How complaints may be made

12. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
13. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised.
14. Complaint issues may also be raised on **digital platforms** (including **social media**).
15. Where a complaint issue is raised via a digital channel managed and controlled by, or on behalf of, the IJB (for example an official twitter address or Facebook page), we will explain that we do not take complaints on social media, but we will tell the person how they can complain.
16. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a YouTube video or post on a private Facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.
17. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See **Part 1: Maintaining confidentiality and data protection**.

Time limit for making complaints

18. The customer must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
19. Where a customer has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:
 - within six months of when they first knew of the problem; or
 - within two months of receiving their stage 1 response (if this is later).
20. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.
21. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

Particular circumstances

Complaints by (or about) a third party

22. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.
23. The provision of a signed mandate from the customer will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the customer to deal with a third party and would normally follow up in writing to confirm this.
24. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response. Situations in which this occurs will be limited, as the IJB does not typically deal with personal data about individuals in receipt of services from the HSCP. However a person may advance details about an individual's circumstances when making a complaint, for example detailing how an individual has been impacted by a decision of the IJB. The processing of that information, contained within the complaint, will itself be personal data if shared with the chair or other members of the IJB.
25. See also **Part 1: Maintaining confidentiality and data protection.**

Serious, high-risk or high-profile complaints

26. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need direct input of the Chief Officer or IJB Chair. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see **Part 3: Stage 2: Investigation**).
27. We define potential high-risk or high-profile complaints as those that may:
- relate to an IJB decision having significant impact on the community we serve
 - generate significant and/or ongoing press interest
 - highlight a potentially serious failing in the decision making or monitoring functions of the IJB
 - highlight potentially serious inaccuracies in information produced by the IJB
 - highlight potential breach of legislation by the IJB
 - present issues of a highly sensitive nature, for example concerning:
 - the alleged behaviours of IJB members
 - major financial issues

Anonymous complaints

28. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by the complaints manager.
29. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
30. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be other relevant procedures.

What if the customer does not want to complain?

31. If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.
32. If the customer insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

Complaints involving more than one area or organisation

33. If a customer complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.

34. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the IJB through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection. See **Part 1: Maintaining confidentiality and data protection**.
35. Such complaints may include Complaints that are both about a decision of the IJB and the delivery of services related to that decision by one or more of the Council or Health Board.

Complaints about contracted services

36. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet the IJB's standard (including in relation to complaints). We will either do so by:
- ensuring the contractor complies with this procedure; or
 - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer is signposted to the SPSO.
37. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
38. The IJB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about IJB members

39. Complaints about the personal conduct of IJB Members can be difficult to handle, as there may be a conflict of interest for any staff investigating the complaint. When serious complaints are raised, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.
40. Complaints about the personal conduct of non-voting professional IJB members or staff representatives who are employees of either the Council or the Health Board will be investigated under the relevant HR processes of the relevant employer.
41. Complaints about the personal conduct of IJB members who are (a) Elected Members of the Council, (b) Appointees of the Health Board or (c) Appointed non-voting stakeholder representatives (other than staff representatives who are covered by paragraph 43 above) will not be dealt with under this complaint procedure but rather under the processes applying as set out in the standing order and codes of conduct applying to the IJB: [IJB Standing Orders and Code of Conduct](#) . These documents set out the relevant processes for removal, disqualification and sanction of IJB members on grounds relating to conduct issues.

Complaints and other processes

42. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

43. If a customer asks the IJB to do something that comes within the scope of its role (for example, make a particular decision that would impact on health and social care services delivered within Glasgow), even in terms expressing dissatisfaction with the extent or nature of existing services, then this would be a request for the IJB to take action and not a complaint.
44. Any complaint about the quality or quantity of existing services would be matters to be considered within the relevant complaints procedure of either the Council or Health Board. Similarly any request for a service to an individual would be a matter to be progressed by staff working within the HSCP, either through the allocated team for existing customers or through Social Care Direct for new customers. Customers making complaints or requests relating to existing services should therefore be directed to those relevant processes.
45. Any person requesting the IJB to take action or seeking to influence its decisions should be referred to the mechanisms set out in the participation and engagement strategy and the work of the IJB Public Engagement Committee: <https://glasgowcity.hscp.scot/get-involved>

Complaints and disciplinary or whistleblowing processes

46. If the issues raised in a complaint to the IJB overlap with issues raised under a disciplinary or whistleblowing process of the Council or Health Board, we still need to respond to the complaint.
47. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether the IJB failed to meet relevant standards related to the discharge of our functions and what we have done to improve things, in general terms.
48. Staff investigating such complaints will need to take extra care to ensure that:
- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. In such cases SPSO will be directed to contact the Council or Health Board as relevant data controllers for any confidential information relating to staff working within the HSCP that SPSO might deem relevant to their investigation.
49. The SPSO's report [Making complaints work for everyone](#) has more information on supporting staff who are the subject of complaints.

Complaints and compensation claims

50. Where a customer is seeking financial compensation only, this is not a complaint. However, in some cases the customer may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

- 51. Where a customer says that legal action is being actively pursued, this is not a complaint.
- 52. Where a customer indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints manager and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.
- 53. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

What to do if the CHP does not apply

- 54. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
- 55. Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to refer the matter to the Council or Health Board for action under take action under the relevant Unacceptable Actions Policies.
- 56. The types of matters that are or are not to be regarded as complaints are set out under paragraphs 4 and 5 of this part of the CHP. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).



The Complaints Handling Procedure for Glasgow City Integration Joint Board

Part 3:

The complaints handling process

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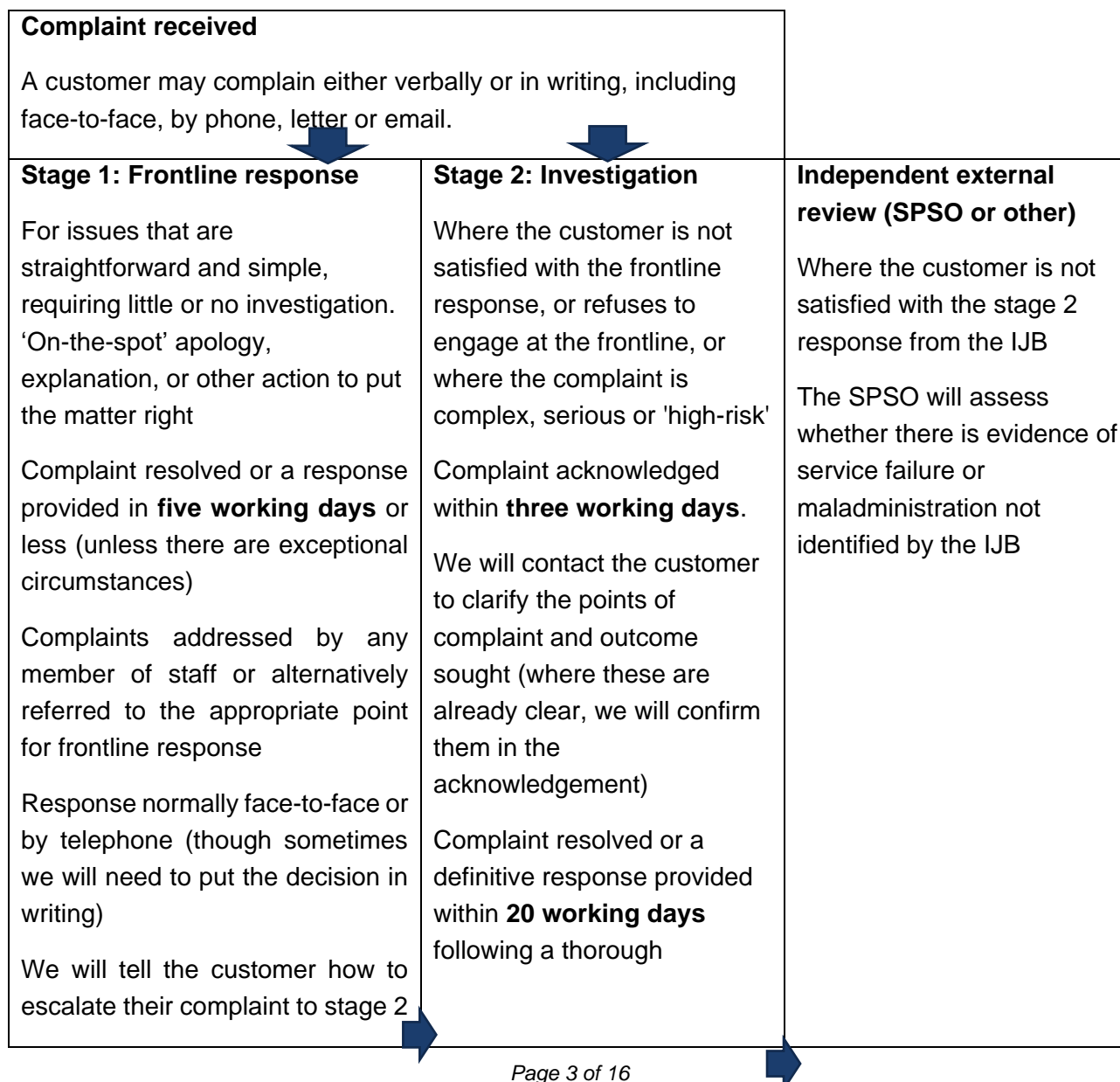


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The complaints handling process

1. This is the Complaints Handling Procedure (CHP) of Glasgow City Integration Joint Board ('the IJB'). Our Complaints Handling Procedure aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will **resolve** the complaint to the customer's satisfaction. Where this is not possible, we will give the customer a clear and reasoned response to their complaint.
2. References to 'staff' in this document refer to employees of Glasgow City Council ('the Council') or NHS Greater Glasgow and Clyde ('the Health Board') working within Glasgow City Health and Social Care Partnership ('the HSCP'). Members of the IJB are referred to as 'IJB members'.
3. References to 'IJB Services' in this document refers to the work carried out by the IJB on the public's behalf in planning and monitoring the delivery of Community Health and Social Care Services within Glasgow City. The health and social care services delivered directly to customers by staff working within the HSCP are covered by separate complaints policies of respectively the Council and the Health Board. These policies may be found at: [GCC Complaints Policies](#) and [NHSGGC Complaints Policy](#)



	investigation of the points raised	
<p>Resolution</p> <p>The complainant and organisation agree what action will be taken to resolve the complaint.</p> <p>Where a complaint is resolved, it is not usually necessary to continue investigating, although an organisation may choose to do so, for example to identify learning.</p> <p>We must signpost the customer to stage 2 (for stage 1 complaints) or to the SPSO as usual.</p>		
<p>Reporting, recording and learning</p> <p>Action is taken to improve services on the basis of complaint findings, where appropriate.</p> <p>We record details of all complaints, the outcome and any action taken, and use this data to analyse themes and trends.</p> <p>Senior management have an active interest in complaints and use complaints data and analysis to improve services.</p> <p>Learning is shared throughout the organisation.</p>		

Resolving the complaint

4. A complaint is **resolved** when both the IJB and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.
5. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
6. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
7. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See **Alternative complaint resolution approaches**.
8. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's agreement to this as a final outcome. In some cases it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
9. In all cases, we must record the complaint outcome (resolved) and any action taken and signpost the customer to stage 2 (for stage 1 complaints) or to the SPSO as usual (see **Signposting to the SPSO**).

10. If the customer and the IJB are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

11. IJB members, or staff working in the HSCP, receiving a complaint about the IJB should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

What exactly is the customer's complaint (or complaints)?

12. It is important to be clear about exactly what the customer is complaining about. We may need to ask the customer for more information and probe further to get a full understanding.
13. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
14. If the matter is not suitable for handling as a complaint, we will explain this to the customer (and signpost them to SPSO). There is detailed guidance on this step in **Part 2: When to use this procedure**.
15. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see **Stage 2: Investigation**).

What does the customer want to achieve by complaining?

16. At the outset, we will clarify the outcome the customer wants. Of course, the customer may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

Can I achieve this, or explain why not?

17. If a staff or IJB member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
18. The customer may expect more than we can provide. If so, we will tell them as soon as possible.
19. Complaints which can be resolved or responded to quickly should be managed at stage 1 (see **Stage 1: Frontline response**).

If I cannot respond, who can help?

20. If the complaint is simple and straightforward, but the staff or IJB member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.

- If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the customer refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See **Stage 2: Investigation**.
- If a member of staff working within the HSCP receives a complaint about the functions, decisions or members of the IJB, is satisfied that this is a genuine complaint about the IJB itself, rather than services delivered within the HSCP, and that it cannot be simply resolved by providing a suitable explanation to the customer, then they should pass that complaint to: The Complaints, FOI and Investigations Team based at Glasgow City Health and Social Care Partnership, Commonwealth House, 32 Albion Street, Glasgow G1 1LH, email SWComplaints@glasgow.gov.uk

Stage 1: Frontline response

21. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
22. Any staff or IJB member may deal with complaints at this stage (including the IJB member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
23. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).
24. Complaints which are not suitable for frontline response should be identified early, and handled immediately at **stage 2: investigation**.

Notifying IJB members involved

25. If the complaint is about the actions of an IJB member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

Timelines

26. Frontline response must be completed within **five working days**, although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received on a weekend or public holiday).

Extension to the timeline

27. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of an IJB member). Extensions must be agreed with an appropriate manager. We will tell the customer about the reasons for the extension, and when

they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).

28. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of an IJB member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
29. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.
30. **Appendix 1** provides further information on timelines.

Closing the complaint at the frontline response stage

31. If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:
- tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)
 - explain the reasons for our decision (or the agreed action taken to resolve the complaint (see **Resolving the complaint**)); and
 - explain that the customer can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer has completed stage 2).
32. We will keep a full and accurate record of the decision given to the customer. If we are not able to contact the customer by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.
33. If the complaint is about the actions of a particular IJB member, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
34. The complaint should then be closed and the complaints system updated accordingly.
35. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See **Part 4: Learning from complaints**.

Stage 2: Investigation

36. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later (see **Part 2: Time limits for making a complaint**)

- the complaint is not simple and straightforward (for example where the customer has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
- the complaint relates to serious, high-risk or high-profile issues (see **Part 2: Serious, high-risk or high-profile complaints**).

37. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a manager in the Complaints, FOI and Investigations Team of the HSCP).
38. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
39. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see **Alternative complaint resolution approaches**).

Acknowledging the complaint

40. Complaints must be acknowledged within three working days of receipt at stage 2.
41. We must issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.
42. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree. See **Agreeing the points of complaint and outcome sought**.
43. Where the points of complaint and expected outcomes are not clear, we must tell the customer we will contact them to discuss this.

Agreeing the points of complaint and outcome sought

44. It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.
45. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint (see **Acknowledging the complaint**).
46. Where the points of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.
47. In all cases, we must have a clear shared understanding of:
- **What are the points of complaint to be investigated?**

While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.

We will make every effort to agree the points of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the customer insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with the policies of the Council and Health Board on the management of unacceptable actions, bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.

- **Is there anything we can't consider under the CHP?**

We must explain if there are any points that are not suitable for handling under the CHP (see **Part 2: What to do if the CHP does not apply**).

- **What outcome does the customer want to achieve by complaining?**

Asking what outcome the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.

- **Are the customer's expectations realistic and achievable?**

It may be that the customer expects more than we can provide, or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible.

Notifying IJB members involved

48. If the complaint is about the actions of a particular IJB member or members, we will notify the IJB member/s involved (including where the IJB member is not named, but can be identified from the complaint). We will:

- share the complaint information with the IJB member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the IJB member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

49. If it is likely that the disciplinary processes or the Council or Health Board or the IJB Standing Orders and Codes of Conduct may be involved, the requirements of that process should also be met. See also **Part 2: Complaints and disciplinary or whistleblowing processes**.

Investigating the complaint

50. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:
- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of IJB members or internal emails)
 - what should have happened? (this should include any relevant policies or procedures that apply); and
 - is there a difference between what happened and what should have happened, and is the IJB responsible?
51. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former staff or IJB member, if possible, where they hold key information about a serious complaint).
52. If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation. See **Part 1: Maintaining confidentiality and data protection**.
53. The SPSO has resources for conducting investigations, including:
- [Investigation plan template](#)
 - [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

54. Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.
55. Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome.
56. The SPSO has [guidance on alternative complaint resolution approaches](#).
57. If the IJB and the customer (and any IJB members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.

Meeting with the customer during the investigation

58. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever

possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.

59. As a matter of good practice, a written record of the meeting should be completed and provided to the customer. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.

Timelines

60. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint was received on a weekend or public holiday):

- complaints must be acknowledged within **three working days**
- a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

Extension to the timeline

61. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the customer about timeframes, and to advise them early if we think it will not be possible to meet the 20 day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the customer.

62. Any extension must be approved by an appropriate manager. We will keep the customer and any IJB member/s complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any IJB member/s complained about at least once every 20 working days to update them on the progress of the investigation.

63. The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, IJB members, customers or others but the person is not available because of long-term sickness or leave
- we cannot obtain further essential information within normal timescales; or
- the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

64. **Appendix 1** provides further information on timelines.

Closing the complaint at the investigation stage

65. The response to the complaint should be in writing (or by the customer's preferred method of contact) and must be signed off by a manager or officer who is empowered to provide the final response on behalf of the IJB. This will usually be either the Chief Officer of the HSCP, Chief

Officer Finance and Resources or a relevant senior staff member within the HSCP acting with the delegated authority of those individuals.

66. We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:
- be clear and easy to understand, written in a way that is person-centred and non-confrontational
 - avoid technical terms, but where these must be used, an explanation of the term should be provided
 - address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - include an apology where things have gone wrong (this is different to an expression of empathy: see [the SPSO's guidance on apology](#))
 - highlight any area of disagreement and explain why no further action can be taken
 - indicate that a named member of staff is available to clarify any aspect of the letter; and
 - indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO (see **Signposting to the SPSO**).
67. Where a complaint has been **resolved**, the response does not need to provide a decision on all points of complaint, but should instead confirm the resolution agreed. See **Resolving the complaint**.
68. If the complaint is about the actions of a particular IJB member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
69. We will record the decision, and details of how it was communicated to the customer, on the complaints system.
70. The SPSO has guidance on responding to a complaint:
- [Template decision letter](#)
 - [Apology guidance](#)
71. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See **Part 4: Learning from complaints**.

Signposting to the SPSO

72. Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:
- their right to ask the SPSO to consider the complaint
 - the time limit for doing so; and
 - how to contact the SPSO.

73. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.
74. The SPSO recommends that we use the wording below to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on the IJB's final response to the complaint.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the IJB. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from the IJB, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the IJB's Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at www.spsso.org.uk/complain or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact www.spsso.org.uk/contact-us

Website: www.spsso.org.uk

Post-closure contact

75. If a customer contacts us for clarification when they have received our final response, we may have further discussion with the customer to clarify our response and answer their questions. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

Appendix 1 - Timelines

General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

Timelines at frontline response (stage 1)

2. We will aim to achieve frontline response within five working days. The date of receipt is **day one**, and the response should be provided (or the complaint escalated) on **day five**, at the latest.
3. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on **day ten**, at the latest.

Transferring cases from frontline response to investigation

4. If the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.

Timelines at investigation (stage 2)

5. For complaints at the investigation stage, **day one** is:
 - the day the case is transferred from the frontline stage to the investigation stage
 - the day the customer asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
 - the date we receive the complaint, if it is handled immediately at stage 2.

6. We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by **day three**.
7. We should respond in full to the complaint by **day 20**, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
8. Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the customer, and update them (and any staff involved) at least once every 20 working days.

Frequently asked questions

What happens if an extension is granted at stage 1, but then the complaint is escalated?

9. The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).

What happens if we cannot meet an extended timeframe?

10. If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.
11. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.

What happens when a customer asks for stage 2 consideration a long time after receiving a frontline response?

12. Unless exceptional circumstances exist, customers should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest). See **Part 2: Time limits for making a complaint**.

Appendix 2 – The complaint handling process (flowchart for staff)

<p>A customer may complain verbally or in writing, including face-to-face, by phone, letter or email.</p> <p>Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation).</p>	
<p>Stage 1: Frontline response</p> <p>Always try to respond quickly, wherever we can</p>	<p>Stage 2: Investigation</p> <p>Investigate where:</p> <ul style="list-style-type: none"> The customer is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1 It is clear that the complaint requires investigation from the outset
Record the complaint and notify any staff complained about	<p>Record the complaint and notify any staff complained about</p> <p>Acknowledge the complaint within three working days</p>
	<p>Contact the complainant to agree:</p> <ul style="list-style-type: none"> Points of complaint Outcome sought Manage expectations (where required) <p><i>(these can be confirmed in the acknowledgement where the complaint is straightforward)</i></p>
Respond to the complaint within five working days unless there are exceptional circumstances	Respond to the complaint as soon as possible, but within 20 working days unless there is a clear reason for extending the timescale
<p>Is the customer satisfied?</p> <p>You must always tell the customer how to escalate to stage 2</p>	<p>Communicate the decision, normally in writing</p> <p>Signpost the customer to SPSO and advise of time limits</p>
<p>(Yes) Record outcome and learning, and close complaint.</p> <p>(No) -> to stage 2</p>	Record outcome and learning, and close complaint
<p>Follow up on agreed actions flowing from the complaint</p> <p>Share any learning points</p>	



The Complaints Handling Procedure for Glasgow City Integration Joint Board

Part 4: Governance

<i>Version</i>	<i>Description</i>	<i>Date</i>
1	Final Version Approved by GCIJB	May 2021



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Roles and responsibilities

- All IJB members and relevant staff within the HSCP** will be aware of:
 - the Complaints Handling Procedure (CHP)
 - how to handle and record complaints at the frontline response stage
 - who they can refer a complaint to, in case they are not able to handle the matter
 - the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - their clear authority to attempt to resolve any complaints they may be called upon to deal with.
- Training on this procedure will be part of the induction process for all new IJB members. Refresher training will be provided for current IJB members as required.
- The Chair of the IJB** will ensure that:
 - the IJB maintains overall responsibility and accountability for the management and governance of complaints concerning its own functions
 - the IJB has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of individual complaint handling)
 - mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported to the IJB
 - complaints information is used to improve the execution by the IJB of its functions, and this is evident from publication of complaints information about the IJB
 - the final position on any given complaint about the IJB is signed off by a professional IJB member in order to provide assurance that this is the definitive response of the IJB and that the complainant's concerns have been taken seriously
- The Chief Officer GCHSCP / Chief Officer Finance and Resources:** As per the Public Bodies (Joint Working) Act and as specified within the Integration Scheme, the Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the IJB. In

line with this, overall responsibility and accountability for the management of complaints process therefore lies with the Chief Officer. Any response to a complaint about the IJB under these procedures must be signed off by the Chief Officer confirming that it is the final response of the IJB. If the Chief Officer is unavailable then this responsibility may be exercised on behalf of the Chief Officer and the IJB by the Chief Officer Finance and Resources. In the absence of both of these officers, or as directed by them with their delegated authority, this function may be executed by members of the executive Leadership or senior management teams of the HSCP.

5. Those officers will also jointly have the responsibility of liaising with the IJB Chair and other IJB members in terms of gathering views and evidence relevant to the complaint should that be required in order to respond to any complaint within the terms of this procedure. The Chief Officer Finance and Resources will ensure regular reporting to GCIJB of complaints received under this procedure, their disposition, outcome and compliance with procedure.

6. **Complaints investigator:** Complaints about the IJB will be investigated by the Principal Officer for the Complaints, FOI and Investigations Team (CFIT) of the HSCP. The complaints investigator will liaise with the Chief Officer, if requiring to gather evidence from IJB members. The complaints investigator will ensure that complaints are recorded and relevant records kept of any investigation in line with the requirements set out under paragraph 13 below (**Recording complaints**).
7. The complaints investigator will prepare a response for review and approval by the Chief Officer, Chief Officer Finance and Resources or relevant senior management exercising delegated authority. Upon conclusion of any complaint the Complaints Investigator will formally document and required change in process or improvement arising from the complaint investigation.
8. **SPSO liaison officer:** The Business Development Manager having responsibility for line management of the Principal Officer (CFIT) will act as SPSO liaison officer. That person will provide complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy or other relevant aspects of complaint on behalf of the IJB and Chief Officer in response to SPSO enquiries. The liaison officer will also ensure the implementation of any recommendations arising from SPSO decisions and provide SPSO with evidenced verification of the implementation of any relevant recommendations.
9. The Business Development Manager will act as Complaints Investigator in the absence of the Principal Officer (CFIT). Responsibility for complaints investigation in respect of any complaint about the IJB will not be delegated below the level of Principal Officer.
10. **Business Development Governance Team:** The governance team will be responsible for ensuring that information relating to the IJB complaints procedure is available to the public via appropriate routes, that the IJB complaints procedure is included within the induction or training of IJB member and that reports on complaints activity, outcomes and service improvement are submitted to the IJB in a form and at a frequency directed by the IJB. Responsibility for preparing those reports will lie with the complaints investigator and/or SPSO liaison officer.

Recording, reporting, learning from and publicising complaints

11. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve the service provided by the IJB to the public. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
12. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

Recording complaints

13. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
 - the customer's name and contact details
 - the date the complaint was received
 - the nature of the complaint
 - the aspect of IJB functions the complaint refers to

- staff member responsible for handling the complaint
 - action taken and outcome at frontline response stage
 - date the complaint was closed at the frontline response stage
 - date the investigation stage was initiated (if applicable)
 - action taken and outcome at investigation stage (if applicable)
 - date the complaint was closed at the investigation stage (if applicable); and
 - the underlying cause of the complaint and any remedial action taken.
 - the outcome of the SPSO's investigation (where applicable).
14. If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
15. Individual complaint files will be stored in line with the IJB Records Management Plan and Privacy Notice.

Learning from complaints

16. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
 - take action to reduce the risk of recurrence; and
 - systematically review complaints performance reports to improve service delivery.
17. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
18. Where we have identified the need for service improvement in terms of the functions and administration of the IJB in response to an individual complaint, we will take appropriate action.
- Relevant improvement actions will be identified by the Chief Officer and reported to the IJB with a proposed target for implementation
 - The IJB will be asked to consider and approve relevant actions
 - The Chief Officer will appoint a relevant member of staff from within the HSCP to ensure the action is implemented if approved by the IJB and report those improvements to the IJB once implemented.
19. SPSO has guidance on **Learning from complaints**.
20. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

Reporting of complaints

21. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
22. We will report complaints regarding the IJB to the IJB on a quarterly basis in any quarter in which complaints have arisen. The information reported will include:
 - performance statistics around the management of the complaints themselves, in line with the complaints performance indicators published by SPSO
 - analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

Publicising complaints information

23. Any complaints regarding the IJB will be published in a summary anonymised form on the IJB website together with outcomes and actions taken to improve services. These will be published as soon as possible after conclusion of the complaint and/or on a quarterly basis should more than one complaint be received in any given quarterly period.
24. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.
25. We will publish an **annual** complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
 - performance statistics, in line with the complaints performance indicators published by the SPSO; and
 - complaint trends and the actions that have been or will be taken to improve services as a result.
26. These reports must be easily accessible to members of the public and available in alternative formats as requested.