



EDINBURGH INTEGRATION JOINT BOARD COMPLAINTS HANDLING PROCEDURE

Foreword

The Edinburgh Integration Joint Board (EIJB) Complaints Handling Procedure (CHP) reflects our commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial, and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by the Scottish Public Services Ombudsman (SPSO) in consultation with relevant stakeholders. The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors.

This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as possible, we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler, and more streamlined complaints handling with local, early responses by capable, well trained staff.

The EIJB and staff who support the EIJB must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our CHP will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong and can also help us continuously improve our services.

Handling complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The CHP will help us do our job better, improve relationships with our customers and enhance public perception of the EIJB. It will help us keep the customer at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.



COMPLAINTS HANDLING PROCEDURE PART 1: OVERVIEW

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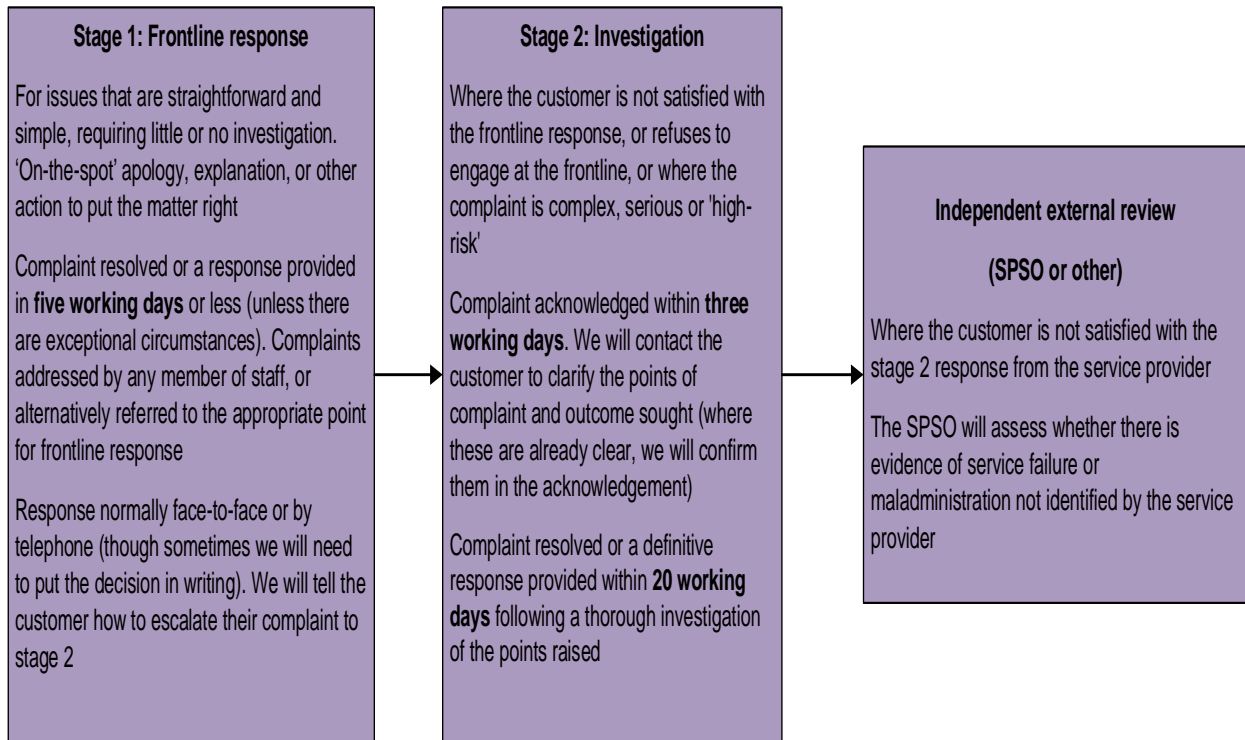
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Structure of the Complaints Handling Procedure (CHP)

1. The CHP explains to staff how to handle complaints. The CHP consists of:
 - a. Overview and structure
 - b. When to use the procedure - 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
 - c. The complaints handling process - guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - d. Governance of the procedure - staff roles and responsibilities and guidance on recording, reporting, publicising, and learning from complaints
 - e. 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 Complaints Handling Procedure

3. Anyone can make a complaint, either verbally or in writing, including face to-face, by phone, letter, or email. We will try to resolve complaints to the satisfaction of the customer wherever this is possible.
4. Where this is not 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 most 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.



6. For detailed guidance on the process, [see the complaints handling process](#).

Expected Behaviours

7. We expect all staff to behave in a professional manner and treat customers with courtesy, respect, and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaint handling process by:
- a. 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)
 - b. working with us to agree the key points of complaint when an investigation is required; and
 - c. responding to reasonable requests for information.
8. We will work with NHS Lothian and the City of Edinburgh Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats, or offensive behaviour.
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 our staff.
11. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats, or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of our policy, we have a procedure in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us.
12. If we decide to restrict a customer's contact, we will be careful to follow the process set out in our policy 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.
13. Our policy allows us in limited circumstances to restrict access to the complaint process entirely. This would be used 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. The SPSO has guidance on promoting positive behaviour and managing unacceptable actions.

Maintaining confidentiality and data protection

14. 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.
15. 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.
16. 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.

17. Some responses to complaints may be limited by confidentiality, such as:
 - a. where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
 - b. where someone has raised a concern about a child or an adult’s safety and is unhappy about how that has been dealt with – we would investigate this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.



COMPLAINTS HANDLING PROCEDURE PART 2: WHEN TO USE THIS PROCEDURE

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What is a complaint

1. The EIJB's definition of a complaint is:

'an expression of dissatisfaction by one or more members of the public about the EIJB's action or lack of action, or about the standard of service the EIJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'
2. A complaint may relate to the following, but is not restricted to this list:
 - a. failure or refusal to provide a service
 - b. inadequate quality or standard of service, or an unreasonable delay in providing a service
 - c. dissatisfaction with one of our policies or its impact on the individual
 - d. failure to properly apply law, procedure or guidance when delivering services
 - e. failure to follow the appropriate administrative process
 - f. conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: ([see Complaints about contracted services](#))); or
 - g. disagreement with a decision, (except where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
3. This procedure deals with complaints arising from:
 - a. EIJB policies
 - b. EIJB decisions
 - c. The administrative or decision-making process followed by the EIJB in coming to a decision
4. Appendix A provides a range of examples of complaints we may receive, and how these may be handled.
5. A complaint is **not**:
 - a. a routine first-time request for a service
 - b. a request for compensation only
 - c. issues that are in court or have already been heard by a court or a tribunal (see
 - d. 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
 - e. a request for information under the Data Protection or Freedom of Information (Scotland) Act

- f. a grievance by a staff member or a grievance relating to employment or staff recruitment
 - g. a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - h. a concern about a child or an adult's safety
 - i. an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
 - j. abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our [Unacceptable Actions Policy or equivalent]; or
 - k. a concern about the actions or service of a different organisation, where we are not involved in the issue (except where the other organisation is delivering services on our behalf ([see complaints about contracted services](#))).
6. Appendix B gives more examples of 'what is not a complaint' and how to direct customers appropriately.
 7. We will not treat these issues as complaints and will instead direct customers to use the appropriate procedures. 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.
 8. 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](#)).

Complaints not relating to the EIJB

9. If a complaint is in relation to **Health Services** including:

<ul style="list-style-type: none"> • Delays in care and / or treatment • A failure to provide a service • Environmental or domestic issues • Dissatisfaction with our policy 	<ul style="list-style-type: none"> • An inadequate standard of service • A lack of information and clarity about appointments • Difficulty in making contact for appointments or queries • Operational and procedural issues 	<ul style="list-style-type: none"> • Treatment by or attitude of a member of staff • Scheduled or unscheduled ambulance care • Transport concerns, either to, from or within the healthcare environment • Our failure to follow appropriate processes
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10. Customers should be directed to the Patient Experience Team:
NHS Lothian
2-4 Waterloo Place
Edinburgh, EH1 3EG
0131 536 337 / feedback@nhslothian.scot.nhs.uk

11. If a complaint relates to **adult social care services**, it should be directed to the relevant case officer in the first instance or alternatively to:

Using the online form @ <https://www.edinburghhsc.scot/contact-us/>
Emailing EHSCP@edinburgh.gov.uk
Calling 0131 529 4050
Or in writing, addressed to the Chief Officer, Level 2, Waverley Court, 4 East Market Street, Edinburgh, EH8 8BG

Who can make a complaint?

12. Anyone who receives, requests, or is affected by our services can make a complaint. In this procedure these people are termed 'customers', regardless of whether they are or were using a service.

13. We also accept complaints from the representative of a person who is dissatisfied with our service ([see complaints by \(or about\) a third party](#)).

Supporting the customer

14. All members of the community have the right to equal access to our complaint's 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.

15. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:
 - a. 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
 - b. 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.

16. Examples of how we will meet our legal duties include:
 - a. proactively checking whether members of the public who contact us require additional support to access our services
 - b. providing interpretation and/or translation services for British Sign Language users; and
 - c. helping customers access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).

17. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:
 - a. helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)
 - b. helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland); and
 - c. providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).

18. These lists are not exhaustive, and we must always consider our commitment and responsibilities to equality and accessibility.

How complaints may be made

19. Complaints may be made verbally or in writing, including face-to-face, by phone, letter, or email. Where a complaint is made verbally, we will make a record of the key points of complaint raised. Where a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the customer's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.

20. Complaint issues may also be raised on digital platforms (including social media). Where a complaint issue is raised via a digital channel managed and controlled by the EIJB (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.

21. 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 it is appropriate by telling the person how they can complain.

22. We must always be mindful of our data protection obligations when responding to issued online or in a public forum ([see maintaining confidentiality and data protection](#)).

Time limit for making complaints

23. 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).
24. 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:
 - a. within six months of when they first knew of the problem; or
 - b. within two months of receiving their stage 1 response (if this is later).
25. We will apply these time limits with discretion, considering 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.
26. 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).

Complaints by (or about) a third party

27. 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.

28. 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.
29. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, 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 ([see also maintaining confidentiality and data protection](#)).

Serious high-risk or high-profile complaints

30. 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 senior management's direct input. Serious, high-risk, or high-profile complaints should normally be handled immediately at stage 2 ([see Stage 2: Investigation](#)).
31. We define potential high-risk or high-profile complaints as those that may:
 - a. involve a death or terminal illness
 - b. involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - c. generate significant and ongoing press interest
 - d. pose a serious risk to an organisation's operations
 - e. present issues of an extremely sensitive nature, for example concerning:
 - i. a particularly vulnerable person, or
 - ii. child protection.

Anonymous complaints

32. 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 an appropriate manager.
33. 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.

34. 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 relevant child protection, adult protection, or disciplinary procedures.

What if the customer does not want to complain?

35. 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.
36. 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 investigate the matter to remedy this (and record any outcome).

Complaints involving more than one area or organisation

37. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint and explain that they will get only one response covering all issues raised.
38. 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.
39. 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 through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection ([see maintaining confidentiality and data protection](#)).

Complaints about contracted services

40. 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 EIJB's standard (including in relation to complaints). We will either do so by:

- a. ensuring the contractor complies with this procedure; or
 - b. 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.
41. 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.
 42. The EIJB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

43. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, 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.

Complaints and other processes

44. 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

45. If a customer asks the EIJB to do something (for example, provide a service or deal with a problem), and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.
46. Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

47. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.

48. 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 EIJB failed to meet our expected standards and what we have done to improve things, in general terms.
49. Staff investigating such complaints will need to take extra care to ensure that:
 - a. we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
 - b. all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
 - c. 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. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).
50. 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

51. 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

52. Where a customer says that legal action is being actively pursued, this is not a complaint.
53. 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 handler and/or the Chief Officer 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.
54. 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

55. 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.
56. 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. The SPSO has issued a template letter for explaining when the CHP does not apply.

Appendix A – Complaints

In the following table organisations should give organisational specific examples of complaints that may be considered at the frontline stage and suggest possible actions.

Complaint	Possible Action
Failure to keep a scheduled programme of meetings or an appointment	Issue an apology and explanation of the reasons why
Failure to issue an official reply within service standard timescales	Issue an interim reply and offer an apology and explanation of the reasons why
Rude or unhelpful behaviour	Issue an apology and attempt to resolve initial request
Poor service or service failure	Issue an apology and advise of remedial steps which can be implemented
The customer expresses dissatisfaction in line with the definition of a complaint but says she does not want to complain – just wants to tell us about the matter.	Tell the customer that we value complaints because they help to improve services. Encourage them to submit the complaint. In terms of improving service delivery and learning from mistakes, it is important that customer feedback, such as this, is recorded, evaluated, and acted upon. Therefore, if the customer still insists that they do not want to complain, record the matter as an anonymous complaint. This will avoid breaching the CHP. Reassure the customer that they will not be contacted again about the matter.

Appendix B – What is not a complaint?

A concern may not necessarily be a complaint. For example, a customer might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively, and the customer has to keep on asking for service.

A customer may also be concerned about a decision made by the organisation. These decisions may have their own specific review or appeal procedures, and, where appropriate, customers must be directed to the relevant procedure.

Example 1: Complaints about the delivery of health and social care services by staff employed by partner agencies of Edinburgh Health and Social Care Partnership

Example 2: Complaints about services or policies of another statutory body, agency, or public service provider, where the EIJB has no involvement in these

Example 3: Enquiries seeking an explanation of the EIJB processes or decisions, including enquires and other representations made by elected representatives on behalf of constituents

Example 4: Complaints about EIJB members as these may fall within the remit of the Code of Conduct and/or respective organisational procedures

Example 5: A request made to the IJB for it to act

Example 6: Freedom of Information or Environmental Information request decisions.



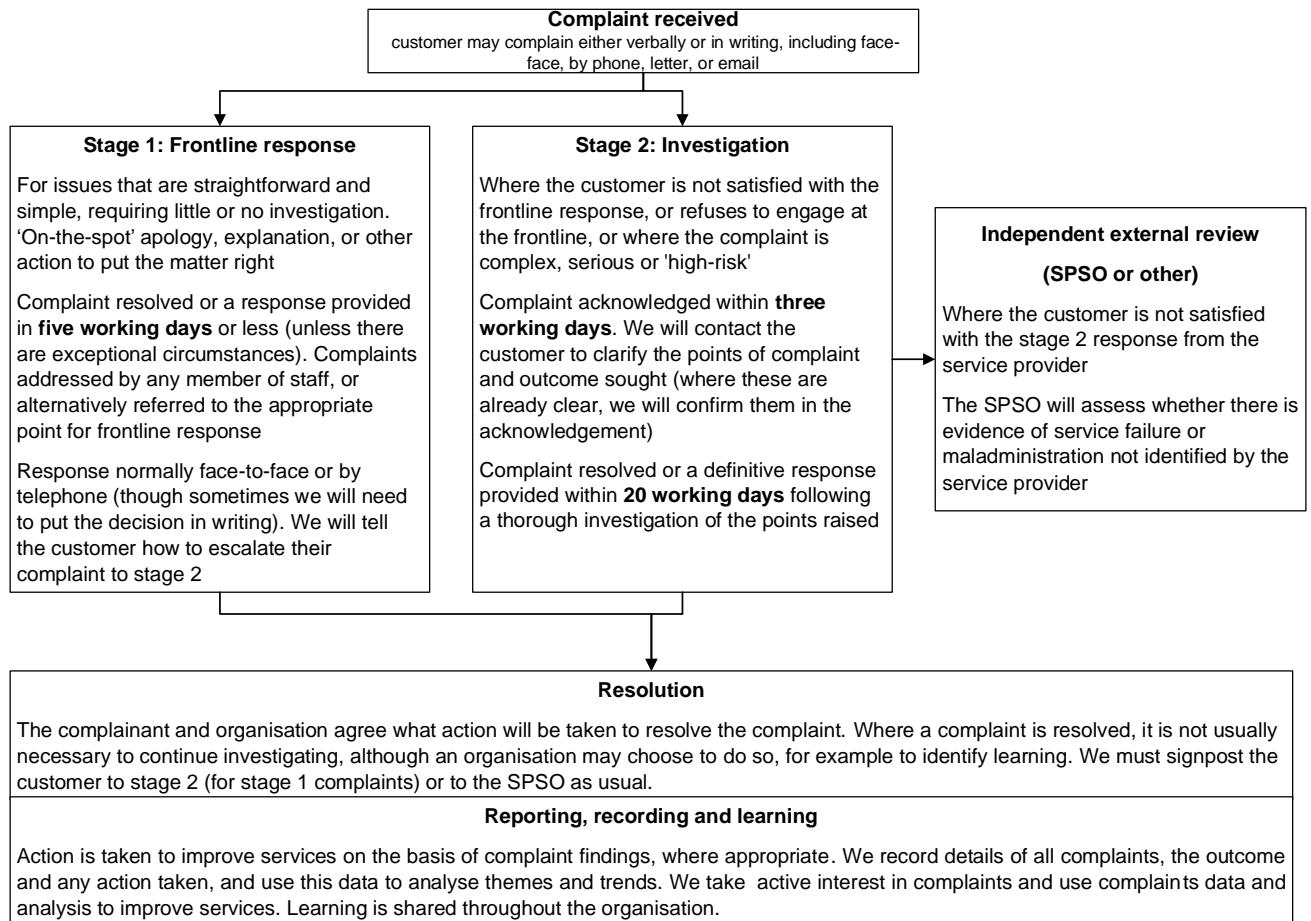
COMPLAINTS HANDLING PROCEDURE PART 3: THE COMPLAINTS HANDLING PROCESS

Part 3: The complaints handling process

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The complaints handling process

1. The EIJB CHP aims to provide a quick and simple process for responding to complaints early and locally by 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.



Resolving the Complaint

2. A complaint is resolved when both EIJB and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without deciding about whether the complaint is upheld or not upheld. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
3. 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.

4. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint.
5. 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 the 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.
6. 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 Scottish Public Services Ombudsman (SPSO).
7. If the customer and the EIJB are not able to agree a resolution, we must follow this CHP handling procedure to provide a clear and reasoned response to each of the issues raised.

What to do when you receive a complaint

8. Staff receiving an EIJB complaint 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)?

- 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.
- 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.
- 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.
- 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?

- 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?

- If a staff 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.
- The customer may expect more than we can provide. If so, we will tell them as soon as possible.
- 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?

- If the complaint is simple and straightforward, but the staff 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](#)).

Stage 1: Frontline response

9. Frontline response aims to respond to straightforward complaints that require little or no investigation within five days.
10. Any member of staff may deal with complaints at this stage (including the staff 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.
11. 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.

12. Appendix 1 gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them. Complaints which are not suitable for frontline response should be identified at the earliest opportunity and handled immediately at stage 2: investigation.

Notifying staff members involved

13. If the complaint is about the actions of another staff 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 an apology is warranted).

Timelines

14. 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

15. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff 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).
16. If a complaint will take more than five working days to investigate, 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 a key staff member). In such cases, the complaint may still be handled at stage 1 if it can be handled within the extended timeframe of up to ten working days.
17. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response. Appendix 1 provides further information on timelines.

Closing the complaint at the frontline response stage

18. 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:
 - a. tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld, or not upheld)
 - b. explain the reasons for our decision (or the agreed action taken to resolve the complaint and

- c. 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).
19. 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.
 20. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to). The complaint should be closed, and the complaints system updated accordingly.
 21. 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 learning from complaints](#)).

Stage 2: Investigation Stage

22. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
 - a. 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.
 - b. the complaint is not simple and straightforward (for example where the customer has raised several issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
 - c. the complaint relates to serious, high-risk, or high-profile issues
23. 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 line manager or a manager from a different area).
24. 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.

25. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful.

Acknowledging the complaint

26. Complaints must be acknowledged within three working days of receipt at stage 2. We must issue the acknowledgement in a format which is accessible to the customer, considering their preferred method of contact.
27. 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.
28. 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

29. 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.
30. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint.
31. 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.

32. In all cases, we must have a clear shared understanding of:

What are the points of complaint to be investigated?	Is there anything we cannot consider under the CHP?	What outcome does the customer want to achieve by complaining?
<p>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.</p> <p>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 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).</p>	<p>We must explain if there are any points that are not suitable for handling under the CHP.</p> <p>Are the customer's expectations realistic and achievable?</p> <p>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</p>	<p>Asking what outcome, the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.</p>

Notifying staff members involved

33. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named but can be identified from the complaint). We will:
- a. share the complaint information with the staff member/s (unless there are compelling reasons not to)
 - b. advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
 - c. discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
 - d. signpost the staff 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).

34. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met ([see also complaints and disciplinary or whistleblowing processes](#)).

Investigating the Complaint

35. 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 staff 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 EIJB responsible?
36. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, considering the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).
37. If we need to share information within or out with the organisation, we will be mindful of our obligations under data protection legislation ([see maintaining confidentiality and data protection](#)).
38. The SPSO has resources for conducting investigations, including:
- investigation plan template
 - decision-making tool for complaint investigators
 - alternative complaint resolution approaches

Alternative complaint resolution approaches

39. 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.

40. 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. The SPSO has guidance on alternative complaint resolution approaches.
41. If the EIJB and the customer (and any staff 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

42. 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.
43. 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

44. 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):
 - a. complaints must be acknowledged within three working days
 - b. 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

45. 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.

46. Any extension must be approved by an appropriate manager. We will keep the customer and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.
47. The reasons for an extension might include the following:
 - a. essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers, or others but the person is not available because of long-term sickness or leave
 - b. we cannot obtain further essential information within normal timescales; or
 - c. the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.
48. These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception. Appendix 1 provides further information on timelines.

Closing the complaint at the investigation stage

49. 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 EIJB.
50. 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 particularly important and in terms of good practice should:
 - a. be clear and easy to understand, written in a way that is person-centred and non-confrontational
 - b. avoid technical terms, but where these must be used, an explanation of the term should be provided
 - c. address all the issues raised and demonstrate that each element has been fully and fairly investigated
 - d. include an apology where things have gone wrong (this is different to an expression of empathy.
 - e. highlight any area of disagreement and explain why no further action can be taken
 - f. indicate that a named member of staff is available to clarify any aspect of the letter, and
 - g. indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the SPSO.

51. 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.
52. If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).
53. We will record the decision, and details of how it was communicated to the customer, on the complaints system.
54. The SPSO has guidance on responding to a complaint:
 - a. Template decision letter
 - b. Apology guidance
55. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified.

Signposting to the SPSO

56. 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:
 - a. their right to ask the SPSO to consider the complaint
 - b. the time limit for doing so; and
 - c. how to contact the SPSO.
57. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaint's procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint.
58. There are some subject areas that are out with 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.
59. 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 EIJB's organisation'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 and this includes complaints about the EIJB.

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 EIJB, 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 EIJB's CHP
- 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

60. 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 C – Timelines

General

61. References to timelines throughout the complaints handling procedure relate to working days. We do not count non-working days, for example weekends and public holidays.

Timelines at frontline response (stage 1)

62. 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.
63. If we have extended the timeline at the frontline response stage in line with our CHP, the response should be provided (or the complaint escalated) on day ten, at the latest.

Transferring cases from frontline response to investigation

64. 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)

65. 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.
66. We must acknowledge the complaint within three working days of receipt at stage 2 i.e., by day three.
67. 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.
68. 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.

Appendix D – Frequently asked questions

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

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?

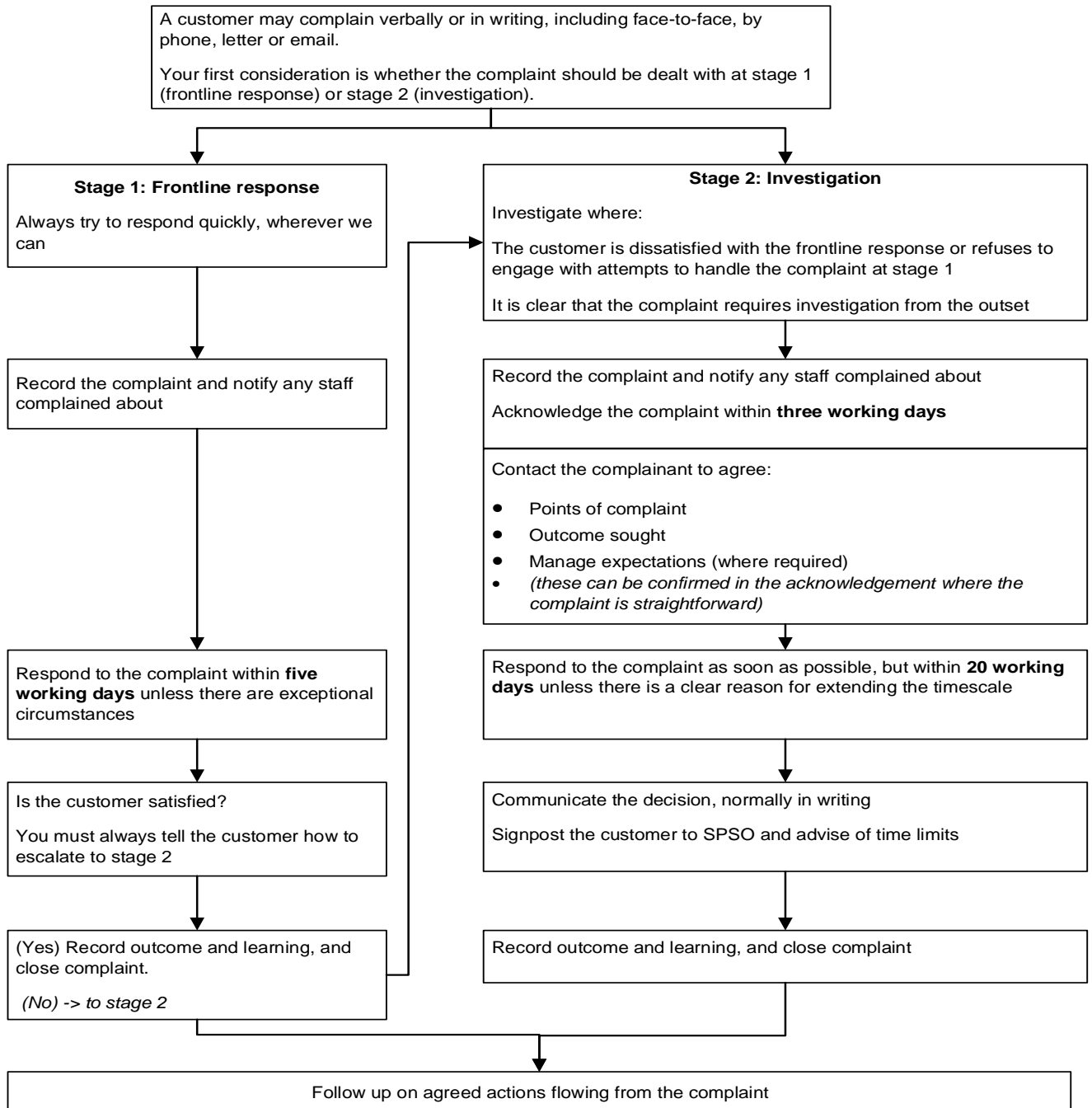
If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.

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?

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).

Appendix E – The complaint handling process for staff





COMPLAINTS HANDLING PROCEDURE PART 4: GOVERNANCE

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Governance

Roles and Responsibilities

1. All EIJB members and staff will be aware of:
 - a. the CHP
 - b. how to handle and record complaints at the frontline response stage
 - c. who they can refer a complaint to, in case they are not able to handle the matter
 - d. the need to try and resolve complaints early and as close to the point of service delivery as possible; and
 - e. their clear authority to attempt to resolve any complaints they may be called upon to deal with.
2. Training on this procedure will be part of the induction process for all EIJB members and staff. Refresher training will be provided on a regular basis.
3. The Chief Officer will ensure that:
 - a. EIJB's final position on a complaint investigation is signed off by an appropriate officer to provide assurance that this is the definitive response of the EIJB and that the complainant's concerns have been taken seriously
 - b. it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
 - c. it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
 - d. mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed, and reported at all levels in the EIJB and
 - e. complaints information is used to improve services, and this is evident from regular publications.
4. The Chief Officer provides leadership and direction and enable us to perform effectively across all services. This includes ensuring that there is an effective CHP, with a robust investigation process that demonstrates how we learn from the complaints we receive.

5. The Chief Officer may take a personal interest in all or some complaints or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Chief Officer of the quality of complaints performance.
6. The Heads of Service are also responsible for:
 - a. managing complaints and the way we learn from them
 - b. overseeing the implementation of actions required because of a complaint
 - c. investigating complaints; and
 - d. deputising for the Chief Officer on occasion.
8. They may also be responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint. However, Head of Services may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, they should retain ownership and accountability for the management and reporting of complaints.
9. Locality Managers and Service Managers may be involved in the operational investigation and management of complaints handling. They may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete, and their response addresses all aspects of the complaint.

Recording, reporting, learning from and publishing complaints

10. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across the EIJB. 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.
11. We also have arrangements in place to ensure complaints about contractors are recorded, reported on, and publicised in line with the CHP.
12. 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:
 - a. the customer's name and contact details
 - b. the date the complaint was received
 - c. the nature of the complaint
 - d. the service the complaint refers to
 - e. staff member responsible for handling the complaint

- f. action taken and outcome at frontline response stage
 - g. date the complaint was closed at the frontline response stage
 - h. date the investigation stage was initiated (if applicable)
 - i. action taken and outcome at investigation stage (if applicable)
 - j. date the complaint was closed at the investigation stage (if applicable); and
 - k. the underlying cause of the complaint and any remedial action taken.
 - l. the outcome of the SPSO's investigation (where applicable).
13. 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.
14. Individual complaint files will be stored in line with our document retention policy.
15. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- a. seek to identify the root cause of complaints
 - b. take action to reduce the risk of recurrence; and
 - c. systematically review complaints performance reports to improve service delivery.

Learning from complaints

16. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
17. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action.
- a. the action needed to improve services must be authorised by an appropriate manager
 - b. an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
 - c. a target date must be set for the action to be taken
 - d. the designated individual must follow up to ensure that the action is taken within the agreed timescale
 - e. where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
 - f. any learning points should be shared with relevant staff.
18. SPSO has guidance on **Learning from complaints**.
19. Information on complaints will be reviewed 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

20. 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.
21. We will report quarterly on:
 - a. performance statistics, in line with the complaint's performance indicators published by SPSO
 - b. 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

22. We publish information on complaints outcomes and actions taken to improve services on a quarterly basis. This demonstrates 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.
23. 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:
 - a. performance statistics, in line with the complaint's performance indicators published by the SPSO; and
 - b. complaint trends and the actions that have been or will be taken to improve services as a result.
24. These reports must be easily accessible to members of the public and available in alternative formats as requested.

