

Date: 6 May 2021
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TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Board Member

EAST RENFREWSHIRE INTEGRATION JOINT BOARD – 12 MAY 2021

Please find attached the undernoted items marked “to follow” on the agenda for the meeting of the Integration Joint Board on Wednesday 17 March 2021.

Yours faithfully

Councillor Caroline Bamforth

Chair

Undernote referred to:-

Item 8 - Revenue Budget Monitoring Report.

Item 12 – Revised IJB Complaints Handling Procedure

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Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	12 May 2021
Agenda Item	8
Title	Revenue Budget Monitoring Report 2020/21; position as at 28 February 2021
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the projected outturn for the 2020/21 revenue budget • note the increase in earmarked reserves • approve the requested budget virements 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

12 May 2021

Report by Chief Financial Officer

REVENUE BUDGET MONITORING REPORT

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2020/21 revenue budget. This projection is based on ledger information as at 28 February 2021 and allowing for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - note the projected outturn for the 2020/21 revenue budget
 - note the increase in earmarked reserves
 - approve the requested budget virements

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the seventh report for the financial year 2020/21 and provides the projected outturn for the year based on our latest information recognising we are still in a particularly difficult time. The projected costs against budget are continuously reviewed and refined throughout the year, as are the Covid-19 cost implications.
4. The HSCP costs related to Covid-19 activity are reported to the Scottish Government via NHS Greater Glasgow and Clyde as the health boards are the leads on this reporting. The HSCP provides detailed estimated and actual costs across a number of categories and our current assumptions, which total just over £9.4 million, are reviewed on a monthly basis and our projections are continually revised as we respond to the pandemic.
5. In line with previous reports the estimated costs are included in our overall financial position and the bottom line is a nil impact and we know that all costs are fully funded and we have received significant additional funding from the Scottish Government in relation to Covid-19 support and winter planning. As we last reported the sustainability costs supporting the social care market are supported nationally by an agreed set of principles and has been extended beyond March 2021 to June 2021 and the balance of funding included in our earmarked reserves will support this activity in the first instance.
6. To date the HSCP projected cost and confirmed funding relating to the remobilisation activity is summarised:

	£ million
Projected Costs:	
Additional services and staffing including Mental Health Assessment, Community Treatment, Flu, GP, staffing across all response activity	2.995
Infrastructure, equipment, PPE	0.402
Sustainability	3.641
Unachieved savings	2.394
Current Projected Local Mobilisation Plan Costs	9.432
Less: FHS costs met by NHSGGC	(0.332)
Current Local Costs	9.100
Funding Received:	
Tranche 1; share of first £50m	0.886
Tranche 2; share of the second (up to) £50m - £25m distributed	0.443
Tranche 3; share of the second (up to) £50m - £8m distributed	0.200
Tranche 4; share of £47m including winter planning	2.565
Primary Care and Mental Health	0.353
Winter Plan	1.360
January Allocation	3.520
Integrated Authority Support	1.686
Winter Planning	0.849
Funding Adjustment	0.341
Adult Social Care	0.053
Shielding	0.004
Total Mobilisation Funding confirmed and received to date	12.260
Potential Balance	3.160

7. The projected costs for the year have increased by £105k since last reported with the increases mainly relating to latest sustainability costs. We also had projected £330k of FHS related costs however this was met by NHSGGC.
8. The table above shows that based on funds now received we have £3.16 million to carry forward. This reflects the additional funding allocated by the Scottish Government for both Covid-19 (including support for Chief Social Work Officers and Enhanced Care Home Support) and other funding allocations and this is reflected in our earmarked reserves. The Scottish Government have provided all HSCPs with a letter of assurance in relation to this increase in reserves.
9. The changes to funding throughout the year and associated directions are an integral element of our revenue monitoring and this is summarised at Appendix 4 in this report.
10. The HSCP Finance Team continue to work through all funding receipts and allocations to ensure the transparency and integrity of budget monitoring is maintained in an ever changing environment.

REPORT

11. The consolidated budget for 2020/21 and projected outturn position (with Covid-19 costs at nil impact) is reported in detail at Appendix 1. This shows a potential projected operational underspend of £0.672 million against a full year budget of £142.9 million (0.47%) after assumed contributions to and from reserves; subject to final IJB approval.
12. This is a reduction in projected costs of £0.440 million since we last reported mainly from reduced cost projections with nursing and residential care and staffing costs.

13. As last reported we have received full Covid-19 funding for our unachieved savings and have taken this pressure forward as part of the 2021/22 budget and we will report progress as the year progresses.
14. The consolidated budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
15. The main projected operational variances are set out below. The projected costs are based on known care commitments, vacant posts and other supporting information from our financial systems as at 28 February 2021 and do allow for the latest known information.
16. **Children & Families Public Protection £474k underspend;** the projected underspend remains, due mainly to the current level of staff turnover and the costs of care packages; this is a modest reduction in projected costs of £18k since last reported.
17. We have received the anticipated £261k allocation to support our Children and Young Peoples Mental Health as part of our recovery and expect to carry forward the majority of this funding.
18. We also received, fairly late on in the financial year, a Winter Planning spend allocation from the Scottish Government of £210k and are pleased to report this has been fully , this has been fully utilised supporting vulnerable children and their families towards recovery from the pandemic.
19. **Older Peoples Services £954k underspend;** the projected underspend remains a result of current care commitments and staff turnover within teams. This is a further reduction in projected costs of £251k since we last reported, mainly within residential and nursing care where there remains a significant underspend of £1.6 million. This underspend is offsetting additional costs of care within localities purchased care and also the increased activity in Care at Home within Intensive Services, including the additionality from payment on planned activity.
20. The cost projection include an allowance for winter activity for the last few months of the year including additional costs relating to the recent closure of a care home.
21. As reported above £125k is included within the increased Covid-19 funding received to support Enhanced Care Home Support through assurance visits and care plan reviews. This work has commenced and the funding will be utilised and reported through our Covid-19 funding returns during 2021/22.
22. **Physical & Sensory Disability £215k underspend;** remains mainly due to turnover and the reduced activity around stair lifts and other aids and adaptations as a result of Covid-19, this is partially offset by a higher level of current care package commitments. This is reduction in costs of £83k since we last reported as a result of revised staff cost projections. We expect increased demand as part of recovery for adaptations in 2021/22 and monitor this for the impact from Covid-19 delays.
23. **Learning Disability Community Services £48k overspend;** remains due to committed care package costs above budget offset by turnover and some savings from day centre underspends across property, transport and supplies. This is an increase in projected costs of £117k based on the latest projected costs and review of Covid-19 related expenditure that had been over estimated.

24. When we look at the collective position across the three adult care groups above (in paragraphs 16 to 18) this gives a total underspend across Barrhead and Eastwood localities of £1.121 million and the locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets.
25. **Learning Disability Inpatients £nil variance;** it should be noted that whilst the projected costs are to budget this is a result of using £385k from the transitional funding reserves set up to support the long stay beds redesign. This cost pressure is a result of staff costs required to support increased observation and ensure the staffing ratios required to support complex needs is maintained. This cost pressure is in line with the risk previously reported however is £83k lower since the last reported position.
26. **Augmentative and Alternative Communication £nil variance;** whilst there is no projected variance shown the service used £31k of reserves during the year.
27. **Intensive Services £1,190k overspend;** the main cost pressure remains within Care at Home (both purchased and the in-house service) of £1,255k which is offset in part by staff turnover within day services of £224k. This is a small reduction in projected costs of £40k since last reported. The overspend within this service is offset in part by reduced costs within nursing and residential care and we will continue to monitor activity with a view to some budget realignment for 2021/22.
28. **Recovery Services Mental Health & Addictions £242k underspend;** when we last reported we were showing an overspend of £3k within Recovery based on the expected cost of care packages and staff turnover. The reduction in projected costs of £245k is mainly due to a transfer of Covid-19 related activity that had previously been omitted from our Covid-19 mobilisation cost monitoring.
29. **Prescribing Nil Variance;** we now expect to take forward £288k from current year gains as a result of tariff swap and reduced volumes. The data for January showed an increase in activity this did not manifest in February.
30. **Planning & Health Improvement £65k underspend;** remains primarily from turnover and is a reduction in costs of £1k. The remaining element of this budget needs to be reallocated to the relevant operational budget areas and this will be addressed prior to 2021/22 reporting.
31. **Finance & Resources £49k overspend;** this budget meets the cost of a number of HSCP wide costs, including recharges for prior year pension costs for which a prudent projection is included. This is an increase in projected costs of £52k since last reported following the latest property charges with some cost notifications later than expected due to Covid-19 delays.
32. **Primary Care Improvement Plan, Alcohol and Drugs and Mental Health Action 15;** we have had confirmation from the Scottish Government that all funding allocations held on our behalf have now been allocated to support these initiatives. This is reflected in our earmarked reserves balances and plans to utilise these reserves will be reported throughout 2021/22. The table below shows the current year position against the 2020/21 annual allocation.

	Projected Cost	Funding Allocation	Potential Under / (Over)
	£'000	£'000	£'000
Primary Care Improvement Fund	1,278	1,720	442
Mental Health Action 15	404	375	(29)
Alcohol & Drugs Partnership	228	266	38

33. The current projected revenue budget underspend of £0.672 million will be added to our budget savings reserve, subject to final outturn and agreed reserves position.
34. The reserves position is reported in full at Appendix 5. The spending plans against reserves reflect some slippage as a result of the pandemic and also include in-year additions to reserves.
35. The ultimate reserves position is subject to the final outturn for the year and will reflect the agreed national treatment for Covid-19 funding as well as IJB approval for creation of new reserves. As reported above there is a significant increase in earmarked reserves of around £5 million and this in line with increases across the country, reflecting the additional funding received during 2020/21.
36. The IJB is requested to approve the budget virements detailed at Appendix 7 resulting from the allocation of new funding and the reallocation of savings from a summary to detailed level across service areas.

IMPLICATIONS OF THE PROPOSALS

Finance

37. The savings agreed by the IJB as part of the budget set in March 2020 are set out at Appendix 6. Our capacity to deliver these savings in year is significantly impacted as we work through Covid-19. The impact on savings delivery along with any implications from our recovery programme will continue to be reported to the IJB during 2021/22.
38. A revised Medium-Term Financial plan will be brought to the IJB in June.
39. The Covid-19 funding received to date now meets all projected costs and the full extent of the additional funding received is reflected in our budget directions and reserves appendices.
40. We continue to make sustainability payments to our partner providers, in line with nationally agreed principles and we continue to review requests for additional costs incurred.

Risk

41. The previously reported significant risk to the IJB that all Covid-19 related costs would not be fully funded has been mitigated in full this year. The implications for 2021/22 continue to be assessed.
42. There are several further risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis
 - The impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs exceeding budget and reserve over the longer term
 - Observation and Out of Area costs within Specialist Learning Disability Services
 - Brexit implications continue to be monitored and the working groups of both partner organisations remain active, although there has been no real impact to date

DIRECTIONS

43. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
44. The report reflects a projected breakeven position after the potential net contribution of £0.669 million to reserves for the year to 31 March 2021.

CONSULTATION AND PARTNERSHIP WORKING

45. The Chief Financial Officer has consulted with our partners.
46. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020.

CONCLUSIONS

47. Appendix 1 reports a potential projected underspend of £0.672 million for the year to 31 March 2021. This is subject to the IJB approval of proposed transfers to reserves as part of the year end process.

RECOMMENDATIONS

48. The Integration Joint Board is asked to note:
 - agree the approach to the proposed in-year addition to reserves note the projected outturn for the 2020/21 revenue budget
 - note the increase in earmarked reserves
 - approve the requested budget virements

REPORT AUTHOR

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4 May 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 17.03.2020 – Revenue Budget Monitoring Report
[https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration Joint Board Item 07 - 18 March 2020.pdf?m=637284278222670000](https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration%20Joint%20Board%20Item%2007%20-%2018%20March%202020.pdf?m=637284278222670000)

IJB 03.02.2020 – Revenue Budget Monitoring Report
[https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration Joint Board item 8 - 3 February 2021.pdf?m=637472533272900000](https://www.eastrenfrewshire.gov.uk/media/4560/Integration-Joint-Board-item-8-3-February-2021/pdf/Integration%20Joint%20Board%20item%208%20-%203%20February%202021.pdf?m=637472533272900000)

IJB 25.11.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/4342/Integration-Joint-Board-item-13-25-November-2020/pdf/Integration_Joint_Board_Item_13_-_25_November_2020.pdf?m=637413167020300000

IJB 23.09.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/3203/Integration-Joint-Board-Item-12-23-September-2020/pdf/Integration_Joint_Board_Item_12_-_23_September_2020.pdf?m=637354314872300000

IJB 12.08.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/1761/Integration-Joint-Board-Item-10-12-August-2020/pdf/Integration_Joint_Board_Item_10_-_12_August_2020.pdf?m=637321474691400000

IJB 24.06.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/1403/Integration-Joint-Board-Item-09-24-June-2020/pdf/Integration_Joint_Board_Item_09_-_24_June_2020.pdf?m=637284227752900000

IJB 18.03.2020 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/1415/Integration-Joint-Board-Item-07-18-March-2020/pdf/Integration_Joint_Board_Item_07_-_18_March_2020.pdf?m=637284278222670000

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Consolidated Monitoring Report

Projected Outturn Position to 31st March 2021

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Public Protection - Children & Families	12,824,000	12,350,000	474,000	3.70%
Public Protection - Criminal Justice	9,000	-	9,000	100.00%
Adult Localities Services				
Older People	20,159,000	19,205,000	954,000	4.73%
Physical & Sensory Disability	5,001,000	4,786,000	215,000	4.30%
Learning Disability - Community	13,410,000	13,458,000	(48,000)	(0.36%)
Learning Disability - Inpatients	8,691,000	8,691,000	0	0.00%
Augmentative and Alternative Communication	237,000	237,000	0	0.00%
Intensive Services	10,928,000	12,118,000	(1,190,000)	(10.89%)
Recovery Services - Mental Health	5,305,000	5,125,000	180,000	3.39%
Recovery Services - Addictions	1,799,000	1,737,000	62,000	3.45%
Family Health Services	26,036,000	26,036,000	0	0.00%
Prescribing	15,858,000	15,858,000	0	0.00%
Planning & Health Improvement	207,000	142,000	65,000	31.40%
Finance & Resources	22,431,000	22,480,000	(49,000)	(0.22%)
Net Expenditure	142,895,000	142,223,000	672,000	0.47%
Contribution to / (from) Reserve	-	672,000	(672,000)	-
Net Expenditure	142,895,000	142,895,000	-	-

Figures quoted as at 28 February 2021

Net Contribution To / (From) Reserves	£ 672,000
Analysed by Partner contribution;	
Health	756,000
Social Care	(84,000)
Net Contribution To / (From) Reserves	672,000

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	17,950,000	17,303,000	647,000	3.60%
Localities Services - Eastwood	20,620,000	20,146,000	474,000	2.30%
Net Expenditure	38,570,000	37,449,000	1,121,000	2.91%

Council Monitoring Report

Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	23,242,000	24,408,000	(1,166,000)	(5.02%)
Property Costs	945,000	1,190,000	(245,000)	(25.93%)
Supplies & Services	1,954,000	2,693,000	(739,000)	(37.82%)
Transport Costs	239,000	248,000	(9,000)	(3.77%)
Third Party Payments	39,463,000	45,402,000	(5,939,000)	(15.05%)
Support Services	2,354,000	2,354,000	-	0.00%
Income	(16,623,000)	(24,637,000)	8,014,000	(48.21%)
Net Expenditure	51,574,000	51,658,000	(84,000)	(0.16%)

Contribution to / (from) Reserve	-	(84,000)	84,000	-
Net Expenditure	51,574,000	51,574,000	-	-

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
3.i Public Protection - Children & Families	9,808,000	9,327,000	481,000	4.90%
Public Protection - Criminal Justice	9,000	-	9,000	100.00%
Adult Localities Services			-	
Older People	12,362,000	11,506,000	856,000	6.92%
Physical & Sensory Disability	4,389,000	4,174,000	215,000	4.90%
Learning Disability	7,476,000	7,794,000	(318,000)	(4.25%)
Intensive Services	9,916,000	11,106,000	(1,190,000)	(12.00%)
Recovery Services - Mental Health	1,486,000	1,697,000	(211,000)	(14.20%)
Recovery Services - Addictions	255,000	180,000	75,000	29.41%
Finance & Resources	5,873,000	5,874,000	(1,000)	(0.02%)
Net Expenditure	51,574,000	51,658,000	(84,000)	(0.16%)

Contribution to / (from) Reserve	-	(84,000)	84,000	-
Net Expenditure	51,574,000	51,574,000	-	-

Notes

- Figures quoted as at 28 February 2021
- The projected underspend / (overspend) will be taken to/(from) reserves at year end.
- Contribution To Reserves is made up of the following transfer;

Net Contribution to / (from) Reserves	£
	(84,000)
- NB: Projected costs assumes reserves contributions detailed in Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	11,150,000	10,842,000	308,000	2.76%
Localities Services - Eastwood	13,077,000	12,632,000	445,000	3.40%
Net Expenditure	24,227,000	23,474,000	753,000	(3.11%)

NHS Monitoring Report

Projected Outturn Position to 31st March 2021

Subjective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Employee Costs	22,956,000	22,262,000	694,000	3.02%
Non-pay Expenditure	60,819,000	60,757,000	62,000	0.10%
Resource Transfer/Social Care Fund	11,199,000	11,199,000	-	0.00%
Income	(3,653,000)	(3,653,000)	-	0.00%
Net Expenditure	91,321,000	90,565,000	756,000	0.83%

Contribution to / (from) Reserve	-	756,000	(756,000)	-
Net Expenditure	91,321,000	91,321,000	-	-

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Childrens Services	2,916,000	2,923,000	(7,000)	(0.24%)
Adult Community Services	4,472,000	4,374,000	98,000	2.19%
Learning Disability - Community	1,103,000	833,000	270,000	24.48%
Learning Disability - Inpatient	8,691,000	8,691,000	-	0.00%
Augmentative and Alternative Communication	237,000	237,000	-	0.00%
Family Health Services	26,036,000	26,036,000	-	0.00%
Prescribing	15,858,000	15,858,000	-	0.00%
Recovery Services - Mental Health	3,052,000	2,661,000	391,000	12.81%
Recovery Services - Addictions	1,035,000	1,048,000	(13,000)	(1.26%)
Planning & Health Improvement	207,000	142,000	65,000	31.40%
Finance & Resources	16,310,000	16,358,000	(48,000)	(0.29%)
Resource Transfer	11,404,000	11,404,000	-	0.00%
Net Expenditure	91,321,000	90,565,000	756,000	0.83%

Contribution to / (from) Reserve	-	756,000	(756,000)	0.00%
Net Expenditure	91,321,000	91,321,000	-	0.00%

Notes

1 Figures quoted as at 31 January 2021

2 Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below;

	£
Public Protection - Children & Families	100,000
Adult Localities Services	
Older People	3,325,000
Physical & Sensory Disability	612,000
Learning Disability	4,831,000
Intensive Services	1,012,000
Recovery Services - Mental Health	767,000
Recovery Services - Addictions	509,000
Finance & Resources	248,000
	<u>11,404,000</u>

Localities Services - Barrhead	4,976,000
Localities Services - Eastwood	3,791,000

£
756,000

3 Net Contribution to / (from) Reserves

3.i NB: Projected costs assumes reserves contributions detailed in Appendix 5

4 Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £	Projected Outturn £	Variance (Over) / Under £	Variance (Over) / Under %
Localities Services - Barrhead	1,824,000	1,485,000	339,000	18.59%
Localities Services - Eastwood	3,752,000	3,723,000	29,000	0.77%
Net Expenditure	5,576,000	5,208,000	368,000	6.60%

East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21
Budget Reconciliation & Directions

Appendix 4

	NHS	ERC	IBJ	Total
	£000	£000	£000	£000
Funding Sources to the IJB				
1 Original Revenue Budget Contributions	72,135	51,313		123,448
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
FHS / GMS budget adjustments	3,077			3,077
Adjustments to opening recurring budget	121			121
Covid-19 Funding & Winter Plan	12,260			12,260
Covid-19 Fair Work Funding	157			157
Covid-19 - £500 Payments	225			225
Care Home Oversight Support	51			51
Augmentative & Alternative Communication	159			159
SESP and Other Funding adjustments	97			97
Primary Care Improvement Fund Tranche 1	738			738
Primary Care Improvement Fund Tranche 2	1,184			1,184
Mental Health Action 15 Tranche 1	263			263
Mental Health Action 15 Tranche 2	292			292
Tranche 2 and balance of ADP funding	151			151
Prescribing Tariff Reduction	(670)			(670)
Central Pharmacy	138			138
Various Funding Initiatives	354			354
Community Living Change Fund	295			295
Pay Award	259			259
Additional District Nursing Funding	35			35
Children & Young People Mental Health Framework		261		261
	91,321	51,574	-	142,895
Funding Outwith Revenue Contribution				
Housing Aids & Adaptations *		410		410
Set Aside Hospital Services Opening Budget	31,674			31,674
Set Aside In year Revision	486			486
Total IJB Resources	123,481	51,984	-	175,465
Directions to Partners				
Revenue Budget	91,321	51,574	-	142,895
Criminal Justice Grant Funded Expenditure		606		606
Criminal Justice Grant		(606)		(606)
1 Resource Transfer & Recharges	(13,147)	13,147		0
Carers Information	58	(58)		0
	78,232	64,663	-	142,895
Housing Aids & Adaptations *		410		410
Set Aside Hospital Services Budget	32,160			32,160
	110,392	65,073	-	175,465

does this need revision at p11?

* includes capital spend

1 Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as historic resource transfer etc.

Earmarked Reserves	Reserve Carry Forward to 2020/21	2020/21 Projected spend	Projected balance 31/03/21	comment
	£	£	£	
Scottish Government Funding				
Mental Health - Action 15	0	(156,000)	156,000	Full allocation received and balance carried forward
Alcohol & Drugs Partnership	83,000	(108,000)	191,000	Full allocation received and balance carried forward
Primary Care Improvement	102,000	(798,000)	900,000	Full allocation received and balance carried forward
Primary Care Transition Fund	68,000	54,000	14,000	Some slippage
GP Premises Fund	78,000	(23,000)	101,000	No spend in year and additional allocation received
Covid and Winter Planning		(3,160,000)	3,160,000	Balance of funding to support ongoing sustainability
Scottish Government Funding	331,000	(4,191,000)	4,522,000	
Bridging Finance				
Budget Savings Reserve	1,027,000	(672,000)	1,699,000	Assumed based on current projected underspend
In Year Pressures Reserve	271,000	96,000	175,000	To support Bonnyton House decant as required
Prescribing	222,000	(288,000)	510,000	To smooth prescribing pressures: addition from in year gains
Bridging Finance	1,520,000	(864,000)	2,384,000	
Children & Families				
Residential Accommodation	460,000	0	460,000	To smooth the impact of high cost residential placements over time
Health Visitors	100,000	70,000	30,000	To support capacity and training
Home & Belonging	100,000	42,000	58,000	Some slippage due to COVID
School Counselling	311,000	(290,000)	601,000	Some slippage due to COVID
Continuing Care / Child Healthy Weight	50,000	35,000	15,000	Some slippage due to COVID
Children & Young Peoples Mental Health Framework		(214,000)	214,000	Balance of £261k new funding being carried forward
Recovery Activity with Partners	0	(101,000)	101,000	In year gains will support ongoing work
Children & Families	1,021,000	(458,000)	1,479,000	
Transitional Funding				
Learning Disability Specialist Services	1,039,000	385,000	654,000	To support redesign and use determined by community placement by other HSCPs. Will fund Challenging Behaviour Manager post for 20 months from April. Expected additional costs of observations £468k
Community Living Change Fund		(295,000)	295,000	New funding to support learning disability change
Total Transitional Funding	1,039,000	90,000	949,000	
Adult Services				
District Nursing	100,000	26,000	74,000	To support capacity and training - aligned with planned activity
Augmentative & Alternative Communication	101,000	31,000	70,000	As required to meet specialist equipment needs
Drugs Death Task Force		(39,000)	39,000	New funding will be carried forward
Mental Health		(16,000)	16,000	To support additional session for recovery
Care Home Oversight Support		(51,000)	51,000	New funding to support activity
Adult Services	201,000	(49,000)	250,000	
Repairs & Renewals				
Repairs, Furniture and Specialist Equipment	100,000		100,000	Environmental works approved by IJB in 2019/20, delayed due to COVID so £30k spend now expected 2021/22.
Repairs & Renewals	100,000	0	100,000	
Capacity				
Partnership Strategic Framework	150,000	58,000	92,000	To fund post in current year. Following year funding committed to support procurement activity
Organisational Learning & Development	92,000		92,000	Some slippage due to COVID
Capacity	242,000	58,000	184,000	
Total All Earmarked Reserves	4,454,000	(5,414,000)	9,868,000	
General Reserves				
East Renfrewshire Council	109,000	0	109,000	
NHSGCC	163,000	0	163,000	
Total General Reserves	272,000	0	272,000	
Grand Total All Reserves	4,726,000	(5,414,000)	10,140,000	

NB; Excludes any COVID related funding; Agency / Principle technical treatment will determine whether this will be part of the IJB reserves

East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21
 Analysis of Savings Delivery

Appendix 6

Saving	Approved Saving 2020/21 Budget £	Projected Saving 2020/21 £	Comments
New savings to meet Social Care Pressures			
Adult Care packages	100	100	No Capacity to deliver savings in 2020/21 and funding received through Local Mobilisation Plan to support.
Interim Income	100	100	
Inflation revision	160	160	
Discretionary spend moratorium	120	120	
Digital Efficiencies	250	250	
Individual Budget Calculator	1,664	1,664	
Sub Total	2,394	2,394	
New savings to meet NHS Pressures			
Non Pay Inflation	28	28	Saving applied and achieved
LD Redesign - Non Recurring	100	100	Saving applied and achieved. Non Recurring in 2020/21.
Sub Total	128	128	
Total HSCP Saving Challenge	2,522	2,522	

Note; capacity to deliver savings impacted by COVID response.

East Renfrewshire HSCP - Revenue Budget Monitoring 2020/21
Budget Virement

Appendix 7

2020/21 Budget Virement					
Subjective Analysis	2020/21 Budget P9 £	(1) £	(2) £	2020/21 Budget £	Total Virement £
Employee Costs	23,215,000			23,242,000	27,000
Property Costs	944,000			945,000	1,000
Supplies & Services	1,888,000			1,954,000	66,000
Transport Costs	240,000			239,000	(1,000)
Third Party Payments	38,725,000			39,463,000	738,000
Support Services	2,354,000			2,354,000	-
Income	(16,053,000)			(16,623,000)	(570,000)
Net Expenditure	51,313,000	-	-	51,574,000	261,000

2020/21 Budget Virement					
Objective Analysis	2020/21 Budget P9 £	(1) £	(2) £	2020/21 Budget £	Total Virement £
Public Protection - Children & Families	9,593,000	(46,000)	261,000	9,808,000	215,000
Public Protection - Criminal Justice	9,000			9,000	-
Adult Health - Localities Services					
Older People	11,640,000	722,000		12,362,000	722,000
Physical & Sensory Disability	4,708,000	(319,000)		4,389,000	(319,000)
Learning Disability	8,145,000	(669,000)		7,476,000	(669,000)
Adult Health - Intensive Services	9,716,000	200,000		9,916,000	200,000
Recovery Services - Mental Health	1,547,000	(61,000)		1,486,000	(61,000)
Recovery Services - Addictions	300,000	(45,000)		255,000	(45,000)
Finance & Resources	5,655,000	218,000		5,873,000	218,000
Net Expenditure	51,313,000	-	261,000	51,574,000	261,000

Note:

- 1 Re-alignment of budgets to reallocate savings targets to service level; previously held at summary level
- 2 Additional funding from Scottish Government paid as Revenue Support Grant - Children and Young People Mental Health and Wellbeing Framework Awards

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AGENDA ITEM No.12

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	12 May 2021	
Agenda Item	12	
Title	Revised IJB Complaints Handling Procedure	
Summary		
<p>This report provides members of the Integration Joint Board with an overview of the revised model complaint handling procedure. The procedure is based on the model provided by the Scottish Public Services Ombudsman (SPSO) for adoption by the <i>Scottish Government, Scottish Parliament and Associated Public Authorities</i>, including Integration Joint Boards.</p> <p>This specifically relates to IJB complaints only as all operational complaints are handled through the HSCP partners' procedures.</p>		
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)	
Action Required		
<p>The Integration Joint Board are asked to note and comment on the revised IJB Complaints Handling Procedure.</p>		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Finance <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input type="checkbox"/> Fairer Scotland Duty	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

12 May 2021

Report by Chief Officer

REVISED IJB COMPLAINTS HANDLING PROCEDURE

PURPOSE OF REPORT

1. This report provides members of the Integration Joint Board with an overview of the revised model complaint handling procedure for IJB complaints. The procedure is based on the model provided by the Scottish Public Services Ombudsman (SPSO) for adoption by the *Scottish Government, Scottish Parliament and Associated Public Authorities*, including Integration Joint Boards.

RECOMMENDATION

2. The Integration Joint Board are asked to note and comment on the revised IJB Complaints Handling Procedure.

BACKGROUND

3. The Scottish Public Services Ombudsman Act 2002 (as amended) provides the legislative basis for the Scottish Public Services Ombudsman (SPSO) to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction
4. The SPSO have advised that the MCHP for the *Scottish Government, Scottish Parliament and Associated Public Authorities* should be adopted for complaints relating to the actions and processes of Integration Joint Boards.
5. The SPSO's aim is to implement a standardised and consistent process for individuals to follow which makes it simpler to complain, ensures confidence in complaints handling and encourages public authorities in Scotland to learn and make improvements from complaints.
6. The SPSO have therefore been clear that local discretion to make changes to the standard procedure should be minimal.

REPORT

7. The current Integration Joint Board Complaint Handling Procedure is based on the SPSOs Model Complaints Handling Procedure (MCHP) published in 2017. The SPSO conducted a review of the MCHP during 2018-19 to establish its effectiveness and usability and following consultation the MCHP was revised in order to:-
 - standardise the core text across all of Scotland's public services while retaining individualised sector specific content and examples in each version
 - update the MCHPs in line with:
 - feedback from organisations under jurisdiction
 - issues identified in casework
 - recent research and good practice in relation to using alternative resolution approaches, promoting positive complaint behaviours and improving access to complaints for vulnerable groups.

8. Much of the original procedure remains unchanged, for example the two-stage process, timescales and the requirement for all complaints to be recorded. Active learning from complaints through reporting and publicising complaints information also remains in place.
9. The main changes to the revised SPSO Model Complaints Handling Procedure are in relation to:
 - the addition of a separate customer facing document as referred to above
 - the addition of a fourth outcome; resolution. The definition of resolved is “a complaint is resolved when both the organisation 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”.
 - further guidance in terms of expected behaviours, alternative resolution, complaints by third parties, complaints made via social media and support to customers in order to improve access for vulnerable groups. This may include provision of interpreting services, access to support or advocacy, and information in a variety of formats and languages.
10. The new Model Complaints Handling Procedure for all sectors consist of the following sections:-
 - Part 1: Overview and structure
 - Part 2: 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 MCHP does not apply
 - Part 3: The complaints handling process - guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact
 - Part 4: Governance of the procedure - staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints
 - Part 5: Customer-facing guide - information for customers on how we handle complaints
11. Parts 1 - 4 of the Model Complaints Handling Procedure are intended to be adopted as an internal procedural document for Integration Joint Board members and HSCP staff administering IJB complaints.
12. Part 5 is the ‘customer-facing’ complaint handling procedure, providing standardised information and ensuring customers receive the same information on complaints regardless of where they live or the organisation they deal with. Information about the complaints procedure should be easily accessible at all times and will be published on the Integration Joint Board pages of the HSCP website.
13. In order to comply with the Model Complaints Handling Procedure, organisations must adopt both the internal and customer-facing complaint handling procedure in the five part format set out above.
14. The SPSO have reviewed our customer facing procedure against their model and are satisfied that it aligns very well with the model and is fully compliant. However at the time of writing this report we have still to confirm compliance of parts 1-4.
15. Whilst the SPSO recognise the importance of providing scope to adapt the Model Complaints Handling Procedure to reflect each Integration Joint Board’s particular organisational structure and operational processes, they have advised that we cannot remove sections from the MCHP. This means that some sections are unsuited to the IJB, for example there are references to staff and disciplinary procedures, and the delivery and contracting of services. Clearly the IJB is not currently an employer and the delivery of health and social care services remains the responsibility of our HSCP partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde.

16. In order to make the procedure more applicable to the IJB and prevent confusion for individuals we have made some changes to language, for example where 'staff' are referenced we have changed to 'IJB members', and we have added some context in relation to the use of the term 'services' which might be interpreted as the health and social care services provided by the HSCP and highlighted that there are separate procedures in place for such complaints. None of these changes are significant.
17. Although the SPSO does not stipulate the procedures must be shared with them prior to implementation, they have advised they are happy to review our proposed procedure to ensure it meets their requirements.

Recording and reporting of complaints

18. Any Integration Joint Board complaints shall be recorded within East Renfrewshire Council's complaint recording system as per our previous process and any complaints received will be reported to the Integration Joint Board quarterly and where applicable an annual complaints report will be produced.
19. To date we have not received any complaints specific to the IJB. In the event we ever do, we would report this at the next scheduled meeting.
20. The Model Complaints Handling Procedure requires organisations to report on and publish complaints performance information in line with complaints performance indicators published by the SPSO. The SPSO is currently developing a set of complaints performance indicators for each sector in consultation with the complaint handling networks which will include a core set of performance indicators, consistent across all public services. An update on this work is expected from the SPSO during 2020/21.

New arrangements for HSCPs handling complaints about social work services

21. Integration Joint Board members may wish to note that the SPSO have combined the Model Complaints Handling Procedures for local authorities and social work sectors into a single document (*the Local Authority MCHP*). This means there will no longer be a standalone social work MCHP.
22. East Renfrewshire Council have updated their Local Authority MCHP which incorporates social work specific content. As the core text has been drafted based on the original social work MCHP, much of the content remains unchanged.
23. HSCP staff responding to complaints about social work services will be required to use the local authority complaints handling procedure.
24. HSCP staff responding to complaints about health, will continue to use the NHS complaints handling procedure. The SPSO have not made changes to the NHS procedure at this time.
25. As with the current arrangements, the procedural elements of the two MCHPs tie in very closely, so where complaints cut across services, they can still be handled consistently.

CONSULTATION AND PARTNERSHIP WORKING

26. The SPSO engaged with a range of stakeholders in their review of the model complaints handling procedure.
27. Informal discussions regarding the specific nature of the Integration Joint Board have taken place with the SPSO and whilst they are happy for us to include additional context, specific to East Renfrewshire, they have asked that we do not remove any sections. With this in mind, the changes made have been to ensure the procedure remains proportionate and aligned to the functions of the IJB and to provide clarity of the route for complaints both for the IJB and the wider health and social care sector.
28. The customer facing element of the procedure has already been shared with the SPSO and the internal procedures will also be shared to ensure all five parts meet their requirements.

IMPLICATIONS OF THE PROPOSALS

Workforce

29. The new procedure will be communicated to appropriate members of staff.

Infrastructure

30. The new procedure will be published within the Integration Joint Board pages of the HSCP website.

Policy

31. Our existing complaints handling procedure will be replaced with the revised procedure.

DIRECTIONS

32. There are no directions arising as a result of this report.

CONCLUSIONS

33. East Renfrewshire Integration Joint Board's revised Complaint Handling procedures will be shared with the Scottish Public Services Ombudsman prior to being fully adopted and published on the IJB page of our website.
34. The SPSO will continue to review and revise the MCP periodically.

RECOMMENDATIONS

35. The Integration Joint Board are asked to note and comment on the revised IJB Complaints Handling Procedure.

REPORT AUTHOR AND PERSON TO CONTACT

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April 2021

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper - June 2017

https://www.eastrenfrewshire.gov.uk/media/3679/Integration-Joint-Board-Item-13-28-June-2017/pdf/IJB_Item_13_-_28_June_2017.pdf?m=637394078103670000

SPSO Model Complaints Handling Procedures

<https://www.spsso.org.uk/the-model-complaints-handling-procedures>

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East Renfrewshire Integration Joint Board

Internal Procedure for Complaints Handling

April 2021

Version	Changes/Author	Date Approved / Approved By	Review Date
1. April 2021	SPSO MCHP adapted for ER IJB		As required Revisions to the MCHP will be managed by SPSO

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Foreword

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

This procedure relates to the functions of the IJB and not to health and social care service delivery which are covered by separate procedures.

The procedure was first developed by the 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 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.

Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our Complaints Handling Procedure will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. 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 Complaints Handling Procedure will help us do our job better, improve relationships with our customers and enhance public perception of the Integration Joint Board. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.]

Structure of the Complaints Handling Procedure

1. This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:
 - Overview and structure (part 1)
 - 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 service provider</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider</p>

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

Expected behaviours

7. We expect all IJB members and HSCP 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:
 - 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. Our HSCP partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde have policies in place for when these standards are not met.
[East Renfrewshire Council Unacceptable Actions Policy](#)
[NHS GGC Complaints Policy – Appendix 11 – Unacceptable Behaviour and Vexatious Complainants.](#)
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, apply 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.
11. If we decide to restrict a customer's contact, we will be careful to follow the process set out in our partners policies 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. In limited circumstances we could 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.

What is a complaint?

16. The Integration Joint Board'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.'
17. For clarity, the term 'service' relates to functions of the IJB and not to health and social care services delivered by our partners, East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC), which are covered by separate policies.
18. An employee of ERC or NHSGGC may make a complaint about the IJB as a member of the public under this procedure.
19. A complaint may relate to the following, but is not restricted to this list:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our IJB policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of a member of and IJB Member (**except** where there are arrangements in place for the contractor to handle the complaint themselves: see **Complaints about contracted services**); or
 - disagreement with an IJB decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
20. **Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.
21. A complaint **is not**:
 - a routine first-time request for a service (see **Complaints and service requests**)
 - any issue relating to our health or social care services as these are covered by separate complaint handling procedures
 - 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
- a grievance by a staff member or a grievance relating to employment or staff recruitment by either ERC or NHSGGC
- a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
- a concern about a child or an adult's safety
- 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 our partners' *Unacceptable Actions Policies*
- a concern about the actions or service of a different organisation (**except** where the other organisation is delivering services on our behalf: see **Complaints about contracted services**).

22. 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.

23. 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?

24. 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.
25. 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

26. 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.
27. 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.*
28. Examples of how we will meet our legal duties are:
 - *proactively checking whether members of the public who contact us require additional support to access our services*
 - *providing interpretation and/or translation services for British Sign Language users; and*
 - *helping customers access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).*
29. 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:
 - *helping vulnerable customers identify when they might wish to make a complaint*
 - *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*
 - *providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).*
30. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

31. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
32. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised.
33. Complaint issues may also be raised on **digital platforms** (including **social media**).
34. Where a complaint issue is raised regarding the IJB via a digital channel managed and controlled by either the HSCP, ERC or NHS GGC (for example an official twitter address or facebook page)
 - we will normally respond by explaining that we do not normally take complaints made on social media and telling the person how they can complain;
 - in exceptional circumstances, we may respond to very simple complaints on social media. This will normally only be appropriate where an issue is likely to affect a large number of people, and we can provide a very simple response
35. 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.
36. 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

37. 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).

38. 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).

39. 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.

40. 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

41. 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 they have the customer's permission 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.
42. *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.*
43. 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.
44. See also **Part 1: Maintaining confidentiality and data protection**

Serious, high-risk or high-profile complaints

45. 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 from 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**).
46. We define potential high-risk or high-profile complaints as those that may:
- relate to an IJB decision which has a significant impact on East Renfrewshire residents
 - generate significant and ongoing press interest
 - involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
 - present issues of a highly sensitive nature, for example concerning:
 - alleged behaviours of IJB members

Anonymous complaints

47. 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.
48. 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.
49. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be this complaints procedure and could instead be other relevant procedures.

What if the customer does not want to complain?

50. 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.
51. 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).
52. Please refer to the example in **Appendix 1** for further guidance.

Complaints involving more than one area or organisation

53. 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.
54. 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**.

55. Such complaints may include:

- A decision made by the IJB and the delivery of services related to that decision which are provided by either ERC or NHSGGC

Complaints about contracted services

56. 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.

57. 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.

58. *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

59. Complaints about IJB Members can be difficult to handle, as there may be a conflict of interest for those investigating the complaint. When serious complaints are raised against IJB Members, 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.

60. Complaints regarding the personal conduct of IJB voting members or non-voting stakeholder representatives will be handled under the processes set out in the standing orders and code of conduct relating to the IJB.

61. Complaints regarding the personal conduct of non-voting HSCP members of the IJB will be handled under the appropriate ERC or NHSGGC HR policy.

Complaints and other processes

62. 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

63. If a customer asks the IJB to do something and this is the first time the customer has contacted us, this would normally be a routine request and not a complaint.
64. If the request is not handled promptly or the customer is then dissatisfied this could lead to a complaint.
65. Complaints in relation to the provision of health and social care services would not be covered under this procedure, but by the relevant ERC and NHSGGC policies.

Complaints and disciplinary or whistleblowing processes

66. If the issues raised in a complaint about the IJB overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.
67. 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 IJB functions* and what we have done to improve things, in general terms.
68. When 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. 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).
69. 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

70. 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

71. Where a customer says that legal action is being actively pursued, this is not a complaint.

72. 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 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.

73. 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

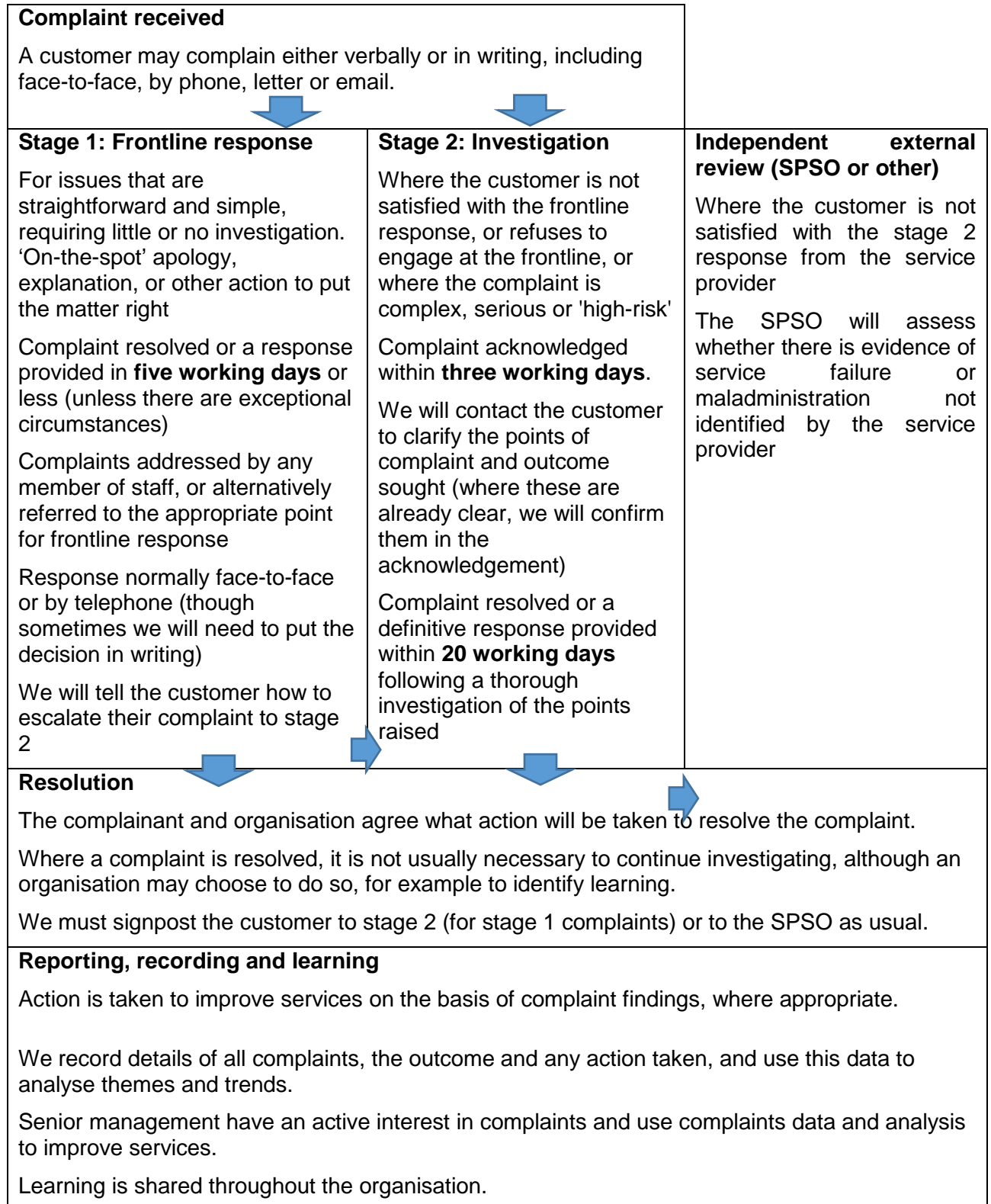
74. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another 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.
75. 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 take action under ERC or NHSGGC *unacceptable actions policies*.
76. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).

Appendix 1 – Complaints

Complaint	Possible actions
The customer expresses dissatisfaction about the accessibility of IJB papers	Offer an apology and agree with the customer. Agree the most suitable format with the customer for us to provide them with a copy of the requested paper.
The customer expresses dissatisfaction that specific IJB paper has been exempt from the public meeting.	Explain to the customer the reason for this and how this is in line with relevant schedules of the Local Government (Scotland) Act 1973
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.	<p>Tell the customer that we value complaints because they help to improve services. Encourage them to submit the complaint.</p> <p>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 complaints handling procedure. Reassure the customer that they will not be contacted again about the matter.</p>

The complaints handling process

77. Our Complaints Handling Procedure (CHP) 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.



Resolving the complaint

78. 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.
79. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
80. 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.
81. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See **Alternative complaint resolution approaches**.
82. 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.
83. 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**).
84. If the customer and the Integration Joint Board 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

85. IJB Members or HSCP staff receiving a 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)?

86. 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.
87. 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.
88. 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**.
89. 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?

90. 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?

91. 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.
92. The customer may expect more than we can provide. If so, we will tell them as soon as possible.
93. 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?

94. 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.
95. 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**.

[The organisation may wish to include more detail on local processes for directing a complaint to stage 2, for example, the contact details of the complaints handling team].

Stage 1: Frontline response

96. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.
97. Any 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.
98. 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](#).
99. **Part 2, Appendix 1** gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.
100. Complaints which are not suitable for frontline response should be identified early, and handled immediately at **stage 2: investigation**.

Notifying IJB members involved

101. 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

102. 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

103. 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).
104. 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 a key staff 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.
105. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.
106. **Appendix 1** provides further information on timelines.

Closing the complaint at the frontline response stage

107. 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).
108. 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.
109. 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).
- [
110. The complaint should then be closed and the complaints system updated accordingly.
111. 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

112. 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](#)).
113. 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).
114. 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.
115. 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

116. Complaints must be acknowledged within three working days of receipt at stage 2.
117. We must issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.
118. 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**.
119. 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

120. 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.

121. 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**).

122. 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.

123. 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 our *[unacceptable actions policy, or equivalent]*, 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

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

- share the complaint information with the individual/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 individual/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).
125. If it is likely that ERC or NHSGGC disciplinary processes 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

126. 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 the Integration Joint Board responsible?
127. 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 employee, if possible, where they hold key information about a serious complaint).
128. 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](#).
129. The SPSO has resources for conducting investigations, including:
- [Investigation plan template](#)
 - [Decision-making tool for complaint investigators](#)

Alternative complaint resolution approaches

130. 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.
131. 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.
132. The SPSO has [guidance on alternative complaint resolution approaches](#).

133. 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

134. 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.
135. 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

136. 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 Extension to the timeline

137. 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.
138. 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.

139. **!** *The reasons for an extension might include the following:*

- *essential accounts or statements, crucial to establishing the circumstances of the case, are needed from 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.]

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

Closing the complaint at the investigation stage

141. The response to the complaint should be in writing (or by the customer's preferred method of contact) and must be signed off by either the IJB Chief Officer or IJB Chair who are empowered to provide the final response on behalf of the IJB

142. 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**).

143. 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**.

144. 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).

145. We will record the decision, and details of how it was communicated to the customer, on the complaints system.

146. The SPSO has guidance on responding to a complaint:

- [Template decision letter](#)
- [Apology guidance](#)

147. At the earliest opportunity after the closure of the complaint, the individual handling the complaint should consider whether any learning has been identified. See [Part 4: Learning from complaints](#).

Signposting to the SPSO

148. 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.

149. 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.

150. 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 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. This includes complaints about *[the organisation]*. 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 organisation]*, 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 *[organisation'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

151. 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 HSCP staff processing IJB complaints)

<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 style="text-align: center;">↓</p>	
<p>Stage 1: Frontline response</p> <p>Always try to respond quickly, wherever we can</p> <p style="text-align: center;">↓</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 <p style="text-align: center;">↓</p>
<p>Record the complaint and notify any staff complained about</p>	<p>Record the complaint and notify any staff complained about</p> <p>Acknowledge the complaint within three working days</p> <p style="text-align: center;">↓</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> <p style="text-align: center;">↓</p>
<p>Respond to the complaint within five working days unless there are exceptional circumstances</p> <p style="text-align: center;">↓</p>	<p>Respond to the complaint as soon as possible, but within 20 working days unless there is a clear reason for extending the timescale</p> <p style="text-align: center;">↓</p>
<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> <p style="text-align: center;">↓</p>	<p>Record outcome and learning, and close complaint</p>
<p>Follow up on agreed actions flowing from the complaint</p> <p style="text-align: center;">↓</p> <p>Share any learning points</p>	

Roles and responsibilities

152. All IJB members and relevant staff from ERC and NHSGGC who support the IJB 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.

153. Training on this procedure will be part of the induction process for IJB members and relevant staff . Refresher training will be provided for current staff on a regular basis.

154. ERC and NHSGGC who oversee the administration of IJB complaints will ensure that:

- *the IJBs* final position on a complaint investigation is signed off by the IJB Chief Officer or IJB Chair in order to provide assurance that this is the definitive response of *the IJB* and that the complainant's concerns have been taken seriously
- it maintains overall responsibility and accountability for the management and governance of complaints handling
- it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)
- mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported and
- complaints information is used to improve services, and this is evident from regular publications.

155. **Chief Officer** : The chief officer provides leadership and direction in ways that guide and enable us to perform effectively across all services. 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 delegated to members of the HSCP senior leadership team. 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.

156. **Complaint Investigator:** *The Chief Officer will appoint an appropriate member of the Senior Leadership Team to investigate IJB complaints. This complaint investigator will liaise with the IJB Chair and IJB members as appropriate.*
157. **SPSO Liaison Officer:** *Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.*

Recording, reporting, learning from and publicising complaints

158. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across the Integration Joint Board. 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.
159. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

Recording complaints

160. 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
 - 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.
161. *Record the outcome of the SPSO's investigation* (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.
162. Individual complaint files will be stored in line with our [records management policy](#).
163. All Integration Joint Board complaints should be recorded within the ERC complaint recording system.

Learning from complaints

164. 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.
165. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.

166. Where we have identified the need for improvement in response to an individual complaint, we will take appropriate action.
- *Relevant improvement actions will be identified by the IJB Chief Officer and reported to the IJB with a target implementation date the IJB Chief Officer will appoint a designated individual to follow up to ensure that the action is taken within the agreed timescale*
 - *any learning points should be shared with relevant IJB members]*
167. SPSO has guidance on **Learning from complaints**.
168. ERC and NHSGGC who oversee the administration of IJB complaints 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

169. 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.
170. Where complaints have been received, we will report at least **quarterly** to the IJB on:
- performance statistics, 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

171. In complaints relating to the IJB will publish an **annual** complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request.
172. 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.
173. These reports must be easily accessible to members of the public and available in alternative formats as requested.



East Renfrewshire Integration Joint Board

Complaints Handling Procedure

April 2021



East Renfrewshire Integration Joint Board (IJB) is committed to providing high-quality customer services.

We value complaints and use information from them to help us improve our services.

If something goes wrong or you are dissatisfied with our services, please tell us. This leaflet describes our complaints procedure and how to make a complaint. It also tells you about how we will handle your complaint and what you can expect from us.

What is a complaint?

1. We regard a complaint as any expression of dissatisfaction about our action or lack of action, or about the standard of service provided us or on our behalf.

The term 'service' relates to functions of the IJB and not to health and social care services delivered by our partners, East Renfrewshire Council (ERC) and NHS Greater Glasgow and Clyde (NHSGGC), which are covered by separate policies.

What can I complain about?

2. You can complain about things like:
 - failure or refusal to provide a service
 - inadequate quality or standard of service, or an unreasonable delay in providing a service
 - dissatisfaction with one of our IJB policies or its impact on the individual
 - failure to properly apply law, procedure or guidance when delivering services
 - failure to follow the appropriate administrative process
 - conduct, treatment by or attitude of an IJB member or contractor (**except** where there are arrangements in place for the contractor to handle the complaint themselves, or where the nature of the complaint requires the application of an alternative procedure); or
 - disagreement with an IJB decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
3. Your complaint may involve more than one aspect of the IJB service or be about someone working on our behalf.

What can't I complain about?

4. There are some things we can't deal with through our complaints handling procedure. These include:
 - any issue relating to the delivery of health or social care services as these are covered by separate complaint handling procedures (INSERT LINK)
 - a routine first-time request for a service
 - a request for compensation only
 - issues that are in court or have already been heard by a court or a tribunal (if you decide to take legal action, you should let us know as the complaint cannot then be considered under this process)
 - 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
 - a grievance by a staff member or a grievance relating to employment or staff recruitment by either ERC or NHSGGC
 - a concern raised by a member of staff (which was not about a service they received, such as a whistleblowing concern)
 - a concern about a child or an adult's safety
 - 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 our the *Unacceptable Actions Policy* of ERC or NHSGGC
 - a concern about the actions or service of a different organisation, where we have no involvement in the issue
5. If other procedures or rights of appeal can help you resolve your concerns, we will give information and advice to help you.

Who can complain?

6. Anyone who receives, requests or is directly affected by our services can make a complaint to us. This includes the representative of someone who is dissatisfied with our service (for example, a relative, friend, advocate or adviser). If you are making a complaint on someone else's behalf, you will normally need their written consent. Please also read the section on **Getting help to make your complaint** below.

How do I complain?

7. You can complain in person, by phone, in writing, by email or online.
8. It is easier for us to address complaints if you make them quickly and directly to the service concerned. So please talk to a member of our staff at the service you are complaining about. Then they can try to resolve the issue.
9. When complaining, please tell us:
 - your full name and contact details
 - as much as you can about the complaint
 - what has gone wrong; and
 - what outcome you are seeking.

Our contact details

You can make a complaint in person or by contacting us at:-

East Renfrewshire Integration Joint Board, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN

0141 451 0746

HSCPPA@eastrenfrewshire.gov.uk

How long do I have to make a complaint?

10. Normally, you must make your complaint within six months of:
 - the event you want to complain about; or
 - finding out that you have a reason to complain.
11. In exceptional circumstances, we may be able to accept a complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

What happens when I have complained?

12. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

13. We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.
14. We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.
15. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:
 - within six months of the event you want to complain about or finding out that you have a reason to complain; or
 - within two months of receiving your stage 1 response (if this is later).
16. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

17. Stage 2 deals with two types of complaint: where the customer remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.
18. When using stage 2:
 - we will acknowledge receipt of your complaint within three working days
 - we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
 - we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and
 - where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.
19. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

20. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the IJB 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 our final response to your complaint. You can do this online at www.spsso.org.uk/complain/form or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

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

Getting help to make your complaint

21. We understand that you may be unable or reluctant to make a complaint yourself. We accept complaints from the representative of a person who is dissatisfied with our service. We can take complaints from a friend, relative, or an advocate, if you have given them your consent to complain for you.
22. You can find out about advocates in your area by contacting the Scottish Independent Advocacy Alliance:

Scottish Independent Advocacy Alliance

Tel: 0131 510 9410 Website: www.siaa.org.uk

23. You can find out about advisers in your area through Citizens Advice Scotland:

Citizens Advice Scotland

Website: www.cas.org.uk or check your phone book for your local citizens advice bureau.

24. We are committed to making our service easy to use for all members of the community. In line with our statutory equalities duties, we will always ensure that reasonable adjustments are made to help you access and use our services. If you have trouble putting your complaint in writing, or want this information in another language or format, such as large font, or Braille, please tell us in person, contact us on 0141 451 0746, email us at HSCPPA@eastrenfrewshire.gov.uk

Our contact details

25. Please contact us by the following means:
26. At East Renfrewshire Integration Joint Board, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN
27. *By calling 0141 451 0746*
28. *By emailing HSCPPA@eastrenfrewshire.gov.uk*

We can also give you this leaflet in other languages and formats (such as large print, audio and Braille).

Quick guide to our Integration Joint Board complaints procedure

Complaints procedure

You can make your complaint in person, by phone, by email, online or in writing.

We have a **two-stage complaints procedure**. We will always try to deal with your complaint quickly. But if it is clear that the matter will need investigation, we will tell you and keep you updated on our progress.



Stage 1: Frontline response

We will always try to respond to your complaint quickly, within **five working days** if we can.

If you are dissatisfied with our response, you can ask us to consider your complaint at stage 2.



Stage 2: Investigation

We will look at your complaint at this stage if you are dissatisfied with our response at stage 1. We also look at some complaints immediately at this stage, if it is clear that they need investigation.

We will acknowledge your complaint within **three working days**.

We will confirm the points of complaint to be investigated and what you want to achieve.

We will investigate the complaint and give you our decision as soon as possible. This will be after no more than **20 working days** *unless* there is clearly a good reason for needing more time.



Scottish Public Services Ombudsman

If, after receiving our final decision on your complaint, you remain dissatisfied with our decision or the way we have handled your complaint, you can ask the SPSO to consider it.

We will tell you how to do this when we send you our final decision.