



Inverness College  
University of the Highlands and Islands

# Complaints Handling Procedure

## Part 4: Governance

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Lead Officer	Vice Principal: Curriculum, Student Experience & Quality
Review Officer	Quality Manager
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## Part 4: Governance

### Roles and responsibilities

1. All staff 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.
2. Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.
3. Executive management will ensure that:
  - The University of the Highlands and Islands partnership's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of the University partnership and that the complainant's concerns have been taken seriously
  - it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)
  - 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 at all levels in University partnership; and
  - complaints information is used to improve services, and this is evident from regular publications.
4. Vice Principal – Curriculum, Student Experience & Quality: The VP (CSEQ) provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective Complaints Handling Procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The VP (CSEQ) may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the VP (CSEQ) of the quality of complaints performance.
5. The VP (CSEQ) is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:
  - ensuring performance monitoring for complaints is a feature of the service/management agreements between the University partnership and contractors
  - setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide the University partnership with an overview of how the contractor is meeting its objectives.
6. Members of EMT and Quality Manager: On the VP (CSEQ)'s behalf, members of EMT and Quality Manager may be responsible for:
  - managing complaints and the way we learn from them
  - overseeing the implementation of actions required as a result of a complaint
  - investigating complaints; and
  - deputising for the VP (CSEQ) on occasion.

They may also be responsible for preparing and signing off decisions for complainants, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, members of EMT and Quality Manager may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, members of EMT and Quality Manager should retain ownership and accountability for the management and reporting of complaints.

7. Vice Principals / Curriculum Leads / Deputy Curriculum Leads / Managers of Services: May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.
8. Complaints investigator: The complaints investigator is responsible and accountable for the management of the investigation. They may work in a particular School or service or as part of a centralised team i.e. Quality, and will be involved in the investigation and in coordinating all aspects of the response to the complainant. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the institution.
9. The Professional Development Manager is responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.
10. The organisation's SPSO liaison officer: This role is fulfilled by the Quality Manager and 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

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

### Recording complaints

13. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
  - the complainant's name and contact details
  - the date the complaint was received
  - the nature of the complaint
  - the service the complaint refers to
  - staff member responsible for handling the complaint
  - action taken and outcome at frontline response stage
  - date the complaint was closed at the frontline response stage
  - date the investigation stage was initiated (if applicable)
  - action taken and outcome at investigation stage (if applicable)
  - date the complaint was closed at the investigation stage (if applicable); and
  - the underlying cause of the complaint and any remedial action taken.

14. If the complainant does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
15. Individual complaint files will be stored in line with our document retention policy.

#### Learning from complaints

16. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
  - seek to identify the root cause of complaints
  - take action to reduce the risk of recurrence; and
  - systematically review complaints performance reports to improve service delivery.
17. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.
18. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action, including:
  - the action needed to improve services must be authorised by an appropriate manager
  - an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
  - a target date must be set for the action to be taken
  - the designated individual must follow up to ensure that the action is taken within the agreed timescale
  - where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
  - any learning points should be shared with relevant staff.
19. SPSO has guidance on Learning from complaints.
20. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

#### Reporting of complaints

21. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.
22. We will report at least quarterly to EMT and at least annually to the governing body 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

23. We publish on a quarterly basis information on complaints outcomes and actions taken to improve services.
24. This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show that we value complaints.

25. We will publish an annual complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
  - performance statistics, in line with the complaints performance indicators published by the SPSO; and
  - complaint trends and the actions that have been or will be taken to improve services as a result.
26. These reports must be easily accessible to members of the public and available in alternative formats as requested.