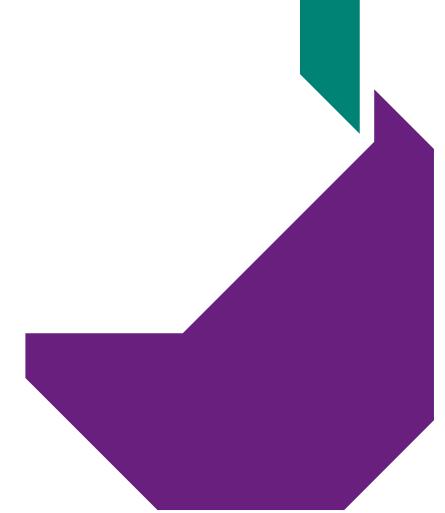
Annual Complaints Handling Report 2024/2025

With Scottish Public Service Ombusman Key Performance Indicators



South Lanarkshire College operates its complaints handling procedures in line with the requirements of the Scottish Public Sector Ombudsman (SPSO). In addition to publishing the four mandatory Key Performance Indicators (KPIs), the College demonstrates its commitment to the complaints handling process by reporting quarterly to the Learning, Teaching and Student Experience (LTSE) committee of the Board of Management (BOM) on the KPIs, complaint trends and any actions taken to improve service delivery.

2. Context

The College complaints handling process aims to provide a streamlined process for responding to complaints early and locally. Wherever possible the College will always try to resolve complaints to the satisfaction of the customer. If this is not possible the customer will be given a clear response to each of the points raised in their complaint.

The complaint stages are:

- stage 1 for issues that are straightforward and require little or no investigation:
- stage 2 for issues that are complex and require investigation or where the customer is not satisfied with the outcome at stage 1; and
- Escalation to the Scottish Public Service Ombudsman where the customer is not satisfied with the stage 2 response There are four categories of outcome for a complaint:
 - resolved (the complaint is neither held nor not upheld);
 - partially upheld (where some of the complaints are upheld)
 - upheld (where the College is at fault); and
 - not upheld (where the College is not at fault).

3. 2023-2024 Key Performance Indicators

Quarter 2

Table 1: KPI 1 the total number of complaints received at stage 1, escalated complaints and the complaints received directly at stage 1 and as a % of the complaints received.

Complaint Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Yearly Total
The number of complaints	10	9	5	0	24
received					
College population and the % of complaints received per 100 population	0.38%	0.22%	0.11%	0%	0.52%

Table 2: KPI 2: The total number of complaints received that were closed in full within the set timescales of five and 20 working days

Complaint Indicator	Quarte	er 1	Quarte	er 2	Quarte	er 3	Quarte	er 4	Yearly	Total
Number of complaints closed at Stage 1 and % of total	10	100%	8	100%	4	100%	0	0	22	100%
closed in full within the set timescales of five days.										
Number of complaints closed at Stage 1 and % of total	0	0	1	100%	1	100%	0	0	2	100%
closed in full within the set timescales of 10 days when										
an extension has been granted.										
Number of complaints closed at Stage 2 and % of total	0	0	0	0	0	0	0	0	0	0
closed in full within the set timescales of 20 days.										
Number of complaints closed at Stage 2 after	0	0	0	0	0	0	0	0	0	0
escalation and % of total closed in full within the set										
timescales of 20 days.										

Table 3 KPI 3: The average time in working days for a full response to complaints at each stage.

Complaint Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Yearly Total
Average time in working days to respond in full at stage 1	4	6	6	0	5
Average time in working days to respond in full at stage 2	0	0	0	0	0

Table 4: KPI 4 the number of complaints resolved, partially upheld, upheld and not upheld at each stage and the % of complaints closed at each stage.

Complaint Indicator	Quai	rter 1	Quai	rter 2	Quai	rter 3	Quar	ter 4	Yearly	y Total
Number and % of complaints resolved at Stage 1	3	30%	1	11%	1	20%	0	0%	5	21%
Number and % of complaints partially upheld at Stage 1	1	10%	0	0	0	0%	0	0%	1	4%
Number and % of complaints upheld at Stage 1	2	20%	3	33%	1	20%	0	0%	6	25%
Number and % of complaints not upheld at Stage 1	4	40%	5	55%	3	60%	0	0%	12	50%
Number and % of complaints resolved at Stage 2	0	0	0	0	0	0	0	0%	0	0%
Number and % of complaints partially upheld at Stage 2	0	0	0	0	0	0	0	0%	0	0%
Number and % of complaints upheld at Stage 2	0	0	0	0	0	0	0	0%	0	0%
Number and % of complaints not upheld at Stage 2	0	0	0	0	0	0	0	0%	0	0%

4. Category of complaints received, and actions taken to improve.

Table 5: The category of complaints received by quarter.

Complaint Category	Q1	Q2	Q3	Q4	Yearly
					Total
Customer Care	1	2	1	0	4
Applications to Progression	8	2		0	10
Course Related	0	3	3	0	6
Services	1	1	1	0	3
Facilities	0	0	0	0	0
Other	0	1	0	0	1

Table 6: The number of complaints received within each category and the % of total complaints received.

Customer Care	Number Received	% of Total Complaints
Health & Safety	0	0%
Security	0	0%
Diversity & Equality	1	4.17%
Data Protection	0	0%
Environmental	0	0%
Staff Conduct	3	12.5%
Student Conduct	0	0%
Other	0	0%
Applications to progression	Number Received	% of Total Complaints
Marketing/Progression	10	41.67%
Interview, enrolment, induction	0	0%
Articulation, withdrawal	0	0%
Other	0	0%
Course Related	Number Received	% of Total Complaints
Learning and Teaching	0	0%
Environment. Resources	0	0%
Course Management	6	25%
Learning and Support	0	0%
Assessment and Certification	0	0%
Other	0	0%
Services	Number Received	% of Total Complaints
Finance	0	0%
Funding/Bursary	1	4.17%
Student Records	0	0%
Learning Support	1	4.17%
Library/Learning Technology	0	0%
Quality	0	0%
Other	1	4.17%
Facilities	Number Received	% of Total Complaints
Catering	0	0%
Maintenance and Car Parking	0	0%
Others	Number Received	% of Total Complaints
	1	4.17%

Table 7: Actions Taken to Improve

Category of Complaint	Actions Taken to Improve
Customer Care	Implement a standardized approach to student support and guidance.
Applications to Progression	Conduct a review of course cancellation procedures to ensure students receive sufficient notice and are offered alternative options.
	Inform staff to clearly inform applicants when interviews are for waiting list places to ensure that expectations are managed.
	Develop a clear communication guidance programme to keep students informed of their progression pathways and next steps.
	Montor and ensure staff adhere to the College process when withdrawing students from a course.
Course Related	Improve communication between Curriculum Teams and MIS by establishing a point of contact using a Business Partner approach
Services	Evaluate and streamline the process for allocating and distributing IT devices to ensure fairness and efficiency.
Other	n/a

5. Complaint Trends

Table 8: Number of complaints received by % of population

	Number and % of complaints received	Number and % of complaints resolved	Number and % of complaints partially upheld	Number and % of complaints upheld	Number and % of complaints not upheld
2024-2025	24 (0.52%)	5 (21%)	1 (4%)	8 (33%)	10 (41%)
2023-2024	28 (0.7%)	1 (4%)	5 (18%)	6 (21%)	16 (57%)
2022-2023	10 (0.18%)	n/a	n/a	1 (10%)	9 (90%)

Table 9 Category of complaints received per % of 100 population.

	2024-2025	2023-2024 (3984)	2022-2023 (5505)
Customer Care	4 received (0.09%)	8 received (0.2%)	5 received (0.09%)
	2 resolved ((0.04%)	3 partially upheld or upheld (0.08%)	0 upheld
	2 partially upheld or upheld (0.04%)	5 not upheld (0.12%)	5 not upheld (0.09%)
Applications to	10 received (0.22%)	7 received (0.18%)	1 (0.02%)
Progression	2 resolved (0.04%)	7 not upheld (0.18%)	1 not upheld (0.02%)
	5 partially upheld or upheld (0.11%)		
	3 not upheld (0.06%)		
Course Related	6 received (0.13%)	10 received (0.25%)	2 received (0.04%)
	2 upheld (0.04%)	1 resolved (0.03%)	2 not upheld (0.04%)
	4 not upheld ((0.09%)	6 partially upheld or upheld (0.15%)	
		3 not upheld (0.08%)	
Services	3 received (0.06%)	2 received (0.05%)	2 (0.04%)
	3 not upheld (0.06%)	2 upheld	1 upheld (0.02%)
			1 not upheld (0.02%
Facilities	0	0	0
Other	1 received (0.02%)	1 received (0.03%)	0
	1 not upheld (0.02%)	1 not upheld (0.03%)	

6. Customer satisfaction with complaints

The College requests formal feedback from complainants regarding their satisfaction with the complaints process. During the 2024-2025 session, one complainant provided feedback indicating that they were not aware of the procedure, that their complaint was handled courteously and that they disagreed with the outcome.

7. Actions

During the session 2024-2025, six actions were identified. Three actions relating to governance and reporting, including the publication of an Acceptable Engagement Policy have been completed. The complaint guidelines for students and staff, along with the online system, are still to be updated to align with the revised college structure.

Table 10: 2025-2026 Action Plan

Action	Lead	Target Date
Publish the 2025-2026 Annual Complaints Handling Report on the College website following its presentation to, and approval by, the Senior Leadership Team, the Learning Teaching and Student Experience Committee (LTSE) and the Board of Management (BOM)	Head of Curriculum	November 2025
Present to the SLT and the LTSE Committee quarterly the number of complaints, outcomes, lessons learned and the progress of actions prior to publication on the College website	Head of Curriculum Complaints Handler	August 2025 November 2025 February 2026 June 2026
Review the Complaints Handling: A Guide for Staff document	Head of Curriculum Complaints Handler	January 2026
Review and update the <i>Making a</i> Complaint to the College leaflet	Head of Curriculum Complaints Handler	January 2026
Review the Acceptable Engagement Policy for approval by SLT, LTSE and the BOM prior to publishing on the staff portal and college website	Head of Curriculum Complaints Handler	December 2025
Update the College online system for reporting and recording complaints	Head of MIS Complaints Handler	January 2026