

Complaint Handling Procedure and Escalation Policy



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Overview	This policy aims to give the overview and escalation process for all complaints received across NRS Healthcare Community Equipment Service Centres.
Objectives	To deliver a consistent, high-quality and accountable response to complaints across NRS Healthcare This quality procedure is in line with strategy for responding to complaints within our Health and Social Care ICES partners
Services Covered	All NRS Healthcare Community Equipment Services
Date	January 2018
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1. NRS Healthcare Approach to Complaints

Given the complex nature of NRS Interactions with customers, prescribers, suppliers and our own staff sometimes things do go wrong which can result in an informal or formal complaint.

The NRS complaint handling procedure is designed to identify the problems and resolve issues quickly and fairly. We also want to learn from our mistakes or concerns that arise and will use this learning to make changes to improve our services.

NRS will ensure that:

- complaints are dealt with efficiently
- complaints are properly investigated
- complainants are treated with respect and courtesy
- complainants receive, so far as is reasonably practical:
 - (i) assistance to enable them to understand the procedure in relation to complaints or
 - (ii) advice on where they may obtain such assistance
- complainants receive a timely and appropriate response
- complainants are told the outcome of the investigation of their complaint and
- action is taken if necessary in the light of the outcome of a complaint.

2. Methods of receiving feedback and complaints

There are a variety of methods by which feedback can be given:

- NRS IRIS System 'Feedback' Form (either a compliment, complaint or comment)
- NRS 'enquiries' mailbox
- Telephone to customer service staff or other member of the NRS Team
- Letter
- Emails to individual NRS Customer Service Agents
- Via feedback button on the corporate website
- In person (driver-technicians, customer service agents)
- Forwarded from commissioners
- Via other provider/commissioner organisations

These are the main methods but all feedback should be logged wherever possible and in particular complaints should be logged whenever a situation arises where a customer makes it clear that they are complaining or are unhappy with the service.

3. Eligibility to Complain

There are a variety of people who are eligible to complain about the service:

- Service Users and their relative / informal carers
- Carers
- Prescribers
- Provider/Commissioner Organisations
- Other ICES stakeholders

4. Recording of Feedback

Within the NRS ICON (internal management) system, all data is stored that is logged by the 'Feedback' section on IRIS.

Appropriate NRS staff in each service centre (clinical team, customer service agents and managers) have access to this information, known as 'Open Issues', so that they can review and respond to feedback.

A master spreadsheet is held at each NRS service centre, on which all other methods of feedback will be logged and all open issues from ICON will be copied, so that there is a central point for recording and tracking all feedback.

5. Response Times

a. Recording

- The 'Open Issues' section on ICON will be accessed minimum daily (and likely several times a day) and all new issues will be logged onto the master spreadsheet (Report available in IRIS and on ICON)
- The NRS 'enquiries' mailbox will be accessed minimum daily (and likely several times a day) and all new issues will be logged onto the master spreadsheet
- Other methods of raising feedback will be logged onto the IRIS system within 24 hours of receipt by the CSA manager.
- All new issues that are logged onto the master spreadsheet will be given an individual reference number

b. Acknowledgments

- The customer will receive an acknowledgment within 2 working days of raising the feedback via the IRIS 'Feedback' section, via email or via letter (letter to be in the post 1st class within 24 hours)
- Telephone feedback will be considered to be acknowledged and will not be provided with a separate acknowledgment confirmation.
- The final form of feedback to the customer will be sent on an agreed word template

6. Dealing with Informal Complaints

"On the spot" problem solving

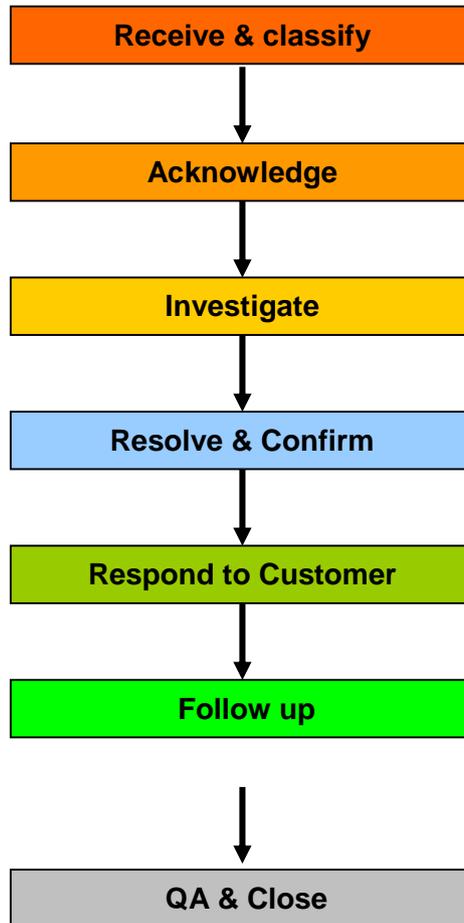
Usually we can solve a problem straightaway and will encourage our service users and prescribers to tell whoever they have contact with what has happened or what they are concerned about – often things can be sorted out there and then. Our Driver Technicians are trained and enable to deal with those complaints or are aware of how and when to escalate them if necessary

Looking for a quick solution

Occasionally a more senior person, such as the Service Manager, needs to look at what has happened. In this case they will decide who is the best member of the team to deal with the issue (Customer Service Staff, a Member of the Clinical Team or an Operational Team Member). We will aim to resolve these informal complaints within 5 working days

7. NRS Healthcare Formal Complaints Process Overview

Occasionally a complaint is so serious or a complainant wishes to have an independent point of view that we will need to deal with it by a formal process. The following key steps must be followed for all customer complaints received by NRS Healthcare:



The requirements for each of these steps is detailed below

1 Receive & classify

Summary

Ensure that all potential issues are captured by the organisation, and classified for escalation, review and action as required.

- Any complaint, issue or negative customer interaction (whether this is formally logged by the customer or not), must be logged and classified for action.
- All of these complaints must be formally logged using the method above
- All formal complaints must be assessed and prioritised immediately after they have been received, by an appropriate member of staff, to identify the level of risk and appropriate course of action. In most service centres the appropriate member of staff will be the member of the Clinical Team (Occupational Therapist). When they are not available it would usually then be a customer service team leader. The purpose of risk assessment at this stage is to identify high risk complaints that raise significant safety issues and need to be notified to senior management immediately.
- **Step 1: Consider the likelihood and consequence of an incident and obtain a ranking. Use the Severity Matrix below to do this:**

Likelihood \ Consequences	Consequences			
	Serious	Major	Moderate	Minor
Frequent	4	4	3	2
Likely	4	4	3	2
Possible	4	3	3	2
Unlikely	4	3	2	1
Rare	2	2	2	1

- **Serious incidents**

A service user, member of the public or staff member has died or suffered significant harm through their interaction with NRS Healthcare
Huge potential or actual financial loss to NRS Healthcare
Serious threat to customer / commissioner relationships and permanent harm to the reputation and brand of NRS Healthcare.

- **Major incidents**

A service user, member of the public or staff member has suffered harm or permanent injury through their interaction with NRS Healthcare
Major potential or actual financial loss to NRS Healthcare
Serious potential / actual breakdown of customer / commissioner relationships and harm to the reputation and brand of NRS Healthcare

- **Moderate incidents**

A service user or member of the public or staff member is angry or upset and / or there is potential to be harmed over their interaction with NRS Healthcare
Significant potential or actual financial loss to NRS Healthcare
Significant potential / actual breakdown of customer / commissioner relationships and harm to the reputation and brand of NRS Healthcare

- **Minor incidents**

A service user or member of the public or staff member is angry or upset but at very low / no risk of harm over their interaction with NRS Healthcare
Low potential or actual financial loss to NRS Healthcare
Low potential / actual breakdown of customer / commissioner relationships and harm to the reputation and brand of NRS Healthcare

Actions as a result of the matrix:

Rating 4 requires immediate notification to the CEO, Regional Manager and Clinical Services Lead for urgent actions and a detailed assessment of the causes and corrective action that should be taken

Rating 3 requires notification to the CEO, Regional Manager and Clinical Services Lead for a detailed investigation at their discretion, and the service manager conducts a review of policies as part of managing the complaint, which may result in recommendations for change.

Rating 2 results in the occupational therapist / customer service team leader drawing attention to the nature and impact of problem to service manager as part of managing the complaint, and may be the subject of recommendations for change.

Rating 1 results in the issues being considered by the occupational therapist / customer service team leader as part of managing the complaint, and may be the subject of recommendations for change.

2 Acknowledge

Summary

Ensure that every complaint receives a formal written acknowledgement (via email or postal service), containing an expectation of when they will receive a response, and the person dealing with it.

- All complaints, regardless of priority, should receive a pro forma (see below) acknowledgement sent out by 1st class mail or email on the day of receipt or within 2 working days of raising the feedback via the IRIS 'Feedback' section, via email or via letter (letter to be in the post 1st class within 24 hours)
- Feedback or complaints via telephone will be considered to be acknowledged due to the conversation held and will not be provided with a separate acknowledgment confirmation.
- The final form of feedback to the customer will be sent on an agreed word template

3 Investigate

Summary

Follow up all aspects of the complaint, both internal and external, to ensure that the key facts are identified and clarified.

- The rating of the complaint will drive the timescale for completion (3 days for Serious, 5 days for Major, 10 days for Moderate or 2 weeks for Minor). If possible these timescales will be exceeded and complaints dealt with in 48 hours.
- All areas of interaction and communication should be established (who, what, where, when, why) and documented where possible.

4 Resolve & Confirm

Summary

Ensure that the final resolution is clear and fair. Also confirm the proposed action and resolution with another senior person.

- Ensure that the proposed resolution meets corporate guidelines and does not prejudice NRS Healthcare in any unnecessary legal or financial manner.
- Document the proposed action and discuss and agree with Service Manager / Regional Manager / CEO / Clinical Services Lead & Directors as appropriate according to the rating
- Discuss and review the solution from both the corporate and customer viewpoint to ensure fairness and clarity.
- The review should include recognition and documentation of any underlying issues that have contributed to the complaint and recommendations for actions to prevent further occurrence.
- Complaints received and resolved should then form part of the regular Team Meeting agenda for each ICES Service Centre or Department and summary presented to the Board Meeting. NRS will provide to the ICES commissioners and management teams statistics on the number & types of issues raised, response times and actions / changes to practice as a result (see section below).

5 Respond to Customer

Summary

Provide the customer with the resolution within the timescales promised.

- The details of the findings and proposed resolution should be clearly explained (in written or verbal form as appropriate) to the customer- within the agreed timescales.
- A summary of the response to the complaint will be recorded on the master spreadsheet
- If this cannot be done within agreed timescales the customer should be contacted by telephone to request a further reasonable amount of time with reasons given.

6 Follow up

Summary

Ensure that complaints are followed up to confirm that customers are satisfied with the response given.

- All complaints must be followed up within a reasonable timescale (usually within 6 weeks).
- This will be carried out by the appropriate member of the NRS team via telephone or in a written format (usually a Customer Service Team Leader or member of the Clinical Team will carry this out).
- The follow up should identify the following
 - Is the customer satisfied with the response?
 - Did they feel that their complaint was properly and fairly handled?
- Any negative responses to these questions should be investigated and, if necessary, referred to Service Managers for action and direct follow up with customers.

QA & Close

Summary

Ensure that NRS Healthcare as a whole is aware of complaints and any underlying issues. Plan actions to remove these and prevent future recurrence.

- All complaints and actions should be reviewed monthly as part of the NRS Board Meeting
- Any complaints where action can be taken to avoid recurrent must be acted upon and raised with the appropriate managers/teams across the organisation.

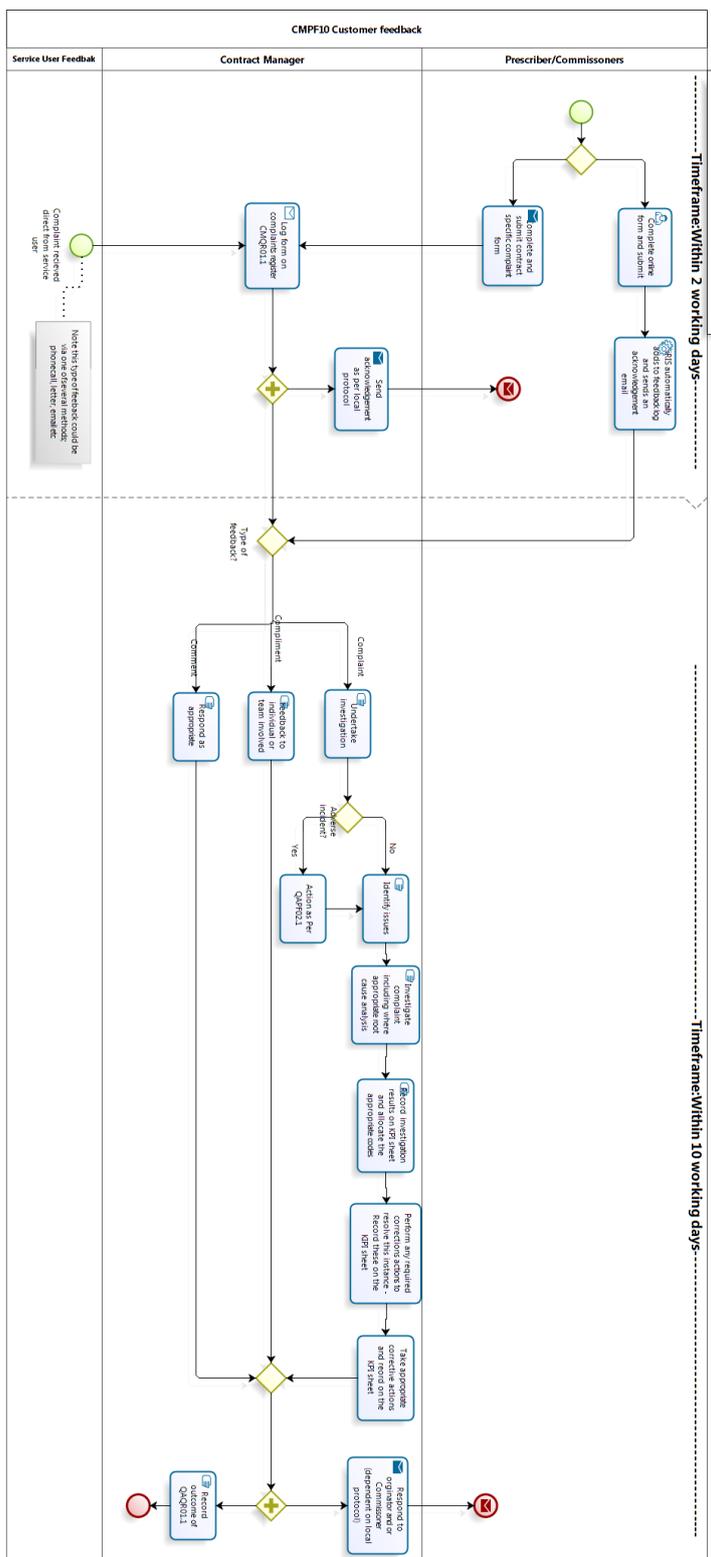
Example of appropriate actions taken from complaints upheld

- Staff training
- Safeguarding investigation
- Review Resource Allocation
- Review of Procedures
- Issued an apology
- Amended information we provide

8. CMPF10 Customer Feedback Process Flow

CMPF10 Customer Feedback

Author: edgellw
 Version: 3.0
 Description: This process documents the actions that should be followed when customer feedback has been received



9. Acknowledgement letter

Dear

Thank you for contacting us today with your complaint/problem.

We are sorry that you have had to do this and apologise for any inconvenience this has caused you.

We view complaints as positive and helpful feedback and will do everything we can to resolve this fairly and quickly to your satisfaction.

We aim to respond to you within xxx days/ xxx weeks with the results of our investigate and a response for you.

Should you need to contact us again regarding this matter, your reference number is xxxxxxxx.

I look forward to reaching a suitable resolution to this matter and thank you again for taking time to raise this with us.

Yours

(Owner)