

Policy

National Health Service Blood and Transplant (NHSBT) is committed to investigating and responding to complaints to improve the service to users of NHSBT components and services and to promote excellence in customer service. In accordance with NHSBT requirements for corporate and clinical governance, the Hospital Customer Service (HCS) function will maintain an effective complaints management system. We will

- Identify and record all complaints received.
- Take prompt action to mitigate any immediate risks identified.
- Act, in line with NHSBT POL96, to resolve the complaint effectively from the complainant's perspective.
- Promote a culture that seeks and uses customer's experiences to make services more effective, personal and safe.
- Review complaints at a national (HCS) level and provide learning opportunities for the business units.
- Ensure effective corrective and preventive action (CAPA) to improve the performance of the service.

Information for customers on how to submit complaints is available on our website at

<http://hospital.blood.co.uk>

Objective

To learn, systematically and consistently, from customer complaints to continually improve the safety and quality of NHSBT components and services.

Changes in this version

Complaint definition aligned with other documents.

Roles

All NHSBT customer-facing staff

- Report and document **all** complaints
- Report any comments at the request of the customer

Head of Hospital Customer Service

- Have overall responsibility for complaints management
- Ensure this procedure is followed by all Hospital Customer Service staff
- Ensure information on complaints are available for review at local/regional/national level
- Ensure the Hospital Customer Service Leadership Team reviews national trends in complaints and appropriate action is taken
- Determine and recommend any national corrective and preventative action

Regional Customer Service Manager

- Ensure complaint management is monitored locally and regionally and appropriate responses are provided to the complainant
- Advise and support CSMs as required.
- Review and trend complaints locally and regionally

Customer Service Manager (CSM)

- Ensure complaints are managed in accordance with SOP330
- Ensure all complaints are categorised correctly
- Ensure complaints are escalated to the appropriate Head of Function if required.
- Ensure NHSBT Managers and Stage Action Owners resolve any Stage Actions in accordance with SOP330

MPD890/2.1 – Management of Customer Complaints within the Hospital Customer Service Function



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- Ensure that responses address the complaint.
- Attend Root Cause Analysis (RCA) meetings where possible.

Operations Meeting Groups

- Ensure trends in complaints are reviewed and action is taken by staff: locally, regionally, nationally
- Ensure individual complaints are reviewed and resolved.
- Ensure CAPA removes or mitigates the risk of similar failure.

All managers of customer-facing Departments

- Ensure customer complaints are recognised and reported using the correct system.
- Ensure complaints are documented and assessed and any immediate risks mitigated
- Ensure any local corrective and preventative action is determined and implemented.
- Ensure RCA events are held where appropriate and include local CSM

- Ensure CAPA removes or mitigates the risk of similar failure.
- Ensure responses to complaints are timely and include sufficient information to ensure a clear explanation of the cause, to be fed back to the complainant.
- Ensure all staff are trained in accordance with functional quality documents. Any gaps in training, identified from a complaint, results in re-training where appropriate.
- Ensure all actions taken are recorded
- Ensure Stage Actions assigned to individual managers are adequately resolved within target date.
- Inform and liaise with Quality Assurance Managers, Local Specialist Consultants or Customer Service Manager to ensure a complete investigation.

All Heads of Customer-facing Functions

- Ensure that highlighted trends are investigated and resolved.
- Work with the quality function to undertake root cause analysis of complaints in accordance with MPD387.

1. Initial complaint reporting.

- i.* NHSBT actively encourages users of components and services to comment on the service provided as a key method of improving the service. NHSBT promotes this reporting through normal day-to-day contact with customers by staff who deal with customers and by the publication of this Management Process Description to customers.
- ii.* Any user of NHSBT components and services can contact any member of staff about the service they have received. Reporting may be by telephone, fax, letter, email, in person or using the external customer complaint form FRM547.
- iii.* CSMs must be informed of all customer complaints.
- iv.* The member of staff receiving the complaint will report it to Hospital Customer Services using FRM545, if trained to the process within SOP330 or refer it promptly to a senior member of staff within their department. The department manager will be responsible for an investigation within their department.

2. Categorisation of complaints.

The purpose of categorisation is to group complaints allowing for review and meaningful action. Categorisation is based on the function where the perceived failure has occurred, type of

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complaint, and actual or potential impact on the patient. Further categorisation is based on the severity allocated by Quality Assurance per DAT2990.

- i.* The complaint should be categorised as an Adverse Event if the incident has caused actual harm or has the potential to harm a patient.
- ii.* In circumstances where an incident may indicate a general failure of the supply of components and services to users, the incident must be escalated to the Critical Incident Manager.

3. Recording of complaints and response to the customer.

- i.* Hospital Customer Service (HCS) must be notified of all complaints as soon as possible and must be logged within 3 working days and an acknowledgement issued.
- ii.* Where a full response can be provided within 3 working days of receipt of the contact, no acknowledgement is necessary.
- iii.* The complaint must be logged on to Q-Pulse 6 and assigned to the Centre Quality Assurance Manager or deputy to ensure an overview of complaints regarding that Centre.
- iv.* Each complaint from a customer will be allocated to a CSM. The CSM assigns incident actions to relevant departmental managers.
- v.* The allocated manager will investigate in accordance with SOP330. The responsible person will collate information and documentation, ensure a thorough investigation and perform root cause analysis in accordance with MPD387 (if required). Customer Service Managers must be invited.
- vi.* Appropriate corrective and preventative action must be identified and implemented.
- vii.* Records will include summaries of statements and discussions. Confidentiality of patients must be adhered to.
- viii.* Should an incident require further investigation, the CSM will assign additional actions to ensure a full and complete response can be issued.
- ix.* Where interaction with the complainant or other external organisation is required, the investigator must discuss the approach with the CSM.
- x.* If the CSM believes a complaint has not been resolved appropriately, they must liaise with relevant departmental/quality managers and/or member of the customer service leadership team to ensure a suitable outcome.
- xi.* The CSM will respond to the customer within 18 working days of the receipt of the complaint. The response will provide the customer with an explanation of the investigation and the outcome to that date. For some complaints, it may not be possible to complete all actions within 18 days, so a final response may be required when all actions are concluded in accordance with SOP330.

4. Further action if the customer remains dissatisfied

- i.* If the customer is not satisfied that the complaint has been investigated appropriately or that the corrective and preventative actions are not appropriate, they must be advised to refer the complaint to the Head of Hospital Customer Service who will investigate further and respond to the customer.
- ii.* If the customer remains dissatisfied with the response, they can further refer the complaint to the Assistant Director of Commercial and Customer Service who will act as an independent reviewer.

5. Review of complaints.

- i.* HCS will distribute reports summarising the complaints received, for review by individual departments
- ii.* Each department must review complaints with the local CSM. The CSM is responsible for monitoring trends in complaints and, with the QAM, ensure appropriate action is taken to resolve local issues.
- iii.* Where a CSM identifies trends in complaints, these will be referred to a member of the Hospital Customer Service Leadership Team.
- iv.* Hospital Customer Service Leadership Team will review complaint trends. This will ensure that national level trends are monitored, and appropriate action taken.
- v.* Where trends exist the Hospital Customer Service Leadership Team will refer these to the appropriate Head of Function for action.
- vi.* Complaints and their impact upon patients must be reported to Clinical, Audit, Risk and Effectiveness Committee.
- vii.* Complaint trends must be reported to the NHSBT Executive and Board every six months.

6. Process development

- i.* Hospital Customer Service Leadership Team are responsible for ensuring the complaints process is working effectively. The team will review the process regularly and initiate any actions which may be necessary to ensure its continued effectiveness.

Definitions

- **Complaint:**

A customer contact reporting a problem or expressing dissatisfaction with NHSBT services.

- **Root Cause Analysis (RCA):**

A structured investigation that aims to identify the true cause of a problem and the actions necessary to eliminate it.

- **CAPA:**

Corrective and preventative action implemented to mitigate the risk or remove the cause of the complaint.

- **Stage Action:**

Part of an investigation assigned to the manager of a department, where there may be a requirement for corrective and/or preventative action in that department.

Related Documents / References

- **SOP330** – Managing customer complaints using Q-Pulse 6
- **POL96** – NHSBT Complaints Policy
- **DAT2990** – Regulatory definitions of events and incidents used in the Quality Management System
- **MPD387** – Root Cause Analysis of Events
- **FRM545** – Customer Complaint
- **FRM547** – Hospital Customer Complaint (External)

Appendices

- n/a