

Problems & Improvement Procedure (including appeals & complaints)

Document History:

Issue level	Page No(s)	Date	Brief details of amendment(s) to procedure
9	All	29/03/09	Procedure amended following change in ownership and structure and also to include E OHS requirements
10	3	07/01/14	Amendment to 4.4.3 to clarify discussion of reports at associate meetings also rename procedure problems & Improvements
11	1	10/07/14	Added versions of the Standards
12	All	17/05/16	Renumbered (from Procedure No 6) inclusion of learner complaints / safeguarding procedure
13	3	24/03/18	Change of address & updated logo & reference to 2015 version ISO9001/14001
14	1	10/01/20	Removal of reference to OHSAS18001 due to migration to ISO45001 standard

1.0 PURPOSE:

- 1.1 To ensure that the Company controls the action in case of nonconformities & Client or learner/apprentice complaints
- 1.2 Takes effective action to correct and minimise recurrence of non- conformance and Client or learner/apprentice complaints.
- 1.3 Takes effective action to eliminate potential causes of non-conformance.
- 1.4 To detail the process of reporting of accidents and incidents.

2.0 RELATED DOCUMENTS

- 2.1 ISO Paragraphs 8.7, 9.1, 9.2, 10.1, 10.2, 10.3
- 2.2 [Environmental Aspects & Impact Register](#)
- 2.3 [Risk Assessment Register](#)
- 2.4 [Improvement Report](#)
- 2.5 [Improvement Reports](#)
- 2.6 [Problem Register](#)
- 2.7 [QIP & SAR](#)
- 2.8 **Website link:** This policy is published on our website and can be accessed via this link:

3.0 RESPONSIBILITY:

- 3.1 It is the ultimate responsibility of the Managing Director to ensure that all personnel engaged in Non-conformance Control and Corrective Action activities, understand and conform to this procedure and the related documents.
- 3.2 Any changes to this procedure will be authorised and issued by the Managing Director.
- 3.3 All Directors and Consultants are responsible for ensuring the safety of themselves and other whilst undertaking activities.
- 3.4 Any unsafe act should be reported immediately to the Client and to Head Office

Problems & Improvement Procedure (including appeals & complaints)**4.0 PROCEDURE****4.1 General:**

4.1.1 Improvement Reports are raised by a consultant and forwarded to Head Office. A sequential number is allocated to the Improvement Report from the IR Register.

4.1.2 Improvement reports are to be raised for the following incidents:

- Accident whilst working on a client site
- Accident or instance of ill health of a learner or apprentice at RKMS's premises or at a client site
- Quality related issues
- Incidents that could have led to an accident (near miss) or environmental incident such as spillage or pollution etc...
- Identification of a possible improvement to activities in terms of quality, environmental or health and safety performance.

4.2 Control of Non-Conformance:

4.2.1 All materials, data and documentation received by the Office, from Directors or consultants, will be verified for acceptability, as defined in the Procedures, Work Instructions etc. Any deviation obstructing the planned activities of an authorised project, will be recorded on an Improvement Report by Head Office and submitted to the addressee for a decision on acceptance, i.e. return to originator, rework before acceptance etc.

4.2.2 If at any time, during authorised activities by Rosewood Keen Management Services staff, difficulties are encountered which interfere with planned Consultancy actions, then the non-conformance will be reported to the Project Manager, who will raise an Improvement Report for further action and review.

4.2.3 An Improvement Report will be raised by Consultants, when the absence of materials, data, documents, services or skills, supplied by the Office, are identified as obstructing the planned activities of an authorised project, and will be submitted to Head Office who will decide on the Corrective Action to be taken.

4.2.4 Deficiencies found in project inspection activities will be registered as a non-conformance. An Improvement Report will be raised by the Project Manager who will decide on Corrective Action. On completion it will be returned to Head Office for filing and review at the next Associates Meeting.

4.3 Corrective Action:

4.3.1 Copies of all Improvement Reports will be returned to Head Office who will ensure that the Corrective Action has taken place or is agreed. The Managing Director will register and present the Improvement Reports to the next Associates Meeting for review and possible further action

4.4 Client or Learner/Apprentice Complaints:

4.4.1 All Client or learner/apprentice complaints will be recorded on an Improvement Report which will be returned to Head Office, who will record its receipt and pass to the appropriate Director or Project Manager for completion of the section headed Corrective/Preventive Action.

4.4.2 The following steps will be taken before completing these sections: -

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- a) Review the nonconformity
- b) Determine the cause of the nonconformity
- c) Evaluate the need for Corrective Action
- d) Determine & implement the corrective action needed
- e) Record the results of the Corrective Action on the Problem Register

4.4.3 Copies of Improvement Reports will be returned to Head Office where appropriate they may be discussed at the next Associates Meeting, to consider whether any further action is required.

4.4.4 Such further action may involve a review of Operating Procedure, Work Instructions, Approved Consultants or some other working practice within the Company.

4.5 Safeguarding Issues

4.5.1 If a safeguarding incident is identified it is reported to the Designated Safeguarding Officer who will log on a Problem Report.

4.5.2 The Safeguarding Officer will undertake an investigation and raise any concerns with Senior Management.

4.5.3 Record of safeguarding issues are retained on the secure drive on the server.

4.5.4 The Designated Safeguarding Officer will make an informed decision on who to report the incident to:
Local Authority Designated Officer (LADO)

4.5.5 The Safeguarding Officer will maintain contact details for all LADO's in areas where we deliver.

4.5.6 Safeguarding incidents may include the following issues:
Physical abuse (assault/modern slavery / stalking)
Psychological abuse (controlling cyber bullying)
Sexual abuse – (forced marriage / under age sex / female genital mutilation)
Neglect
Emotional
*Not exhaustive

4.6 Learner Complaints Procedure

4.6.1 If a dispute or a complaint cannot be resolved between the parties involved (i.e. staff member and a customer) then the following complaints procedure will be initiated, feedback is also welcome using this procedure

Stage 1

4.6.2 The complainant (customer) should approach the staff member concerned and explain clearly what it is that they find unsatisfactory about the level of service provided. Thus giving the staff member concerned an opportunity to discuss the issue and make any required adjustments or actions.

4.6.3 If agreement over what action is required to restore the usual level of service is reached, and an acceptable time frame for this improvement is also agreed no further action will be taken

4.6.4 In case of an unsatisfactory conclusion, the customer can take the complaint to Stage Two

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- 4.6.5 The complainant should contact the office on 01253 806916 with as much relevant detail about the issue as possible, this information will be entered onto a Problem Report Form and immediately communicated to all Directors. Contact details of the complainant should be recorded on the Problem Report Form to allow the Directors to contact the complainant.
- 4.6.6 Alternatively the complainant can send their written complaint to the office for the attention of the Directors.
Business First Centre
Unit 17 The Pavilions
Avroe Crescent
Blackpool
FY4 2DP
- 4.6.7 The complaint will be dealt with immediately by an appropriate Company Director and confirmation of receipt will be actioned within 7 working days or sooner. (Where operationally required another impartial Senior Manager may deputise).
- 4.6.8 The Company Director will initiate an investigation of the complaint and gather relevant factual information from all parties concerned. This may involve the appointment of a panel to consider the issue/s and what action results e.g. Disciplinary Action.
- 4.6.9 The Director responsible will keep the complainant informed of the progress of the investigation and negotiate all appropriate corrective action with the complainant in advance.
- 4.7 Gross Misconduct**
- 4.7.1 If the Stage Two Director/panel considers the allegation made against the staff member, to be gross misconduct, the individual may be suspended immediately from:
- a) their duties, after consultation with a Company Director
 - b) providing any company service to the complainant's workplace
- 4.7.2 The Stage Two Director/panel will immediately inform the complainant, the staff member to whom the allegation applies, the appropriate Department Manager and the Board of Directors, of the action to be taken and the reasons for doing so. This suspension shall be reviewed during each stage of the complaint procedure.
- 4.7.3 To expedite matters, gross misconduct can be taken directly to the disciplinary procedure at the discretion of the board of Directors.

The Disciplinary Procedure is initiated either:

1. After all attempts have been made to resolve the problem following the HGT Customer Complaints Procedure.
2. If Gross Misconduct is brought forward directly to this procedure by the Board of Directors. All parties will be informed as and when the Disciplinary Procedure is in operation and from that time they will follow the Disciplinary Procedure.
3. The Director taking responsibility to manage the Complaint will inform the complainant that disciplinary action has been initiated and finalise the Complaint procedure.

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4.8 Preventive Action:

4.8.1 If a Director or Associate realises that a potential nonconformity could occur, this will be documented on an Improvement Report which will be forwarded to Head Office who will record its receipt and pass to the appropriate Project Manager for completion of the section headed Corrective/Preventive Action.

4.8.2 The following steps will be taken before completing these sections: -

- a) Review the potential nonconformity & its cause
- b) Evaluate the need for action to prevent occurrence
- c) Determine & implement the action needed
- d) Record the results of the Preventive Action on the IR

4.8.3 Copies of the Quality Improvement Reports will be returned to the Managing Director for presentation at the next Associates Meeting, which will consider if any further action is required.

4.9 Accidents and Incidents:

4.9.1 All accidents and incidents shall be reported on an Improvement Report and forwarded to Head Office.

4.9.2 If the incident occurs on site or at a Customer premises the incident should also be recorded in the Third Party's accident book. A copy should be taken of the entry and sent to Head Office.

4.9.3 Each consultant is responsible for ensuring:

- Awareness of first aid treatment procedures and facilities
- Maintaining their first aid kit and ensuring it is adequately stocked
- The incident is recorded on an Improvement Report
- Co-operation and participation in accident/incident investigations

4.9.4 Head Office will ensure that an adequate investigation takes place to identify and where possible eliminate its cause.

4.10 Emergency Preparedness & Response:

4.10.1 The Company have identified a number of potential emergency environmental or H&S situations and have generated work instructions to cover them as well as a list of emergency contact numbers.

4.10.2 These work instructions will be tested where necessary and practical records of these tests/drills will be retained.

4.10.3 In addition to the work instructions operational procedures have been developed to contain instructions on how to deal with emergency situations.

4.11 Flowchart (appeals)

This process is to be followed in all cases where a candidate disputes the outcome of an assessment.

All disputes will be logged and investigated as part of our continual improvement process, details of and results of all appeals will be discussed at review meetings.

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