



The Rehabilitation Network

Service Standards

The Rehabilitation Network is proud of its reputation and the quality of service it provides to customers and to the claimants who receive help and support through our rehabilitation packages. We work within the Code of Ethics of the Vocational Rehabilitation Association and the UK Rehabilitation Council's Rehabilitation Standards. In motor and personal injury claims The Rehabilitation Network operates within the framework of The Rehabilitation Code (2007) and our work is outside of the litigation process so that we remain independent.

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We aim to deliver an initial assessment report to the customer within 6 weeks of receipt of the referral instruction; and normally within 4 weeks. Our full Service Standards are outlined below.

1. TIMESCALES

- 1.1. The Service Provider will endeavour to appoint a Case Manager within 5 business days (normally within 2 business days) of receipt of the instructions from the Customer and notify the Customer.
- 1.2. The Case Manager will contact the Claimant within 5 business days (normally within 2 business days) of receipt of the instructions from the Service Provider's admin department.
- 1.3. The Case Manager will arrange an appointment for the assessment within 15 business days (3 weeks) of receipt of the instructions; however, the parties may agree to extend this period provided that the Service Provider can provide valid reasons for the extension.
- 1.4. The Service Provider will provide the reports within the following timescales:
 - 1.4.1. Initial Report (Initial Needs Assessment, Occupational Therapy Report etc) within 15 business days (3 weeks) of the Case Manager's visit and assessment, however, the parties may agree to extend this period provided that the Service Provider can provide valid reasons for the extension.
 - 1.4.2. Progress reports monthly thereafter (subject to approval of recommendations made for Case Management and treatment recommendations) or at other intervals specified by the Customer.
 - 1.4.3. Case review reports quarterly and a full review of the programme before proposing closure of the programme.
 - 1.4.4. Closure reports at the end of the rehabilitation programme, unless specifically instructed not to.

2. REPORT CONTENT

- 2.1. The Service Provider will provide, as a minimum, the following information in the Rehabilitation Assessment Report, including medical experts' comments where applicable:
 - 2.1.1. The injuries / disabilities in respect of which rehabilitation is suggested;
 - 2.1.2. Detail of the proposed rehabilitation programme, including:

- 2.1.2.1. Short, medium and long-term suggestions to deal with the immediate care needs and opportunities to maximise independence; and
 - 2.1.2.2. Stated aims, objectives, measures and expected results for these programmes.
 - 2.1.3. Timescales for the proposed rehabilitation programmes including:
 - 2.1.3.1. Timescales for completion of the stated objectives and results; and
 - 2.1.3.2. A review date 3 months after commencement of the rehabilitation programme and quarterly thereafter.
 - 2.1.4. A comprehensive estimation of costs of the programme;
 - 2.1.5. The proposed Treatment Provider(s); and
 - 2.1.6. The likelihood that the programme will be successful.
- 2.2. The Service Provider will at all times consider the availability of state funded rehabilitation and where public sector funding is available the Service Provider will ensure that this is utilised before a private rehabilitation provider is contracted.
- 2.3. The monthly progress reports shall contain, as a minimum:
 - 2.3.1. The injuries / disabilities in respect of which treatment is being provided;
 - 2.3.2. Details of the Treatment Provider(s) being used;
 - 2.3.3. An update on the progress of the rehabilitation programme including:
 - 2.3.3.1. Progress against the stated aims, objectives and expected results; and
 - 2.3.3.2. Progress against or revisions of stated timescales for completion of aims and objectives.
 - 2.3.4. Any revisions to estimated costs of the programme together with justification; and
 - 2.3.5. An update on the likelihood of the programme being successful.
- 2.4. Quarterly review reports
 - 2.4.1. At the review date detailed in the Rehabilitation Assessment Report the Service Provider / Case Manager will carry out a thorough review of the programme to establish:
 - 2.4.1.1. The effectiveness of the programme; and
 - 2.4.1.2. Whether any further rehabilitation is justified; and
 - 2.4.1.3. An estimate of costs for a further 3 month programme with a further review date 3 months later.
- 2.5. Closure reports
 - 2.5.1. At the end of the rehabilitation programme the closure report will contain as a minimum:
 - 2.5.1.1. Original referral details and the stated aims as indicated in the Rehabilitation Assessment or other initial report; and
 - 2.5.1.2. The injuries / disabilities in respect of which treatment is being provided; and

2.5.1.3. A summary of the rehabilitation programme including any treatment provided, its aims and the success of such treatment; and

2.5.1.4. The final outcome of the rehabilitation programme (**see Definitions at end of document**):

- 2.5.1.4.1. Return to Work Full-time
- 2.5.1.4.2. Return to Work Part-time
- 2.5.1.4.3. Retraining / seeking work
- 2.5.1.4.4. Recovered
- 2.5.1.4.5. No progress
- 2.5.1.4.6. Uncooperative
- 2.5.1.4.7. Other

3. CASE MANAGERS AND TREATMENT PROVIDERS

- 3.1. The Service Provider is responsible for subcontracting the co-ordination and provision of treatment to Case Managers, who may instruct qualified and experienced Treatment Providers in the relevant geographical area to carry out the rehabilitation programme.
- 3.2. The Service Provider and/or Case Manager will notify the Customer of the name of the proposed Treatment Provider the Case Manager plans to instruct at least 2 business days before passing on any instruction.

4. QUALITY ASSURANCE

- 4.1. The Rehabilitation Network at all times endeavours to ensure that the reports produced consistently offer an accurate and well considered opinion based on assessment and an accurate account of progress of the rehabilitation programme and contact with the claimant and any treatment providers or other stakeholders. This includes:
 - 4.1.1. All reports produced by Case Managers and Treatment Providers subcontracted by The Rehabilitation Network are quality checked for clinical content, comprehensiveness and accurateness of information to ensure nothing inappropriate is contained within the reports and that our Service Standards are being consistently applied.
 - 4.1.2. Use of standard report templates to ensure consistency and ease of access to information for the reader.
 - 4.1.3. Centralised tracking of cases and report due dates to ensure that stated timescales are met, recommendations and goals are followed through and implemented, with a clear explanation why if a particular recommendation or goal hasn't been implemented.
 - 4.1.4. Supervision of Case Managers and monitoring of quality of work, ethical practice, and caseload through discussion of complex cases or case issues, effectiveness of treatment and the rehabilitation programme, ensuring Case Managers maintain appropriate professional boundaries.
 - 4.1.5. Treatment providers subcontracted by Case Managers are monitored by the Case Manager to ensure they provide a quality service and work to the instructions given in their referral documents, maintaining appropriate professional boundaries.

5. COMPLAINTS HANDLING

- 5.1. The Service Provider will deal with any expression (whether written or spoken) of dissatisfaction with any aspect of the Service made by or on behalf of a Claimant, which indicates that the Claimant is or might be seeking redress (whether in the form of financial compensation, an apology or otherwise); and

- 5.2. Will respond to any complaint within 10 business days; and
- 5.3. Will use all reasonable endeavours to rectify as soon as possible any delay, omission or fault in connection with the performance of the Services leading to the complaint at its own cost.
- 5.4. The Service Provider will deal with any expression (whether written or spoken) of dissatisfaction with any aspect of the Service made by or on behalf of the Customer, which indicates that the Customer is or might be seeking redress (whether in the form of financial compensation, an apology or otherwise); and
- 5.5. Will act in accordance with clauses 5.2 and 5.3 to remedy the dissatisfaction.
- 5.6. Complaints should be addressed to:

John Brett
General Manager

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DEFINITIONS FOR OUTCOME OF REHABILITATION

“Returned to Work Full time” applies to claimants who were in full time work at the time of the accident / illness and were able to return to and sustain full time work following rehabilitation.

“Returned to Work Part time” applies to claimants who were on a graded return to full time work or were in part time work at the time of the accident / illness and have returned to part time work, or were only able to sustain part time work following rehabilitation.

“Retraining / seeking work” applies where the claimant was in training or actively seeking work when case management services ceased.

“Recovered” applies to claimants too seriously disabled to work or those beyond working age or to children, but all who have substantially recovered following rehabilitation.

“No Rehab” applies where the initial assessment found the claimant already receiving good care and RN rehab services were not required.

“Uncooperative” applies where a claimant does not comply but also occasionally where a family member or other party proves to be a barrier to rehab.

“No progress” applies after numerous attempts at various therapies and other interventions have been unsuccessful.

“Other” applies to other unusual situations, e.g. settlement reached and rehab withdrawn, liability issues causing rehab to be withdrawn.