

CLINICAL COMPLAINTS POLICY

Definition of a complaint

A complaint is any expression of dissatisfaction or concern about the performance of an agency worker placed via Medic Now or the service that we provide. The complaint can be either verbal or written, and whether justified or not, it requires a response and/or redress.

Purpose

- To provide a fair complaints procedure which is clear and easy to use for anyone wishing to make a clinical complaint
- To publicise the existence of our complaints procedure so that the relevant healthcare establishments know how to contact us to make a clinical complaint
- To make sure that everyone at Medic Now knows what to do if a complaint is received
- To make sure that all complaints are investigated fairly and in a timely manner
- To make sure that appropriate action is taken to ensure the safety of patients
- To gather information which helps us to improve our recruitment processes and quality

Scope

Any temporary workers working via Medic Now, any employees of Medic Now involved in receiving complaints, Clinical Advisory Team and key stakeholders.

Process overview

We encourage the complainant to raise any issues directly with us in the first instance. Together we can agree on the best resolution for all parties involved.

If a complainant wishes to use a formal way of sharing their feedback, we have a clear process for doing so.

Anyone can complain about the service that Medic Now provide. If the complaint is about our agency workforce, the Clinical Advisory Team member will investigate the complaint within the below response timescales.

The Clinical Advisory Team will be responsible to resolve all clinical complaints raised to us. Clinical Advisory manage the complaints though the same central system so transparency and consistency can be maintained at all times.

Receiving a complaint

Complaints can be received either verbally or in writing from a variety of sources but in the main will be received in writing/email directly from clients in one of the following ways:

- Clinical Advisory Inbox: casupport@yourworld.com
- Medic Now feedback Inbox: feedback@yourworld.com
- Medic Now Recruitment Consultants
- By Phone: 020 7220 0811

The casupport@yourworld.com inbox is monitored by the Clinical Advisory (CA) Team and will be responded to and managed by them.

The Clinical Advisory Team will be responsible for processing individual complaints for the duration until an outcome is reached.

Recruitment Consultant: any Recruitment Consultant in receipt of a clinical complaint must immediately inform the Clinical Advisory team via email in order that it can be assessed and processed appropriately.

Verbal complaints: wherever possible a verbal complaint should be followed up by requesting a written account of the incident from the complainant to be sent to casupport@yourworld.com.

The allocated CA Team member creates a folder within a dedicated complaints management system in which to store all correspondence relating to the complaint, thus creating an easily accessible chronological history.

Applying restrictions to agency workers

Upon receipt of the written complaint the CA Team member will assess if any restriction or ban is necessary depending on the type and severity of the complaint. A restriction can also be requested by the source Trust and must be implemented. Restrictions are reviewed when closing the complaint and may be lifted, modified or the rights of the agency worker to work for Medic Now may be withdrawn.

Restrictions must be entered onto the candidate Eclipse profile.

The CA team will deal with all complaints. Some complaints involving Adult and Support Protection or Child Protection may be dealt with directly by the local health boards and local authorities. Safeguarding complaints may be managed cooperatively with the client and local authorities.

The copy of the complaints policy will be available to every service user and to any representative that requests it.

A summary of the complaints and the action that was taken in respect of each complaint will be always stored securely and available for any inspections.

All complaint communications and records will be archived and stored securely.

Response timeframes

A complaint will be investigated if made within the following timeframes:

- 6 months after the date the event occurred or
- 6 months after the date the event came to the notice of the complainant

The time limit will not apply if Medic Now is satisfied that:

- The complainant can give a good reason for not making the complaint within that time limit, and
- Despite the delay, it is still possible to investigate the complaint effectively and fairly

Complaints can be made by telephone, in person, in writing or via email. In the first instance, we suggest contacting the office directly.

The CA Team can be reached on their direct line during working hours 020 7220 0831.

Any clinical complaints received by recruitment consultants must be escalated to the CA Team on the same day. All written clinical complaints will be acknowledged within 3 working days.

The service level agreement (SLA) for closing a complaint is 30 days although it is expected that investigations involving a governing body or safeguarding will be open for longer.

In the course of investigating a complaint, feedback may be requested from the complainant. This request will be sent weekly for 3 weeks.

If there is no response, a '3-day response' email will be sent giving notice that the complaint will be closed if there is no response within the timeframe. Any temporary restrictions may be lifted.

Notifying an agency worker of a complaint

The agency worker will be contacted as soon as possible with the details of the complaint. A discussion or meeting will take place and a statement response from the agency worker will be requested.

The agency worker must be notified of the complaint as soon as possible unless it involves a safeguarding issue, police involvement/criminal investigation - e.g., fraud/theft. The agency worker is called and informed of the nature of the complaint plus any restrictions that may need to be applied in the interim.

Verbal clinical complaints

These must be followed up same day in writing, requesting full written details of the complaint.

A response is requested from the complainant within 7 days, the complainant must be informed that if they do not respond we understand that they do not wish to proceed further and the complaint will not be investigated.

Procedure: record keeping and archive

The CA Team will record all complaints. Access to complaints is limited to the Clinical Advisory Team and Director of Audit & Governance.

A 'limited access' system is kept for all closed complaints to enable traceability and performance & quality management. Archived complaints are stored for 7 years.

Work restrictions will be applied immediately as assessed by the CA Team or as stipulated by the complainant, if required. Alert notices will be placed on our CRM system.

Non-response from an agency worker to a complaint may result in dismissal and/or referral to the relevant regulatory body.

Closing a complaint

Once a complaint is resolved; the CA Team will:

- Inform the agency worker
- Inform the relevant consultant
- Close the complaint on the complaints system
- Ensure that any restriction is modified or lifted on Eclipse including updating the alerts notice and entering a contact log entry
- Archive the complaint folder

Archiving a complaint

All archived complaints will be stored on our system for 7 years.

Regulatory body referrals

In the event of serious clinical misconduct, it may be necessary to refer a registrant to the appropriate regulatory body. In the event of Fitness to Practice referral is made, Medic Now will be dependent on the regulatory body for their investigations, this may exceed the Medic Now 30-day timeframes.

The CA Team may attend complainant meetings in the process of managing a complaint.

Feedback from the complainant will influence any remedial action/support that may be required. Although each complaint will be managed on an individual & unbiased basis, prior complaints will be considered when considering continued suitability for ongoing agency work and patient safety.