

Clinical Complaints Policy

Purpose

This document defines the process for addressing any clinical complaint raised by either:

- a Client;
- a Temporary Worker working within a healthcare environment;
- a Supplier;
- an employee of Staff Partners Healthcare.

In respect of:

- the behaviour, competence or performance of a Temporary Worker;
- any concern relating to a Temporary Worker's status, experience, background or training;
- any allegations of abuse or neglect;
- any allegation that a Temporary Worker has breached a code of conduct;
- Any incident that has or could have resulted in harm to a patient or service user;
- OR any other staff member in a clinical environment where the concern is reported by a Temporary Worker in respect of their assignment.

Any issues relating to any other complaints or concerns should be addressed through the Complaints Policy and Procedure for Staff Partners Healthcare's operations teams.

The process is to ensure that order, structure, focused attention and additional resource is brought to all situations where an issue arises which could otherwise result in any actual or possible clinical or safeguarding risk.

Procedure

Any issue that arises is assigned to a single point of contact that is accountable for ensuring complaints are dealt with efficiently and are properly investigated and that appropriate tracking provides a fully auditable history with feedback provided to the complainant, and subject of the complaint.

It ensures that best practice guidance and legal obligations can be met, all relevant parties including regulatory and professional bodies (e.g. GMC, NMC, HCPC, ISA or HSE), the client and agency supplier are notified where appropriate and that complaints can be addressed within a timely fashion.

Timescales

All complaints will be acknowledged immediately wherever possible and within a maximum of 5 working days.

Wherever possible an investigation and conclusion of a complaint will be completed within 15 working days, unless detailed or additional investigation is necessary by the Client or an agency, and/or third-party involvement is needed such as a regulatory or professional body.

Clinical Compliant Parties

Managing Director (MD)

The Managing Director has overall responsibility for liaising with clients, suppliers and candidates engaged with any clinical complaint to update all parties on progress.

Agency Supplier

This is notice to the Business Director and Clinical Lead Nurse at the agency

Client

This includes the Medical Director, Divisional Clinical Director where required, HR Director and Deputy HR Director or nominated HR Lead where required

Professional and Regulatory bodies including General Medical Council, Nursing and Midwifery Council or Health Professional's Council

Designated Body

Health & Safety Executive

Interim Orders Panel

Independent Safeguarding Authority

Responsible Officer

Standard workflow for clinical complaints

1. Immediate notice from account management team on receipt of a complaint to MD or supporting Clinical Governance team including where possible details of:
 - a. background
 - b. individuals involved
 - c. relevant dates and times, locations
 - d. witnesses
2. Immediate notice of complaint from MD or supporting Clinical Governance Team to where appropriate is made to:
 - a. Client
 - b. relevant Professional and Regulatory Body, ISA or Police
 - c. Candidate

3. Immediate decision on suspension of candidate if required made in conjunction with all parties and a statement is requested from the candidate in response to the complaint which we give 7 days for the response in writing.
4. All available information made available to all parties by MD or supporting Clinical Governance Team to ensure adequate investigation including:
 - a. Employment checks and work history
 - b. Details of assignments worked through Staff Partners Healthcare
 - c. Any previous issues or concerns flagged to Staff Partners Healthcare
5. Investigation owner assigned for each party and reporting processes and Regular briefings/updates scheduled by MD and clinical lead.
6. Outcome decision enforced including reinstatement or termination of candidate and the client will be informed of the outcome of the complaint and how it has been resolved.
7. Where there is evidence of malpractice or the complaint is an event that requires notification, the Employment Business will immediately notify CQC, Safeguarding Authority and where applicable alert the temporary workers professional body, i.e. NMC, HCPC, GMC
8. We will make a decision where relevant to exclude the temporary worker from its register whilst an investigation is in process
9. A full written record is kept of the nature of each complaint and details of the action taken as a result of the complaint, which we retain on our electronic system for the required length of time.
10. We will internally audit our complaints process and all complaints monthly to identify trends and take action to prevent them happening again, referring them to our Clinical Governance panel

Registration Body Notification and IOP Findings and Alerts

Staff Partners Healthcare is required to update any Client of any alerts or notice from a third party if they receive a complaint about an individual registered with them.