

PnP Aviation				
Conducting an Investigation Policy				
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1.0	September 2024	September 2025	N Jivani	N Jivani

## Introduction & Purpose

PnP Aviation, hereinafter called “the Organisation” recognises the importance of having an accessible and impartial process for dealing efficiently and effectively with concerns and complaints from people who use our services. By listening to, and receiving feedback from people this allows the company to improve patient safety and the quality of the care and services we provide.

The Organisation aims to ensure that all concerns and complaints are dealt with efficiently, are properly investigated and that complainants receive an open, honest, impartial, thorough response outlining any action that is taken to improve services, whilst being fair to all concerned.

However, in the event that misconduct and/or serious performance issues on the part of a specific employee are discovered during the course of the investigation, then this may trigger the relevant policies covering those issues.

This policy, which applies to all staff, outlines the structure and framework for the management of concerns and complaints in the Organisation.

The policy takes account of statutory regulations and guidance and sets out clear standards for the management of concerns and complaints based on the principles of good complaints handling:

- Getting things right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

## Responsible Persons

The Complaints Responsible Officer (CRO) for the Organisation is Dr Nazim Jivani.

## Procedure

The complainant, or their representative, can complain about any aspect of care or treatment they received through the Organisation to the CRO's.

A complainant must make their complaint within **4 weeks** from the occurrence giving rise to the complaint, or **4 weeks** from the time that they become aware of the matter about which they wish to complain.

If, however, there are good reasons for complaints not being made within the timescale detailed above, consideration may be afforded to investigating the complaint if it is still feasible to investigate the complaint effectively and fairly.

### **Receiving of Complaints**

The service may receive a complaint made by, or (with their consent) on behalf of a patient or former patient, who is receiving or has received treatment from the on-line service.

Where the patient is incapable of making a complaint:

- via a relative or other adult who has an interest in his/her welfare who has the authority to do so.

All complaints, written and verbal will be recorded. Complainants will be encouraged to complain through the website wherever possible. Complaints will be acknowledged in writing within **5** working days of receipt. The complainant should be provided with a summary of the process together, where possible, an estimated timescale for response and resolution. Regular updates should be given to the complainant throughout the investigation. Complaints should be resolved within 3 months.

The CRO has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

- When considering an extension to the time limit it is important that consideration be given to the passage of time which may prevent an accurate recollection of events by the clinician concerned or by the complainant.
- The collection of evidence, Clinical Guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as a suitable reason for declining a time limit extension.

### **Actions upon receipt of a complaint**

No matter the cause of the complaint, all staff are to offer empathy when entering into discussions with the complainant.

The complainant should be advised that the complaints procedure is a three-step process as detailed below:

- Stage 1: The complainant may make a complaint to the service. This will be investigated and outcome letter provided to the complainant.
- Stage 2: If the complainant is not content with the initial response they may request an internal review by Dr Naz Jivani. This person will review all relevant documentation and provide an outcome to the complainant.



- Stage 3: If after the internal review the complainant still have concerns they may refer the complaint to CQC, however the complainant is within their right to complain to CQC at any stage during this process.

Where complaints are made verbally, a written record should be taken and the complaint should always be forwarded to the CRO (even if resolved) as this still needs to be recorded. The written record should also be provided to the complainant.

## Final Responses

Final responses given to complainants will include:

- An apology or explanation as appropriate;
- A full report detailing all issues, investigations, and findings and giving clear evidence-based reasons for decisions if appropriate.
- Where errors have occurred these should be fully explained. State what will be done to put them right or prevent repetition;
- A focus on fair and proportionate actions for the patient including any remedial action;
- A clear statement that this will be the final response; and
- A statement advising them of their right to take the matter to the CQC or Ombudsman if desired.

## Review Process

Should the complainant not be satisfied with the outcome of the AME, then they can apply for a formal secondary review process through the CAA. The link for this information is at:

<https://www.caa.co.uk/media/terk0gi1/20240220-secondary-review-procedure.pdf>

## Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the complainant:

- The complaint will be managed by one named individual at senior level who will be the only contact for the complainant;
- Contact will be limited to one method only (e.g. in writing)
- Repeated complaints about the same issue will be refused;
- Only acknowledge correspondence regarding a closed matter, not respond to it;
- Keep detailed records.



## **Confidentiality**

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the CRO must inform the patient or person acting on their behalf if the investigation may involve disclosure of information contained in those records to a person other than the Service or an employee of the Service.

The Organisation must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

Complaints will be reviewed and analysed on a 6 monthly basis to identify trends and organisational learning.