

ANNUAL REPORT OF THE INDEPENDENT REVIEW BODY (IRB) FOR THE YEAR 1 APRIL 2013 – 31 MARCH 2014

Purpose: The Independent Review Body exists to investigate complaints made in relation to the National Health Service (NHS) which have not been dealt with to the complainants' satisfaction by the service providers' own local resolution procedure. Such complaints can relate to Noble's Hospital or a Practitioner (i.e. a G.P., Pharmacist, Dentist or Optometrist). Equally, complaints can relate to purely process or procedural matters such as traffic management at the hospital, clinic organisation OR to medical practice, competence or any other aspect of care which fails to meet a service user's expectation. According to the IRB's statutory purpose and obligation, it is entitled to investigate all matters that relate to a health service complaint that is unresolved.

Membership: The IRB consists of three Convenors: Mr. Andrew Guy (Chairman - appointed by IRB Membership to oversee business matters), Mrs Vivienne Hare (Deputy Chairman - similarly appointed), and Mr. Francis Masserick; together with three Lay Members: Mr. Colin Brown Mr Brian Holt and Mr Chris Barr. Mrs Andrea Roberts is Clerk to the IRB.

The intention is that members of the IRB are initially appointed as Lay Members and, after training and shadowing existing Convenors, become Convenors in their own right.

The members of the Independent Review Body meet on a quarterly basis to transact any formal business and discuss, for training purposes, Convenors' and Panel decisions in respect of matters which have been concluded. The individual Convenors and Lay Members are required to read through, in their own time, often extensive medical records and complaint management files in connection with matters into which they are enquiring.

Mode of operation: The IRB operates on the basis that one Convenor enquires into the initial complaint and if appropriate, seeks qualified medical advice. The options open to the convenor include calling a full Panel Hearing to investigate further, declining to hold a Hearing whilst upholding the complaint and making a number of recommendations (although these may not include a recommendation of financial awards nor disciplinary action by the NHS but may include a referral of an individual to an appropriate professional body if the Panel deem it necessary), or turning down the request for a Hearing without making any recommendations (rejecting the complaint). Finally, the convenor has the power to refer the matter back for a further attempt at local resolution, if it is felt this is the most likely way to resolve the issue.

Procedure on appeal of the convenor's decision: If the complainant is not satisfied with the decision of the first Convenor, an appeal can be made to a second Convenor. This person then has access to all the documentation produced in the case to date but not the report of the first Convenor; thus an appeal requires a second, independent, investigation. Should the second Convenor also turn down the request for a full Panel Hearing then that completes the complaints procedure and no further action may be taken by the complainant.

Should either the first or second Convenor decide to call a Panel Hearing this member sits on the Panel and produces the final report, but the Hearing is chaired by another Convenor not previously having had any involvement with the complaint. One of the three Lay Members completes the Panel. The complainant is invited to attend the Hearing, as are other individuals whose presence is thought to be helpful to the investigation. If the complaint involves a medical issue, independent assessors from the UK are engaged to attend the Hearing, advise the Panel Members, and then submit separate reports. These

form the basis of the Panel's own final report which is circulated to all parties, including the Department of Health (DoH), now Department of Health and Social Care (DHSC), or other appropriate body.

Number of complaints: As will be appreciated, arrangements for investigating complaints are ongoing and do not fall neatly into a yearly cycle. Thus, during the year 2013-2014, 12 complaints were under consideration. These can be summarised as follows:

12 Complaints were received in total by the IRB.

3 Complaints were reviewed by a Convenor, who considered a Panel Hearing was not required.

1 Complaint was reviewed by a Convenor, appeal was made by the Complainant to a second Convenor; a decision is awaited.

3 Complaints were referred for a Panel Hearing.

5 Complaints are in the process of being investigated.

OBSERVATIONS:

1. Statistics

In last year's report, the IRB pointed out some inaccuracies in DoH reporting of IRB activity. Following discussions with department managers and the then Minister, Mr Anderson, it was agreed that the necessary corrections would be made and an addendum to the 2012-2013 report lodged appropriately. The IRB is unaware of the content of the addendum but assumes that this matter has been dealt with.

2. Nature of Complaints

In many cases complainants appear to be content with the efforts taken by the IRB to resolve complaints and are aware that, at Panel hearing level, much expense is involved in appointing independent medical experts from the UK who provide the Panel (and complainants) with the medical knowledge to explain the use of clinical procedures.

An appeal against decisions not to offer a panel hearing are relatively infrequent and has occurred on one occasion in the last year, requiring essentially double the effort for the case than would otherwise be necessary.

3. Consultants' contracts & obligations

The IRB is aware that the Manx Health Service contracts for medical and nursing staff do not expressly require them to cooperate fully with an IRB investigation or to attend a panel hearing.

Until recently, this has not been of any significance as practically all health professionals that the IRB has encountered have seen cooperation as in their best interests and that of their patients. However, during the period covered by this report, at least one consultant has

failed to cooperate in the usual way expected and it would appear that certain elements within the hospital management structure did not encourage cooperation.

This is a worrying development and one that the IRB is very keen to curtail, as in at least one case this is causing considerable damage to the Manx NHS reputation and impairing the ability of the IRB to carry out its statutory duties.

Due to the recent substantial changes to NHS management, departmental restructuring and a new ministerial appointment, the IRB has been unable to address this issue but a resolution will need to be found in the coming period to prevent any further difficulty.

Andrew Guy
Chairman
Independent Review Body

15 September 2014