



THE SCOTTISH OFFICE
Department of Health

COMMON SERVICES AGENCY	
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NHS
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NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
22 March 1996.

Dear Colleague

IMPLEMENTATION OF NEW NHS COMPLAINTS PROCEDURES: DIRECTIONS UNDER THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978 AND THE HOSPITAL COMPLAINTS PROCEDURE ACT 1985

Summary

1. I attach a copy of Directions to NHS Trusts and Health Boards on hospital complaints procedures which, together with Regulations which are being published separately, provide the legal framework for the new NHS complaints procedures. Directions covering complaints against Health Boards, or about independent sector services purchased by them or by GP fundholders, and Directions to Health Boards on primary care services practitioners complaints will be published separately.

Action

2. Board General Managers and NHS Trust Chief Executives are asked to bring the Directions to the attention of managers responsible for complaints and associated training and to take appropriate measures locally to ensure successful implementation and development of the new procedures. Board General Managers are also asked to ensure that the Directions are brought to the attention of GP fundholders within the Board area and of the Secretary of the GP Sub-Committee of their Area Medical, Dental, Optical and Pharmaceutical Committees.

3. These Directions, made by the Secretary of State under section 2(5) of the National Health Service (Scotland) Act 1978 and section 1A of the Hospital Complaints Procedure Act 1985, apply only to the complaints of hospital patients, but the Secretary of State requests NHS Trusts and Health Boards to adopt similar procedures in respect of their community health services.

Addressees

For action:
General Managers,
Health Boards

Chief Executives,
NHS Trusts

General Manager,
Common Services Agency

General Manager,
State Hospitals Board for Scotland

For information:
General Manager,
Health Education Board for Scotland

Executive Director, SCPMDE

Health Service Commissioner for
Scotland

Scottish Association of Health
Councils

Chief Officers/Secretaries
Local Health Councils

Scottish Association of GP
Fundholders

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Other Information

4. These Directions supersede earlier guidance and Directions on complaints procedures set out in NHS Circular No 1981(GEN)43; SOHHD/DGM(1991)74; NHS Circular: GEN(1992)27 and NHS Circular GEN(1992)27 (Amendment).

Yours sincerely



KEVIN J WOODS
Director of Purchasing

NATIONAL HEALTH SERVICE, SCOTLAND

DIRECTIONS TO NHS TRUSTS, HEALTH BOARDS AND SPECIAL HEALTH BOARDS ON HOSPITAL COMPLAINTS PROCEDURES

The Secretary of State, in exercise of powers conferred on him by section 2(5) of the National Health Service (Scotland) Act 1978(a) and section 1A of the Hospital Complaints Procedure Act 1985(b), hereby gives the following directions:—

PART I

COMMENCEMENT AND INTERPRETATION

Commencement

1. These Directions shall come into force on 1st April 1996.

Interpretation

- 2.— (1) In these Directions—

“the Act” means the National Health Service (Scotland) Act 1978;

“arrangements” means the arrangements which are required to be made by these Directions;

(a)Section 2(5) was amended by the Hospital Complaints Procedure Act 1985, section 1(1) and by the National Health Service and Community Care Act 1990 (“the 1990 Act”) Schedule 9, paragraph 19(1).

(b)Section 1A was inserted by the 1990 Act, Schedule 9, paragraph 29.

“board” means a Health Board or a Special Health Board which is required to make arrangements by these Directions;

“complaints officer” means the person appointed under article 6;

“complainant” means a person who makes a complaint about any matter connected with the provision of services at a hospital and, except in Part V of these Directions, “complaint” shall be construed accordingly;

“convener” means a person appointed under article 14;

“disciplinary proceedings” means—

- (a) any procedure for disciplining employees adopted by a trust or a board;
- (b) any reference of any matter to a body specified in paragraph (2);
- (c) any reference of any matter to the police;
- (d) any inquiry under section 76 of the Act.

“hospital” means a hospital managed by a trust or a board;

“panel” means a panel appointed in accordance with Part V of these Directions;

“patient” means a person who is or has been a patient at a hospital and includes an expectant or nursing mother and a lying-in woman;

“person subject to complaint” means any person or persons against whom a complaint is made or, where the complaint does not identify a named person against whom the complaint is brought, a person who, in the opinion of the complaints officer is best able to deal with the matters which are the subject of the complaint;

“recognised fund-holding practice” shall be construed in accordance with section 87A of the Act;

“trust” means a National Health Service trust which is required to make arrangements by these Directions.

(2) The bodies referred to in paragraph (b) of the definition of “disciplinary proceedings” in paragraph (1) are—

- (a) the Council for Professions Supplementary to Medicine(a);
- (b) the Statutory Committee of the Pharmaceutical Society of Great Britain(b);
- (c) the United Kingdom Central Council for Nursing, Midwifery and Health Visiting(c);
- (d) the General Medical Council(d);
- (e) the General Dental Council(e);
- (f) the General Optical Council(f).

(3) Unless the context otherwise requires, any reference in these Directions to a numbered article is a reference to the article bearing that number in these Directions and any

(a)Section 1 of the Professions Supplementary to Medicine Act.

(b)Section 7 of the Pharmacy Act 1954.

(c)Section 1 of the Nurses, Midwives and Health Visitors Act 1979.

(d)Section 1 of the Medical Act 1983.

(e)Section 1 of the Dentists Act 1984.

(f)section 1 of the Opticians Act 1989.

reference in an article to a numbered paragraph is a reference to the paragraph bearing that number in that article.

PART II

GENERAL

Requirement to make arrangements

3.— (1) The trusts and boards specified in paragraph (4) shall make arrangements in accordance with the following provisions of these Directions for dealing with complaints made about any matter connected with the provision of services at a hospital by or on behalf of persons who are or have been patients at a hospital—

- (a) for the management of which any such trust or board is responsible; or
- (b) which is managed by a person (whether an individual or a body) who is not a board, or National Health Service trust and with whom any such trust or board has been made arrangements for the provision of services.

(2) “A matter connected with the provisions of services at a hospital” includes services provided for a patient other than on the hospital premises and, without prejudice to the generality, includes the provision of transport for the patient to and from hospital and the provision of pathology services.

(3) The trusts and boards specified in paragraph (4) shall make arrangements in accordance with Part VI of these Directions for monitoring the effectiveness of and for publishing the arrangements made for dealing with the complaints referred to in paragraph (1).

(4) The trusts and boards referred to in paragraph (1) are every trust and board which manages a hospital in Scotland.

Application of Directions

4. These Directions apply to any complaint made on or after 1st April 1996.

Arrangements in writing

5. The arrangements shall be in writing and a copy of the arrangements shall be given, free of charge, to any person who makes a request for them.

The complaints officer

6.— (1) Every trust and every board shall appoint a complaints officer for each hospital for the management of which it has responsibility—

- (a) to perform the functions of the complaints officer under the arrangements;
- (b) to perform such other functions relating to the investigation of complaints as the trust or board may direct; and
- (c) generally to manage the operation of the procedures for dealing with complaints under the arrangements.

(2) The functions of the complaints officer under paragraph (1) may be performed personally or by a person authorised by the trust or board to act on his behalf.

No investigation of complaint

7.— (1) A matter which is the subject of complaint shall not be investigated, or shall cease to be investigated, in any case where in relation to that matter either—

- (a) the complainant has stated orally or in writing that he intends to pursue a remedy by way of proceedings in a court of law; or
- (b) disciplinary proceedings are taken or consideration is being given to the taking of disciplinary proceedings.

(2) An investigation of a complaint which has ceased under paragraph (1)(b), shall resume in relation to any matter which, in the opinion of the complaints officer, the convener or the chairman of the panel (depending on which stage the investigation of the complaint has reached) has not been dealt with by disciplinary proceedings.

(3) The complaints officer, the convener or the chairman of a panel as the case may be shall notify the complainant and any person subject to complaint of any decision not to investigate the complaint or to discontinue an investigation of a complaint under paragraph (1) and of any start of or continuing of an investigation under paragraph (2).

(4) The notification to be given under paragraph (3) shall be in writing and it shall state the reason for any decision referred to in that paragraph.

(5) Where a decision is made under paragraph (1) to discontinue the investigation of a complaint, the complaints officer, the convener or the chairman of the panel, as the case may be, shall send to the complainant a report of the investigation up to the time after it was discontinued.

Objectives

8. Arrangements shall be such as to ensure that complainants are treated courteously and sympathetically by any person connected with the provision of services at the hospital to whom they make their complaints and their complaints are properly addressed.

PART III

THE INITIAL COMPLAINT

Requirement to deal with complaint

9. Subject to article 7, a complaint shall be dealt with in accordance with the arrangements if it is made—

- (a) orally or in writing to any person connected with the provision of services at a hospital;
- (b) about any matter connected with the provision of services at a hospital;
- (c) within the period specified in article 10; and
- (d) by a person specified in article 11.

Time limits

10.— (1) Subject to paragraph (2), the period for making a complaint is—

- (a) six months from the date on which the matter which is the subject of the complaint occurred; or
- (b) six months from the date on which the matter which is the subject of the complaint comes to the complainant's notice, provided that the complaint is made no later than 12 months after the date on which that matter which is the subject of the complaint occurred.

(2) Where a complaint is not made during the period specified in paragraph (1) it shall be referred to the complaints officer and if he is of the opinion that—

- (a) having regard to all the circumstances of the case, it would have been unreasonable for the complainant to make the complaint within that period; and
- (b) notwithstanding the time that has elapsed since the date on which the matter which is the subject of the complaint occurred, it is still possible to investigate the complaint properly,

the complaint shall be treated as though it had been received during the period specified in paragraph (1).

Person who may make a complaint

11.— (1) A complaint may be made by—

- (a) a patient;
- (b) subject to paragraph (4) and with the consent of the patient, any person acting on the patient's behalf;
- (c) subject to paragraph (4) any person in respect of a patient who has died.

(2) Where a complaint is made orally on behalf of a patient, the consent of the patient is not required.

(3) Where a patient is unable to act, his consent shall not be required under paragraph (1)(b).

(4) If the complaints officer is of the opinion that the person acting on behalf of the patient who is unable to act or in respect of a patient who has died is not a suitable person to pursue the complaint he may either refuse to deal with the complaint or nominate another person to act with respect to the complaint.

Referral to complaints officer

12.— (1) A complainant may make a complaint orally or in writing to the complaints officer.

(2) Any person other than the complaints officer to whom a complaint is made orally or in writing—

(a) may refer the complaint to the complaints officer; and

(b) shall refer it to the complaints officer if it appears that the circumstances specified in article 7(1) might apply.

(3) Where a complaint has either been made orally direct to the complaints officer or to any other person and after a preliminary consideration of the complaint, the complainant wishes to pursue the matter, the complaint shall be put in writing.

(4) Where a complaint has been put in writing, a copy of the complaint shall be sent to any person who is subject to complaint.

(5) In this article "put in writing" means—

(a) written by or on behalf of the complainant; or

(b) written by an employee of the trust or board,

and in either case signed by the complainant.

Investigation and report

13.— (1) Any person to whom a complaint is made or referred shall cause the complaint to be investigated and, except where paragraph (3) applies, shall inform the complainant of the result of the investigation.

(2) A complainant may be investigated in any manner which appears appropriate for resolving the complaint and may include a process of conciliation.

(3) Where a complaint has been put in writing under article 12(3), the Chief Executive of the trust or General Manager of the board shall inform the complainant and any person who is subject to complaint in writing of the result of the investigation.

PART IV

CONVENING

The convener

14. Every trust and every board—

(a) shall appoint in the case of a trust one of its non-executive directors and in the case of a board one of its members; and

(b) may appoint any other person who is not an employee of the trust or board,

to carry out the functions of the convener under these arrangements.

Request for a panel

15.— (1) A complainant—

(a) whose complaint has been put in writing under article 12(3); and

(b) who is dissatisfied with the result of the investigation of the complaint

may, within the period specified in paragraph (2), request the convener, orally or in writing, to consider whether a panel should be appointed to investigate the complaint further, and the convener shall acknowledge in writing the receipt of such a request.

(2) Subject to paragraphs (3) and (4), the period referred to in paragraph (1) is twenty eight days from the day on which the result of the investigation is sent to the complainant under article 13(3).

(3) Where a complainant requests a member or employee of the trust or board to consider whether a panel should be appointed, the member or employee shall inform the convener of the request and the request shall be treated as having been made to the convener.

(4) Where the convener is of the opinion that—

- (a) having regard to all the circumstances of the case, it would have been unreasonable for the complainant to make a request within the period specified in paragraph (2);
- (b) notwithstanding the time that has elapsed since the day on which the result of the investigations was sent to the complainant, it is still possible to investigate the complaint properly,

the request shall be deemed to have been received during the period specified in paragraph (2).

(5) The convener shall not take action with respect to the request until he has received a statement that has been put in writing setting out the complaint and why the complainant is dissatisfied with the investigation of the initial complaint.

(6) The convener shall send a copy of any statement referred to in paragraph (5) to any person who is subject to complaint.

(7) In this article, "put in writing" has the same meaning as in article 12(5) but as though the words "or by the convener" were inserted after the words "an employee of the trust or board".

Action by convener

16.— (1) On receipt of a request for a panel and the statement referred to in article 15(5) a convener shall either—

- (a) having regard to the criteria specified in paragraph (3), determine that a panel should be appointed to investigate the complaint further; or

- (b) ask the trust or board to consider whether disciplinary proceedings should be initiated in respect of any person against whom the complaint is made; or
- (c) where he is of the opinion that further action by the complaints officer, Chief Executive or General Manager may resolve the complaint, refer it back to the complaints officer, the Chief Executive or General Manager for further investigation; or
- (d) determine that no further action be taken.

(2) Where a complaint consists of more than one separate item of complaint the convener may make different determinations under paragraph (1) in relation to the separate items.

(3) A convener shall not determine under paragraph (1)(a) that a panel be appointed if he is of the opinion that either—

- (a) further action can be taken by the trust or board towards satisfying the complainant without appointing a panel to investigate the complaint; or
- (b) the trust or board have taken all the action which it is practical to take towards satisfying the complainant and no further benefit would be achieved by appointing a panel.

(4) Where a convener takes action under paragraph (1)(b) of this article and the trust or board as the case may be determines that disciplinary proceedings should not be initiated, a panel shall be appointed.

(5) Where the convener takes action under paragraph (1)(b) of this article and the trust or board as the case may be determines that disciplinary proceedings should be initiated, the convener shall cease to take any action in connection with any matter which is the subject

of the disciplinary proceedings but, as to any other matter which is the subject of the complaint, shall consider what action should be taken under article 15(1)(a), (c) or (d).

(6) Where a complaint has been referred back to the complaints officer, the Chief Executive or General Manager under paragraph (1)(c) and, after the further action has been taken, the complainant remains dissatisfied he may make a request under article 15.

Consultation by convener

17. Before making a decision under article 16(1) the convener shall consult—

- (a) in any case where the complaint concerns, wholly or partly, the exercise of clinical judgment, a person, who, in the opinion of the convener, is a person who has the qualifications and experience to advise on the particular complaint under consideration, who has not been involved in any way with any matter which is the subject of complaint and who has taken no part in the investigation of the initial complaint; and
- (b) in every case, a person nominated by the board from a list of persons kept by the board for the purposes of this article.

Notification of convener's decision

18.— (1) The decision of the convener under article 16(1) shall be notified in writing to—

- (a) the complainant;
- (b) any person subject to complaint; and

(c) the trust or board as the case may be.

(2) Where the convener determines under article 16(1)(a) that any part of the complaint should be investigated by a panel, his decision under paragraph (1) shall include a statement specifying the matters to be investigated by a panel.

(3) Where the convener determines under article 16(1)(b), (c) or (d) that no further action be taken he shall—

(a) notify the persons referred to in paragraph (1) of the reasons for his determination and in the case of a determination under article 16(1)(c) specify in his notification any action which he considers could be taken by the trust or board; and

(b) in the case of a determination under article 16(1)(d) notify the complainant of his right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.

Health Service Commissioner

19.— (1) A decision not to exercise the discretion in article 10(2) (extension of time limits) or article 16(1)(a) (appointment of panel) in a complainant's favour may be reconsidered and a complaint continue to be investigated in accordance with these Directions if the conditions in paragraph (2) are satisfied.

(2) The conditions referred to in paragraph (1) are that—

(a) a complaint has been made to the Health Service Commissioner that the discretion in either article 10(2) or article 16(1)(a) has not been exercised in the complainant's favour; and

- (b) the Health Service Commissioner has recommended that the decision not to exercise the discretion be reconsidered.

PART V

THE PANEL

Interpretation

20. In this Part of these Directions—

- (a) “the complaint” means either the statement of complaint referred to in article 15(5) or the item of complaint specified in the statement referred to in article 18(2), whichever is appropriate;
- (b) “participant” means the complainant or the person subject to complaint.

Appointment of Panel

21.— (1) Where the convener has determined under article 16 that a panel should be appointed, the trust or board shall appoint a committee of the trust or board as the case may be in accordance with article 22 to perform the functions set out in article 24.

- (2) A committee appointed under this article shall be known as a panel.

Members of panel

22.— (1) A panel shall consist of three members of whom—

- (a) one shall be a person nominated by the board from a list of persons kept by the board for the purposes of this article;
 - (b) one shall be a person appointed by the trust or board to perform the functions of convener; and
 - (c) one shall be a representative of the purchaser.
- (2) The member appointed under paragraph (1)(a) shall be the chairman of the panel.
- (3) In this article “representative of the purchaser” means either—
- (a) where the service which is the subject of the complaint was purchased by a board, a person nominated by that board who is not an officer of the board; or
 - (b) where the service which is the subject of the complaint was purchased by a recognised fund-holding practice, either—
 - (i) a member of that practice, or
 - (ii) if no member of the practice wishes to be a member of the panel, a person nominated by the board in whose area the hospital that provided the service which is the subject of the complaint is situated and who is not an officer of the board; or
 - (c) where the service which is the subject of complaint has not been purchased by a board or a recognised fund-holding practice, a person nominated by the board.

Assessors

23.— (1) Where the complaint concerns, wholly or partly, the exercise of clinical judgment, the trust or board shall appoint at least two assessors to perform the functions set out in article 25.

(2) The assessors appointed under paragraph (1) shall be persons nominated by the board and whose names are included in a list kept by the board for the purposes of this article and who have the qualifications and experience which, in the opinion of the board, best qualifies them to act as assessors in the particular case.

Functions of the panel

24. The functions of the panel shall be to—

- (a)** investigate the complaint; and
- (b)** report to the trust or board as the case may be in writing the findings of its investigations.

Functions of the assessors

25.— (1) The functions of the assessors shall be—

- (a)** to advise the panel on matters relating to the exercise of clinical judgment by the person subject to complaint; and
- (b)** to report their advice to the panel in writing.

(2) The assessors may make a joint report under paragraph (1) or each assessor may make a separate report.

Procedure of panels and assessors

26.— (1) In carrying out its investigation of the complaint under article 24(a) the panel may adopt such procedures as it determines are most appropriate for dealing with the complaint and in particular may determine that—

- (a) the participants be interviewed together or separately;
- (b) both the assessors should interview the participants or that a single assessor should interview the participants and in either case that the participants be interviewed jointly or separately.

(2) The panel shall ensure that participants are given opportunity to present their case orally or, if a participant so wishes, in writing.

(3) Before the panel determines to adopt a procedure for dealing with a complaint it shall consult the assessors.

(4) Where the panel or a member of the panel interviews any of the participants for the purpose of discussing matters relating to the exercise of clinical judgment at least one of the assessors shall be present at the interview.

(5) In the event of any disagreement as to the procedure that should be adopted for dealing with the complaint, the decision of the chairman of the panel shall prevail.

(6) The panel or a member of the panel or an assessor may interview any person who is not a participant and who the panel considers may be able to provide information relevant to the complaint.

(7) At any interview or meeting with a panel member or assessor—

- (a) the complainant may be accompanied by a relative or friend and by a person chosen by the complainant to act as his adviser; and
- (b) any person subject to complaint may be accompanied by a person chosen by him to act as his adviser.

(8) A person accompanying a participant may, with the chairman's consent, speak to the panel or the assessors, provided that, where such person is legally qualified, he does not act as an advocate for the participant whom he accompanies.

(9) Any meeting of the panel or the assessors or of any member of the panel or individual assessor either with each other or with any of the participants shall be in private.

Report of the panel

27.— (1) The report of the panel shall include—

- (a) findings of fact relevant to the complaint;
- (b) the opinion of the panel on the complaint having regard to the findings of fact;
- (c) the reasons for the panel's opinion;
- (d) the report of the assessors; and
- (e) where the panel disagree with any matter included in the report of the assessors, the reason for its disagreement.

(2) The report of the panel may include suggestions which the panel considers, as a result of the findings of its investigation—

(a) would improve—

(i) the services provided by the trust or board,

(ii) the efficiency and effectiveness of the trust or board;

(b) the trust might take to satisfy the complainant.

(3) The report of the panel shall not suggest that disciplinary proceedings be taken against any person.

(4) Subject to paragraph (5) the report of the panel shall be sent to—

(a) the complainant;

(b) any person subject to complaint and any person interviewed under article 26(6);

(c) the patient where he is not the complainant;

(d) the assessors;

(e) the Chairman and Chief Executive of the trust and Chairman and General Manager of the board;

(f) where the service which is the subject of the complaint was purchased by a board, the Chairman and General Manager of that board;

- (g) where the service which is the subject of the complaint was purchased by the members of a recognised fund-holding practice, that practice;
- (h) the Secretary of State.

(5) The panel chairman may withhold any part of the panel's report where, in his opinion, this is necessary in the interests of—

- (a) protecting the confidentiality of—
 - (i) a patient;
 - (ii) any third party; or
- (b) the health of the complainant or a patient who is not the complainant.

Action by the trust or board

28.— (1) A letter reporting the outcome of the trust or board's consideration of the panel's report shall be sent to the complainant by the Chief Executive or General Manager within such time as is reasonable stating—

- (a) any action which the trust or board proposes to take in relation to any suggestions in the report; and
- (b) where it is decided that no action should be taken on any suggestion, the reasons for that decision.

(2) The letter referred to in paragraph (1) shall be accompanied by a notice explaining the right to complain to the Health Service Commissioner under the Health Service Commissioners Act 1993.

PART VI

MONITORING AND PUBLICITY

Monitoring

29.— (1) For the purposes of—

- (a) monitoring the arrangements made for dealing with complaints about hospitals for which trusts and boards are responsible;
- (b) considering the nature and volume of complaints; and
- (c) taking remedial action following investigation of complaints,

the trust and board shall prepare reports at quarterly intervals.

(2) Every trust and board shall publish a report annually on its dealing with complaints under these Directions which shall be sent to—

- (a) the Secretary of State;
- (b) any relevant Local Health Council; and
- (c) in the case of trusts any board within whose area the hospital managed by the trust is, wholly or partly, situated.

(3) In this article and article 30 “relevant Local Health Council” means a Local Health Council within whose area the hospital managed by the trust is wholly or partly situated.

Publicity

30.— (1) Each trust and board shall take such steps as are necessary to ensure that patients at, or visitors to, any hospital for the management of which the trust of board is responsible, staff working at the hospital and any relevant Local Health Council are fully informed of the arrangements for dealing with complaints at the hospital and are informed of the name of the complaints officer and the address where he can be contacted.

(2) The requirement to provide information specified in paragraph (1) includes a requirement to provide information on the services which Local Health Councils offer to persons who wish to make complaints.

PART VII

REVOCATION AND TRANSITIONAL PROVISIONS

Revocation

31.— (1) Subject to article 32, the Directions on Hospital Complaints Procedures dated 19th September 1991 and subsequent Directions applying that Direction to trusts shall cease to have effect, and the Memorandum of Agreement shall also cease to have effect.

(2) In this article and article 32 "Memorandum of Agreement" means the Memorandum of Agreement for Dealing with Complaints relating to the Exercise of Clinical Judgment by Hospital Medical and Dental Staff dated 30th November 1981.

Transitional provisions

32.— (1) The Directions referred to in article 31 shall continue to have effect for the purposes of dealing with complaints made before 1st April 1996 but not disposed of before that date.

(2) Where, before 1st April 1996, an old complaint has not been referred by a referring body to the Director of Public Health in accordance with the Memorandum of Agreement, the complaint shall be dealt with by that referring body in accordance with these Directions.

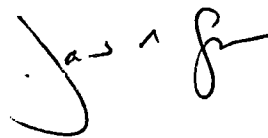
(3) Where before 1st April 1996, an old complaint has been referred by a referring body to the Director of Public Health in accordance with the Memorandum of Agreement and he has made no decision concerning the complaint, it shall be referred to the convener of that referring body and shall be dealt with under these Directions as if a request for a panel had been made by the complainant to that convener.

(4) Where, before 1st April 1996, an old complaint has been referred by a referring body to the Director of Public Health in accordance with the Memorandum of Agreement and he has made a decision concerning the complaint, it shall continue to be dealt with in accordance with the procedure set out in the Memorandum of Agreement.

(5) In this article—

- (a) “old complaint” means a complaint made before 1st April 1996 under the Memorandum of Agreement and which has not been disposed of before that date;

(b) "referring body" means the trust or board which first received an old complaint.

A handwritten signature in black ink, appearing to be 'Jas J' followed by a flourish.

Grade 5, Scottish Office

Department of Health

Edinburgh

20 March 1996