

## Hearing Patients' Voices, Improving Their Services *Participation and the New Complaints System for Northern Ireland*

### **Background on the Issue**

An effective hospital complaints system provides invaluable information about the state of health services. It offers recommendations for how one can redirect resources both to better satisfy patients and to spend money more efficiently. It should offer effective and speedy redress for problems encountered.

Having monitored whether dissatisfied mental health service users accessed the complaints system in both November 2007 and September 2008, the PIPS-Greater Shankill Bereaved Families Rights Group saw significant retrogression on the issue. In November 2007, 31% of dissatisfied mental health service users accessed the complaints system. In September 2008, 14% accessed the complaints system.

If the complaints system is to be useful in making meaningful improvements to mental health services, this pattern must change.

### **Complaints and International Human Rights Standards**

International human rights law requires accessible, transparent and effective accountability mechanisms for government. At a minimum, this means rights holders should be able to access information on government actions and ask for explanations, of them. And when things go wrong, remedies are required.

Further, human rights law requires administrative remedies – such as a complaints system – be “accessible, affordable, timely and effective.”<sup>i</sup> All victims of such violations are entitled to adequate reparation, which may take the form of restitution, compensation, satisfaction or a guarantee of non-repetition.

Finally, human rights standards in relation to the right to the highest attainable standard of physical and mental health require people affected by decisions to be involved in “setting priorities, making decisions, planning, implementing and evaluating strategies to achieve better health.”<sup>ii</sup>

### **Overall Areas of Concern**

The PIPS/Greater Shankill Bereaved Families Rights Group would like to highlight the following specific areas of concern in the new Complaints Procedure proposals:

- **Vague standards set for how the procedure’s principles will be implemented.**  
While principles such as participation from service users are highlighted in the new complaints procedure, there are no specific standards for how these principles will be implemented by the health Trusts. The Department has justified this lack of detail by suggesting that it does not want to be overly prescriptive to individual Trusts, but the new proposed system’s unequal application may lead to ineffective service in parts of

Northern Ireland. Currently, there are no concrete examples to guide health and social care organisations.

The only place in the document where detailed guidance complete with example scenarios is provided is on the section dealing with ‘unreasonable, vexatious or abusive complainants’.

- **Participation, when mentioned, is not sufficient to meet human rights standards.** Standards around participation of service users in implementation, monitoring and evaluation of the complaints system appear to have been left to each Trust and health and social care (HSC) organisations to draw up for themselves. There are few departmental requirements placed on the HSC organisations on how this should be done. One criteria for Standard 3: Receiving Complaints alludes to the involvement of service users:

“Where possible, the complainant should be involved in decisions about how their complaint is handled and considered”

This falls far short of the human rights obligation to ensure those affected by processes are involved in their design, implementation, monitoring and evaluation.

- **Monitoring systems are inadequate and do not necessarily incorporate service users into the process.** Monitoring of the new complaints standards will be initially carried out by HSC organisations themselves. RQIA will also play a role through their reviews, but only at a much later stage. One of the only criteria in relation to service user involvement in complaints monitoring states:

“HSC organisations should have a mechanism to routinely request feedback from service users and staff on the operation of the complaints process”

Service users should not have to wait to be invited and should not be limited to providing mere feedback. Instead their views should have informed the development of the new process, and should be an integral part of assessing whether it is working effectively.

- **Independent review process has been removed.** The new complaints procedure removes the independent review process as a remedy and method of accountability for mental health service users. While a new system could have offered an opportunity for this same process to be strengthened, it has instead eliminated independent review as an option.
- **Procedures for making and recording complaints remain unclear.** It is not obvious how verbal complaints will be collected and recorded in order that they are fed back to the complaints manager. It is unclear if these people will be provided with information on the complaints process or even an acknowledgement that an official complaint has been made.

---

<sup>i</sup> General Comment 14, para. 59, *UN Committee on Economic, Social and Cultural Rights*.

<sup>ii</sup> General Comment 14, para. 54, *UN Committee on Economic, Social and Cultural Rights*.