



NAS Organisation Feedback Policy

Version: 3.1

Date: June 2023

Document History & Revision Control

Document Review

The following table identifies those to whom this document has been distributed for review

Name	Role	Feedback Date Received
NAS Policy Advisory group	Policy review	2017
NAS Policy Advisory group	Policy review	30/07/2021
NAS Policy Advisory Group	Policy Review	June 2023
NAS Board Policy sub-committee	NAS Board Policy sub-committee	5 th July 2023

Document Version Control

Version History			
Version No.	Date	Comments on Change	Author
V1.0	2015	Document initiated	NAS Policy Advisory Group
V2.0	2017	Document updated following review	NAS Policy Advisory Group
V2.1	30.07.21	<ul style="list-style-type: none"> Updated formatting in line with document control policy Corrections to formatting errors 4.3 changed 'in a variety of formats' to 'various formats' 4.4 Inserted information on what happens to feedback that is gathered 4.7 inserted the word exceptional before circumstances and also changed wording to reflect that such instances must be discussed with a line manager. 5.3 inserted to detail how feedback is shared and analysed across 	NAS Policy Advisory Group

		<p>organisation.</p> <ul style="list-style-type: none"> Updated to new NAS phone number on easy read feedback form. Updated review date note Updated footer detail 	
V2.2	30.08.2021	<ul style="list-style-type: none"> Converted to NAS Organisation Policy to cover both NAS and PAS. Added introduction on who NAS is NAS changed to Organisation Change to opening paragraph and remit Added PAS appendices (Feedback forms) 	
V2.3	21.09.2021	<ul style="list-style-type: none"> Input of feedback and formatting 	NAS Policy Advisory Group
V. 3.1	08.06.2023	<ul style="list-style-type: none"> Version of policy changed to 3.1 and dated June 2023 Updated footer detail 6. Amended Related Policies to include organisation in policy title 6. Added PAS Enquiry Policy Insertion of reference to NAS organisation ADM Advocacy Practice guide. 	NAS Policy Review Group

Document Approval

Record of Approver sign-off

Group	Version	Date
NAS Policy & Communications Sub-Committee	V2.3	5 th November 2021
NAS Board	V2.3	12 th November 2021
NAS Board	V3.1	20 th July 2023

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NAS Organisation Feedback Policy

The National Advocacy Service for People with Disabilities (NAS) provides an independent, confidential, and free, issues-based representative advocacy service that works exclusively for the person with a disability using the service and adheres to the highest professional standards.

In addition, the organisation provides an independent, confidential and free Patient Advocacy Service that works to support and empower all patients in public acute hospitals and Nursing homes through the (i) HSE Complaints Process 'Your Service Your Say' and (ii) in the aftermath of Patient Safety Incidents.

Within this Policy, Organisation refers to the National Advocacy Service for People with Disabilities (NAS), which incorporates both NAS and PAS.

1. Purpose

This policy relates directly to the organisations core principles of Equality, Respect and Empowerment. The purpose of this policy is to state the organisations commitment to obtaining and using feedback from people who use or interact with the service to improve service delivery and to ensure that the service is accessible and effective for everyone.

2. Scope

This policy applies to all enquiries handled and cases taken by the organisation and to policy and resource allocation decisions by organisation management to the design and operation of policies.

3. Background and Guiding Principles

- 3.1 The Organisation recognises the importance of feedback in developing and maintaining quality services, which are responsive to the needs of the people who use them.
- 3.2 The Organisation is committed to equal opportunities both as a core value and in accordance with equality legislation (Equality Acts, consolidated 2004). This means that no group of people with disabilities will be directly or indirectly excluded from service, or receive a lesser

quality of service. Feedback is an essential element of monitoring equal opportunities. The Organisation is committed to ensuring that people who communicate differently are facilitated wherever possible to give feedback and that where feedback cannot be obtained directly from the person, feedback from those who know them may be used to evaluate that person's experience of the service.

4. Providing Opportunities for Feedback

- 4.1 At the end of the advocacy process, wherever possible, advocates will let the person know that their feedback on the service would be valued and discuss with them how they would like to give feedback. The advocate will provide the person with the feedback form or easy to read feedback form (see Appendices) for the relevant service, along with a stamped addressed envelope for return to the Line Manager. If the person wishes to offer their feedback through the advocate, the advocate will discuss this with their Line Manager. The Organisation will promote a neutral feedback process (via Line Manager).
- 4.2 Organisation management will recognise the need for Advocates to allocate time to obtain feedback on all cases and that extra time may be required to facilitate feedback from someone who communicates differently.
- 4.3 Feedback forms will be available in various formats, and will consist of questions with yes/no answers with an option for more detail if the person wishes. Feedback forms will include a question on how the person felt about how communication was handled. Feedback may be offered anonymously. Feedback forms will offer the person the opportunity to speak directly with the Line Manager if they wish.
- 4.4 The Organisation is committed to facilitating all people who engage with the service to give their feedback. Any feedback, in any format, offered at any stage of the advocacy process will be recorded. All feedback, in any format, is captured monthly on the template provided and is submitted to the relevant Line Manager.
- 4.5 Where a person requires assistance in order to give feedback, organisation staff will,

with their agreement, try to identify someone with whom they have good communication who will support them to give feedback. If the person wishes to offer their feedback through the organisation staff member this is acceptable, but it would be preferable if a neutral person were involved.

- 4.6 Where an advocate has not been able to establish sufficient communication with the person to enable feedback, they will consider looking for third party feedback from people who know the person well e.g. on how the person responded during and after the advocate's visits and how they responded to any interventions brought about by the advocate. This will be recorded as third-party feedback. The third party will be offered the opportunity to complete a feedback form and/or to speak directly to the Line Manager.
- 4.7 While feedback is important, it is also important that no one should be pressured into giving feedback. There may be exceptional circumstances in which it is not appropriate to seek feedback from a person – Such instances must be discussed with a line manager. If possible the person should be offered another opportunity to give feedback in the manner which suits them best.
- 4.8 Anyone who has had contact with the service may offer feedback on their experience.

5. Management of Feedback

- 5.1. Organisation management will ensure that feedback is collated and reviewed and that staff are aware of positive and negative feedback on their work and that learning is applied both to individual staff through support and supervision and, where appropriate organisationally, so as to improve service provision.
- 5.2 Feedback will be treated in accordance with the Confidentiality Policy. If feedback is being used at management or Board level to inform policy or service development, it will be anonymised.

5.3 Organisation management supply monthly information on feedback received via identified reporting template to National Manager. Once a month, Senior Management team discuss feedback in compliance with the Charities Governance Code.

6. Related Policies

Other policies which may be of particular relevance to situations covered by this policy include:

- NAS Organisation Case Management Policy
- NAS Organisation Complaints Policy
- NAS Organisation Advocacy Planning Policy
- NAS Organisation Confidentiality Policy
- NAS Enquiry Policy
- PAS Enquiry Policy
- See also NAS Organisation ADM Advocacy Practice Guide.

7. Review Date

This document will be reviewed as necessary and no later than within 2 years of approval date.

ENDS

NAS Feedback Form



Our Advocatehas completed their work with you and we would like to know what you think about the National Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.

Please feel free to use the lines provided to add comments or additional information.

Was it easy to make contact with the NAS Advocate?

YES NO SOMETIMES

At the start did you agree an action plan with your advocate?

YES NO Don't Know

How did your advocate support you? (more than one box can be ticked here)

- | | | | |
|---------------------|--------------------------|----------------------------|--------------------------|
| Finding Information | <input type="checkbox"/> | Making Contact with Others | <input type="checkbox"/> |
| Representing Me | <input type="checkbox"/> | Help Me To Speak Up | <input type="checkbox"/> |
| At Meetings | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Did the advocate help you to get information or find answers to questions you had?

YES NO SOMETIMES

Did the information given help you to make decisions?

YES NO SOMETIMES

Did your advocate keep you informed about the work they were doing?

YES NO SOMETIMES

Did the advocate spend enough time with you?

YES NO Don't Know

Did the advocate support you to get the result you planned for?

YES

YES, Partly

NO

Did having an advocate give you more confidence to tell people what you want?

YES

NO

Don't Know

Would you use us again if needed?

YES

NO

Don't Know

If you want to tell us anything else please do so below!

Thank you

Name (Optional) _____

Date:



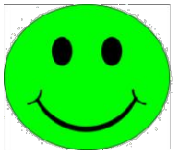
NAS Feedback Form

Our advocate has completed their work with you and we would like to know what you think about the National Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.

Were you happy with your Advocate?



Did your advocate listen to you?



Did you and your advocate make a plan?



Was your advocate able to help you to get what you wanted?



Would you use a NAS advocate again?



**WOULD YOU
LIKE TO TELL US
ANYTHING
ELSE**



**Patient
Advocacy
Service**

Thank you very much for your help.

Name (Optional): _____ **Date:** _____

If you would rather phone in your evaluation, please call:



0818 07 3000

Appendix 3 PAS Feedback Form

PAS Feedback Form

Our Advocate _____ has completed their work with you. By completing this feedback form your views will help us to change and improve how we work.

Was it easy to make contact with the Advocate?

YES NO SOMETIMES

Please comment _____

Did you agree an action plan and explore options with your Advocate?

YES NO

Please comment _____

How did your advocate support you? (tick as many boxes that apply)

Finding Information		Finding services	
Understanding the complaints process		At meetings	
Drafting letters		Helped me gain confidence	
Get answers to my questions		To learn to self-advocate	
Accessing files/information		Understanding reports/files	

Make a complaint through YSYS		Make a complaint to a regulatory body	
Make a complaint to the Ombudsman		Other	

Was there any other support you would have liked to have?

YES

NO

Please comment _____

Were you happy with the support you received?

YES

NO

If no, please comment

Would you work with the Patient Advocacy Service again if needed?

YES

NO

Please comment _____

Would you recommend the Patient Advocacy Service to a friend?

YES

NO

Further comments or information would be welcomed...

Thank you very much for your help

Name (Optional) _____

Date: _____

Appendix 4 PAS Easy Read Feedback Form

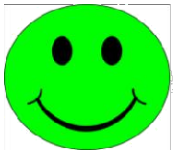
PAS Feedback Form

Our advocate has completed their work with you and we would like to know what you think about the Patient Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.

Were you happy with your Advocate?



Did your advocate listen to you?



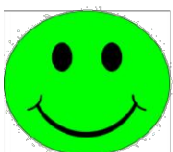
Did you and your advocate make a plan?



Was your advocate able to help you with your options?



Would you use a PAS advocate again?





Thank you very much for your help

Name (Optional): _____ **Date:** _____