

# Annual Report 2020



**Patient  
Advocacy  
Service**

INFORMATION | SUPPORT | EMPOWERMENT



# Contents

<b>1.</b>	<b>Foreword by Manager of the Patient Advocacy Service</b>	<b>2</b>
<b>2.</b>	<b>Patient Advocacy Service Highlights 2020</b>	<b>4</b>
<b>3.</b>	<b>Introduction</b>	<b>6</b>
3.1	Patient Advocacy Service Remit.....	7
3.2	What the Patient Advocacy Service Does.....	7
<b>4.</b>	<b>Strategic Plan</b>	<b>8</b>
<b>5.</b>	<b>Strategic Priority Services</b>	<b>10</b>
5.1	Impact of Covid-19 on the Patient Advocacy Service.....	11
5.2	Response of our Service to Covid's Impact.....	11
5.3	Patient Advocacy Service Work in 2020.....	12
5.4	Complexity of Work by Our Service.....	14
5.5	Key Issues for Our Service.....	14
5.6	How did the Person Come to Use Our Service.....	16
<b>6.</b>	<b>Strategic Priority Standards</b>	<b>18</b>
6.1	Ongoing Development of the Patient Advocacy Service .....	19
<b>7.</b>	<b>Strategic Priority Policy</b>	<b>22</b>
7.1	Stakeholder engagement.....	23
7.2	Public Consultations and Submissions .....	23
<b>8.</b>	<b>Key Enabler Awareness</b>	<b>26</b>
8.1	Promoting the Patient Advocacy Service.....	27
<b>9.</b>	<b>Key Enabler Building Capacity &amp; Effectiveness</b>	<b>30</b>
9.1	Resources.....	31
9.2	Training and Development.....	31
9.3	Operational Highlights.....	31
9.4	Organisation Corporate Governance.....	32

# 1. Foreword by Manager of the Patient Advocacy Service



2020 was a very difficult year for us all. None of us could have been prepared for the hugely negative impact the Covid-19 pandemic would have on the lives of people across Ireland.

It was also a challenging period for the Patient Advocacy

Service which was still very much in its infancy, having only been operating since October 2019. The Service, commissioned by the Department of Health, and delivered by the National Advocacy Service for People with Disabilities (NAS), provides support to people who wish to make a complaint to the HSE about their care in a HSE-funded public acute hospital.

The impact of the Covid virus meant that some hospital patients were unable to communicate with their loved ones, families were unable to visit, and medical procedures were delayed. It was difficult for the Patient Advocacy Service to progress complaints, and meetings with hospitals were postponed, leaving people waiting for months to discuss their issues.

Our Service also dealt with the challenges of working from home throughout most of 2020. The pandemic meant it was impossible for our staff to continue to work in our offices. In March, almost overnight, all staff moved to home working.

Despite these issues, the Patient Advocacy Service has modified its Services to make sure we have been able to deliver high quality, professional advocacy to the people we support. Our Services have continued to operate as normal throughout the pandemic and we have embraced new technologies such as video calls and text messaging.

This has ensured we have continued to help people across Ireland, upholding their human rights and supporting them to have their views and complaints heard.

“The Patient Advocacy Service has modified its Services to make sure we have been able to deliver high quality, professional advocacy to the people we support. Our Services have continued to operate as normal throughout the pandemic...”

This Annual Report provides a detailed breakdown of all the key data covering the work of the Patient Advocacy service in 2020. The report describes the issues our advocates encountered during 2020, many of which were altered due to the pandemic.

I would like to thank those who used our services for that courage throughout this distressing period, which inspires us all to keep moving forward. I would also like to thank the Department of Health for their guidance, and I would like to express my gratitude to the National Advocacy Service for their continued input and support. I would also like to thank the staff of the Patient Advocacy Service for their dedication and commitment in providing professional advocacy services throughout 2020.

Covid-19 had a devastating impact on the lives of people across Ireland in 2020, including the people we support, some of whom sadly lost their lives to. We send our condolences to their families. We also recognise the many difficulties the HSE and health services continue to deal with.

The virus remains in our lives and it will continue to affect the people we support for the foreseeable future. We remain committed to providing the highest level of advocacy to the people who need our support.



**Claire Lehane**

Patient Advocacy Service Manager

## 2. Patient Advocacy Service Highlights 2020



# Patient Advocacy Service Highlights



The Patient Advocacy Service provided support to **535** people in 2020, covering **1,281** separate complaint issues.



The Patient Advocacy Service carried out over **600** promotions in 2020, including presentations and offers of leaflets and posters.



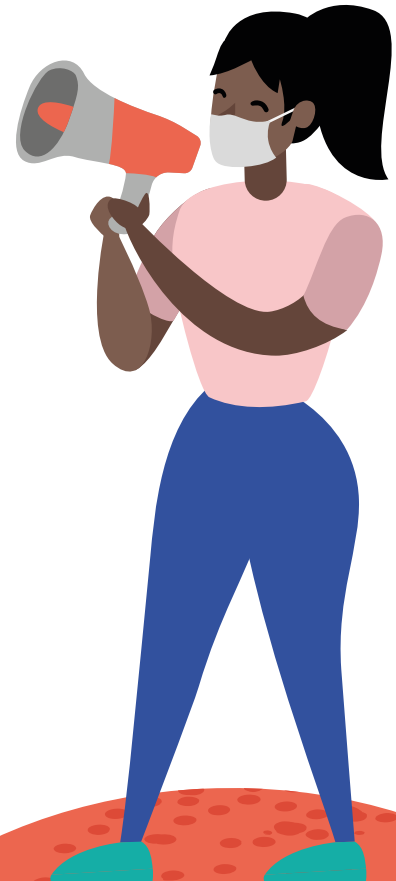
The Patient Advocacy Service closed **475** cases in 2020. **11** of those were carried forward from 2019, the rest were opened in 2020 and closed in 2020.



Some of the biggest complaint issues for people in public acute hospitals worked on by the Patient Advocacy Service's advocates were people's anxieties not being addressed; difficulty for families when it came to phoning hospital healthcare units, and hospital visits being unavailable.



The Patient Advocacy Service website was visited by over **7,000** new users in 2020.



### 3. Introduction

The Patient Advocacy Service is provided under the auspices of the National Advocacy Service for People with Disabilities (NAS). Following a competitive tendering process, NAS was awarded the Department of Health (DoH) contract in 2018.



Launched in October 2019, the Patient Advocacy Service provides information and support to people who want to make a complaint about an experience they have had in a HSE-funded public acute hospital, and in the aftermath of patient safety incidents.



NAS, which is funded and supported by the Citizens Information Board (CIB), provides an independent, confidential and free, issues-based representative advocacy service to adults with disabilities across Ireland.





## 3.1 Patient Advocacy Service Remit

“Speaking to a patient advocate was a big help, even our chat helped me to offload my anxiety.”

Jack, who was supported by the Patient Advocacy Service in 2020

The Patient Advocacy Service is commissioned and funded by the National Patient Safety Office in the Department of Health. The Patient Advocacy Service is fully independent of the HSE and its hospitals, receiving no HSE funding.

The Patient Advocacy Service empowers people by supporting them to assert their views and seek answers and

outcomes through the HSE complaints process.

The Service’s advocates do not take sides on an issue, but rather seek to ensure that a process is fair, and that the individual’s views, concerns, and decisions are addressed. The Patient Advocacy Service also aims to work with hospital teams to improve complaints systems.

## 3.2 What the Patient Advocacy Service Does

The Patient Advocacy Service provides free, independent and confidential information and support to people who want to make a formal complaint through the HSE ‘Your Service, Your Say’ complaints policy in relation to the care they have experienced in a HSE-funded public acute hospital, and in the aftermath of a patient safety incident.

### **The Service’s trained advocates can:**

- ▶ Support people to get information on the formal HSE complaints process ‘Your Service, Your Say.’
- ▶ Explain what to include in their formal complaint, and how to write a formal complaint.
- ▶ Help people to prepare for meetings.
- ▶ Support people to explore their options following a response from the HSE to their formal complaint.

## 4. Strategic Plan

The National Advocacy Service Strategic Plan informed the work of the Patient Advocacy Service in 2020. It brought together our leadership role and experience in providing professional, independent, advocacy services. The plan highlighted the role of both Services as collaborative champions in developing and driving standards of practice in advocacy for people across Ireland.

The Strategic Plan was based around three strategic priorities: service, standards and policy. This plan can be found on the NAS website at:

**[Advocacy.ie/app/uploads/2019/05/NAS\\_StrategicPlan\\_2018-2021.pdf](https://advocacy.ie/app/uploads/2019/05/NAS_StrategicPlan_2018-2021.pdf)**



## Case Study\*

### Anne's Story: Visiting Access to Hospital

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My name is Anne and my dad Sean was in hospital for a number of weeks during the Covid-19 pandemic. He lives with my family and we provide his daily care. Dad is elderly and has dementia so he can't use his mobile phone without help.

While he was in hospital I was not allowed to visit him due to restrictions. I found it very difficult to communicate with the hospital to find out what was happening. Most of the time I had no idea what was happening and I had to ring the ward several times a day to try get an answer. While in hospital my dad fell twice.

I offered to visit my dad for a short period each day as I was worried he would be feeling lonely and confused. My offer was turned down. I didn't want to cause trouble or make a complaint, I just wanted to be able to speak with my

dad. I contacted the Patient Advocacy Service and spoke to an advocate.

My advocate gave me information and advice. She suggested I try to contact the Patient Advocacy Liaison Service at the hospital which I did but I wasn't able to get through. She then helped me ask for a meeting with my dad's team of doctors and nurses.

My advocate helped me with the types of questions I could ask, how I could raise my issues, and how I could raise my concerns for my dad and the impact this was having on his mental health.

With my advocate's supports, I was able to get visiting access to see my dad on compassionate grounds for 15 minutes a day. This was just enough time for my dad to know we were thinking of him and he was not alone.

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**This case study demonstrates the impact our advocates' support and information can provide for people who contact the Patient Advocacy Service. It shows that our advocates always aim to direct the person to local supports provided by the hospital and to improve Anne and Sean's experience with an early resolution. The pathway offered by the advocate allowed Sean to see his family and know he was not alone.**

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\* Please note, all of the case studies presented in this annual report have been anonymised in line with the services Case Anonymisation Policy. All personal details have been changed to ensure protection of the person's identity.

## 5. Strategic Priority Services

**“My advocate was so helpful. Having this support and advice has been exceptional”**

Lynsey, who was supported by an advocate from the Patient Advocacy Service in 2020



## 5.1 Impact of Covid-19 on the Patient Advocacy Service

The Covid-19 pandemic had a significant impact on the services provided by the Patient Advocacy Service, particularly during the first lockdown.

During different stages of the pandemic, depending on the impact of the virus, it proved difficult to progress complaints and gain access to freedom of information requests.

Initially, people were understanding that acute hospital settings were dealing with a crisis and often did not submit their complaint, choosing to delay this process until the crisis was over. As a result, the period from March – May 2020 saw a reduction in the number of new contacts to the Service.

However, as the months passed and delays continued for both new complaints and ongoing complaints, it led to frustrations. There was a lack of communication from hospitals with people regarding issues or delays. This led to complaints being escalated.

The biggest challenge for staff in the Patient Advocacy Service was not being able to attend meetings with the people

they support due to Covid restrictions. Most meetings were postponed, leaving families waiting for months to discuss review findings or complaint issues.

### Move to working from home

One of the most significant impacts on the Patient Advocacy Service was the forced switch to home working. The emergence of the Covid-19 virus in March 2020 meant it was impossible for staff to continue their normal way of office working, including meeting people face-to-face. Overnight, we moved to working from home.

This involved several issues and challenges, including the management of staff, the transfer of the Service's IT systems and the ability to engage with the people supported by the Service, given that face-to-face contact was no longer possible.

## 5.2 Response of our Service to Covid's Impact

The Patient Advocacy Service has adapted and improvised its Service to ensure it has been able to continue to deliver high-quality advocacy to the people its supports.

From a management perspective, the Service adapted its approach to peer support and learning by ensuring advocates communicated with each other. Team meetings, professional development and one-to-one peer

support continued through online video calls.

In addition, the Service provides a national phone line and online methods of enquiry (email, website). This meant it was able to continue to provide people with advocacy support at this challenging time.

Working outside their remit, the Service's advocates provided information and guidance to people around difficulties they experienced with their home-based care, whether living in their own home, community setting or nursing home. The Service also provided valuable links for people who have had difficulty in accessing information from their care settings.

At the beginning of the pandemic, the Patient Advocacy Service made proactive efforts to contact all acute public hospitals and offer its service to support communication with the public. The Service sought updates on changing policies within hospitals as the pandemic progressed.

This ensured that advocates could provide up to date and localised information to people who contacted its service.

It's advocates regularly reached out to acute public hospitals to seek updates on how they were progressing complaints received and Freedom of Information requests.

As part of the response to the first wave of Covid-19, the Service also provided empowerment advocacy on a pilot basis to residents of a nursing home, and the families of residents affected by the pandemic. The advocates supported people to make a complaint about their experience.

## 5.3 Patient Advocacy Service Work in 2020

**“My advocate supported me to feel enabled, empowered and in control. I felt able to make sense of it and make considered decisions through a difficult process.”**

Kate, who was supported by the Patient Advocacy Service in 2020

The Patient Advocacy Service provides information and support to people who want to make a complaint about an experience they had in a HSE-funded public acute hospital.

The Patient Advocacy Service works to ensure a high-quality advocacy service is provided to people who need our support, with professionally trained advocates focused on continuous development. The Patient Advocacy Service is fully aligned with the professional standards and policies operated by NAS.

The Service's goal is to continue to improve. To achieve this, its advocates take part in weekly team meetings, weekly practice development, and ongoing case review and monitoring.

2020 was the first full year of service delivery for the Patient Advocacy Service. Therefore, there is no comparison to previous years' service delivery.

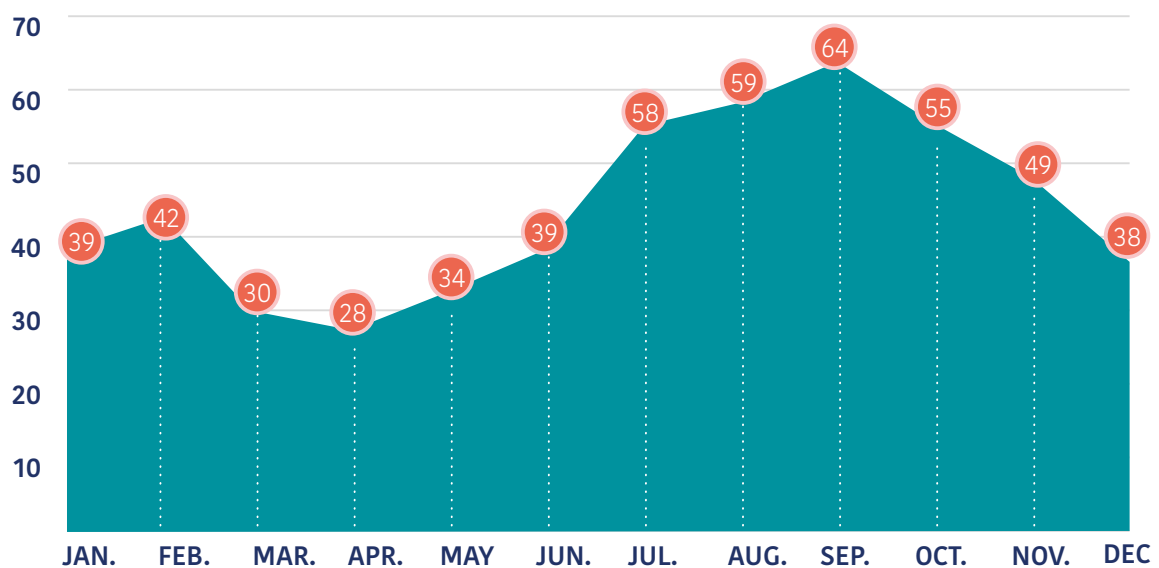
In 2020, the Service received 535 new complaint enquiries, of which over 1,281 separate complaint issues were identified (since April 2020). 154 of the individuals supported had issues impacted by Covid-19.

There was a dip in new contacts received by the Service between March and May 2020, which is likely to be indicative of the impact of Covid and the unwillingness of service users to make a complaint against an already stretched health service. A further dip occurred in November and December 2020 when public health restrictions were again at their peak.

Of the 535 new contacts received by the Service, 451 were short term advocacy enquiries, including one-off representations, such as sending a person a template letter, providing information by phone, and signposting to other support services.

83 new contacts were given full 1-1 advocate support. This work involved extended engagement with individuals, ensuring that their will and preferences were heard, understood and taken into account in decisions for each person. It also included supporting the person to write correspondence, attending meetings with the person in a variety of settings and supporting them to speak up for themselves.

## 2020 New Contacts by Month



## 5.4 Complexity of Work by Our Service

From April 2020, the Patient Advocacy Service used the Healthcare Complaints Analysis tool (HCAT)<sup>1</sup>, developed by the London School of Economics and Political Science. The HCAT was developed as a framework to gather information on healthcare complaints so this information can be used to improve service delivery.

The Patient Advocacy Service used HCAT to record the complaints issues for 535 advocacy cases in 2020. Of these cases, 121 were outside the remit of the Service.

There were 316 cases that had between 1 and 5 complaint issues, 86 cases that had between 6 and 10 complaint issues, and 5 cases that had between 11 and 15 complaint issues.

These figures show the range of issues that people in hospitals had in 2020 and how serious and complex some of their complaint cases were. Some cases involved several different complaints at several different levels of severity. For the Patient Advocacy Service, the complexity of some cases was unexpected, but it showed the clear need for the Service, its professional trained advocates and the support they provide.

## 5.5 Key Issues for Our Service

As outlined above, the Patient Advocacy Service identifies issues within individual contacts in line with the London School of Economics and Political Science's Health Complaints (HCAT) Analysis tool. The chart on the next page shows the top issues identified by severity rating.

Within the HCAT, the complaint issues are broken down into three severity levels: level 1 (low severity), level 2 (medium severity) and level 3 (high severity).

The HCAT also lists the specific types of issues people had with their care in relation to quality and safety, management issues (including environment and institutional processes) and relationship issues (including listening, communication and respect, and patient's rights.)



<sup>1</sup> London School of Economics and Political Science's Healthcare Complaints (HCAT) Analysis Tool <https://www.hse.ie/eng/about/qavd/complaints/ysysguidance/learning-improving-and-accountability/bmjqs-2015-004596supp-new.pdf>



### The complaint issues received by the Patient Advocacy Service in 2020 are broken down as follows:

Severity Level	No. of Complaints Issues	Types of Complaints
Severity Level 1	340	<ul style="list-style-type: none"> <li>▶ Staff spoke in a condescending manner</li> <li>▶ Phone calls not returned</li> <li>▶ Difficult phoning healthcare unit</li> </ul>
Severity Level 2	687	<ul style="list-style-type: none"> <li>▶ Anxieties acknowledged, not addressed</li> <li>▶ Visiting unavailable</li> <li>▶ Complaint not responded to</li> <li>▶ Rude behaviour</li> </ul>
Severity Level 3	257	<ul style="list-style-type: none"> <li>▶ Unable to access specialist care</li> <li>▶ Staff ignored severe distress</li> <li>▶ Discharge without sufficient examination</li> <li>▶ Patient left with unexpected disabilities</li> </ul>

#### The top 10 complaint issues were:

1. Anxieties acknowledged, not addressed
2. Difficulty phoning healthcare unit
3. Visiting unavailable
4. Staff did not communicate care plan
5. Unable to access specialist care
6. Patient not monitored properly
7. Complaint not responded to
8. Rude behaviour from staff towards patient
9. Chasing departments for an appointment
10. Staff spoke in a condescending manner



Since the pandemic began, the Patient Advocacy Service has tracked all Covid-19 related enquiries to its service. A total of 151 contacts (28% of enquires into the service) had a Covid related element to their enquiry.

### The top issues identified were:

- ▶ Unable to access specialist care
- ▶ Staff ignored severe distress
- ▶ Visiting Unavailable
- ▶ Staff did not communicate care plan
- ▶ Rude behaviour from staff towards patient
- ▶ Patient not monitored properly
- ▶ Medical procedure delayed
- ▶ Delay noticing deteriorating condition
- ▶ Complaint not responded to
- ▶ Anxieties acknowledged not addressed
- ▶ Difficulty phoning healthcare unit

## 5.6 How did the Person Come to Use Our Service

People can apply to use the services provided by NAS and the Patient Advocacy Service by contacting their national phone lines, filling out a form, or emailing. Other people, such as family, friends or service providers, can also refer individuals to the service.

### People accessed the Patient Advocacy Service's empowerment advocacy service in 2020 in the following ways:

Online search engine.....	40%
Hospitals.....	19%
Other Advocacy Services & Support Groups.....	9%
CIB Services.....	9%
Word of mouth.....	8%
PAS promotions / presentations/ leaflets.....	4%
Politicians.....	4%
People who previously used the Service.....	4%
Regulatory Bodies.....	2%
Media.....	2%



## Case Study

### Mary's Story: Requesting Access to Information Following Maternity Care

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My name is Mary, I'm in my thirties, and I had a traumatic experience in relation to my maternity care in hospital. It was a really difficult time for me and I did not feel that I got the support I needed from the hospital staff.

I wanted to make a complaint about my care to the HSE and I requested a copy of all the files the hospital held about me. However, the freedom of information request I sent the hospital was turned down.

I contacted the Patient Advocacy Service and was provided with support by an advocate. They listened to my experiences, gave me the opportunity to explain my concerns and supported me to write a letter appealing the decision. The appeal was successful, and I received all of my files.

My advocate supported me to review the files, write a chronology of what happened, and list the questions I wanted the hospital to answer. While reviewing the files, my advocate and I discovered that the hospital was carrying out its own internal review which they

had not told me about. I was angry as it felt like I wasn't getting the chance to have a say on my own experience.

My advocate helped me to request a copy of all internal reviews relating to my case. When the records arrived, my advocate again spent time supporting me to read through the documents.

It was very upsetting for me to relive such a traumatising and stressful experience. My advocate offered me support and explained the options available, such as having a meeting with the hospital or making a complaint.

Having the advocate there to support me and explain everything gave me the confidence to make my own decision about what to do next. I don't know how I would have coped if I had to do this on my own.

I decided to take part in the hospital internal review process and voice my concerns. I'm happy I did because the hospital have apologised and agreed to improve support in the future.

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**This case study shows the importance of having a knowledgeable advocate from the Patient Advocacy Service to ensure that the voice of the person is heard and that the person is included in the process. The support and information provided to Mary by the advocate gave her the confidence to voice her concerns and have her own say about her experience. Mary received an apology from the hospital and assurances that they would improve their service.**

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## 6. Strategic Priority Standards

“The support, empathy and patience I received from my advocate will have a big impact on my quality of life and the quality of life of my family.”

Anna, who used the Patient Advocacy Service in 2020



## 6.1 Ongoing Development of the Patient Advocacy Service

Following its establishment in October 2019, the Patient Advocacy Service began 2020 with the aim of building understanding and awareness of its Services among its stakeholders and the wider public.

The service provides information and support to people who want to make a complaint about an experience they have had in a HSE-funded public acute hospital.

In addition to the significant impact of the Covid-19 virus, the Service had only been in operation for a short period of time. The impact of the pandemic led to several operational challenges. The Service also looked to pivot its activities to ensure it could respond effectively to new complaint issues emerging from Covid crisis.

The Patient Advocacy Service responded quickly and efficiently to the Covid-19 restrictions, which meant staff had to move from office to home working overnight.

The Service adapted effectively to the change in circumstances and its national phone line remained open as normal throughout the lockdown, providing invaluable support to those who required it.

This swift move was supported by the effective infrastructure of the Service's ICT system, which made it straightforward to support the change to home working and maintain service standards.

The Patient Advocacy Service also continued to build its capacity and effectiveness during 2020. The Service signed an agreement to provide support to residents and families of residents in a Nursing Home affected by the Covid-19 crisis.

### Professional Standards

The Patient Advocacy Service is fully aligned with the professional standards operated by NAS. There were 31 policies adapted in 2020 for the Patient Advocacy Service, including the Child Protection Policy and Procedures, Complaints and Feedback Policy, Conflict-of-Interest Policy, Case Anonymisation Policy, Code of Practice, Planning, Preventing and Responding to Covid-19 in the Workplace, and the Covid-19 Response Plan SOP.

### Patient Advocacy Service Strategic Advisory Forum

The Strategic Advisory Forum, established by the National Patient Safety Office (in the Department of Health), continued to monitor the progress in the development of the Patient Advocacy Service in 2020. Despite the Covid restrictions, the forum met virtually in November 2020 to offer strategic advice in relation to the strategy for the ongoing development of the Service.

## The membership of the Strategic Advisory Forum was as follows in 2020:

- ▶ Department of Health National Patient Safety Office
- ▶ CEO Mental Health Commission
- ▶ CEO HIQA
- ▶ State Claims Agency
- ▶ HSE Acute Operations National Director
- ▶ HSE Chief Clinical Officer
- ▶ Two Patient Representatives

## Joint Working Group to develop a Memorandum of Understanding (MoU) between the HSE and the Patient Advocacy Service

In early 2020, a joint working group between the Health Service Executive and the Patient Advocacy Service was established to develop a Memorandum of Understanding (MoU) between the services.

Although paused in stages throughout 2020 due to Covid 19 and the draw on HSE resources the MoU was finalised late in 2020 and signed in early 2021.

The MoU outlines how the organisations pledge to work together to further improve services for people who wish to make a complaint about the care they have received in a public acute hospital. It sets out their commitment to co-operate to ensure that people receive a timely, compassionate and comprehensive response to their complaints.



## Case Study

### Karen's Story: Complaint to Hospital about Error in Dispensing Medication

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My name is Karen and my husband passed away in hospital after a period of illness. However, while my husband was in hospital, I noticed that he was being given the wrong medication.

I raised questions informally with the doctor and nurses who were caring for him about whether the medication was affecting his health but I got no response.

I contacted the Patient Advocacy Service to ask for advice and support. I just wanted answers regarding the mistake and to ensure that it did not happen to anyone else. The communication from the hospital had been poor, so I decided to make a formal complaint to the HSE.

The hospital responded by telling me that they were carrying out an internal investigation and they would let me know about the outcome. I thought progress was being made, but I heard nothing for many months, despite contacting them several times. Not only was I dealing with the grief of losing my husband, I felt I was being ignored by the hospital and other families could be at risk.

On advice from my advocate, I decided to complain to the Ombudsman about the long delays. The Ombudsman is responsible for investigating people's complaints about how they have been treated by public bodies in Ireland.

This action seemed to have an immediate impact and the hospital invited me to a meeting with the care team who looked after my husband in hospital. My advocate helped me prepare for the meeting, supporting me to decide on the points I wanted to raise and the questions I wanted answered. The advocate also attended the meeting to provide support.

At the meeting, the hospital offered an apology and provided an explanation as to why the mistake with my husband's medication occurred. They said the hospital was introducing a change in practice in relation to the way they dispense medication.

The positive result means I have been able to play a positive part in ensuring that the hospital avoids similar errors and the safety of other patients is protected. I could not have achieved this result without my advocate's support.

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**This case study shows the longer-term nature of some advocacy work to ensure the voice of the person is heard and that their rights are supported. It demonstrates the escalation pathways the advocate can support the person with when the process is not being followed. The advocate's knowledge ensured that Karen was given an apology and an explanation about what had happened. The help provided by the advocate with the complaint led to changes in policy and practice to ensure similar mistakes will not happen again.**

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## 7. Strategic Priority Policy

**“I really appreciate my advocate’s help. It was great to find an open door and to talk to someone who was really willing to listen.”**

David, who used the Patient Advocacy Service in 2020





The Patient Advocacy Service and NAS continued to contribute to social policy in 2020 through stakeholder engagements and policy submissions.

In its policy work in 2020, the Patient Advocacy Service sought to make sure that advocacy is recognised as playing an important role in ensuring that people's rights are upheld and they receive the highest level of quality care.

## 7.1 Stakeholder engagement

### Government Departmental and Inter-Agency Groups

Throughout 2020, the Patient Advocacy Service and NAS were active participating members of the following groups:

- ▶ Reference Group for Implementation Group on Nursing Homes Expert Panel Report
- ▶ National Oversight Group for Implementation of Women's Health
- ▶ HSE Patient Engagement Framework Working Group
- ▶ National Inpatient Experience Survey Board
- ▶ Letterkenny University Hospital Gynaecology Clinical Service Review: Implementation of Recommendations Oversight Group

## 7.2 Public Consultations and Submissions

The Patient Advocacy Service joined with NAS to respond to public consultations and policy submissions in areas related to our remit, specifically around the impact of Covid-19. These social policy submissions were developed with the support of the social policy team of the Citizens Information Board.



### Submission to Special Oireachtas Committee on Covid-19, July 2020

The Patient Advocacy Service and NAS provided a joint submission to the committee explaining how Covid-19 impacted on our Services and the people we support, the issues they faced, our concerns regarding their care, actions taken by the Service's advocates to provide support, and our recommendations for action by Government.



### Submission to Nursing Home Expert Group, June 2020

The Patient Advocacy Service and NAS provided a joint submission to the Oireachtas Nursing Homes Expert Panel Consultation Survey in which we outlined our learning and recommendations in relation to the impact of Covid-19 on nursing homes. In the submission, we outlined issues with communication and support for residents and their families, infection control and HSE governance. Our recommendations included the need for test and tracing, improved communication, safe meeting areas, single occupancy rooms, an external HSE safeguarding process and improved infection control measures.



The Services also continued with business-as-usual activities in their policy work, which included:

#### **Response to Law Reform Commission consultation on Adult Safeguarding**

The Patient Advocacy Service and NAS provided a joint submission outlining our learning and recommendations. Each of the questions listed under the 11 issues were addressed generally or specifically, as far as possible. The issues included defining key terms for adult safeguarding, different types of abuse and neglect, financial abuse, independent advocacy and multi-agency collaboration. There was a specific focus on Issue 9, independent Advocacy. The submission outlined the potential role of NAS and the Patient Advocacy Service developing national standards for advocacy provision and continuing work toward getting statutory powers for advocates.

#### **Consultation on the development of a National Policy Framework for Open Disclosure in Ireland**

The Patient Advocacy Service provided feedback on a consultation on the development of a national policy framework for open disclosure in Ireland.

The Patient Advocacy Service also carried out the following pieces of policy engagement:

#### **HSE National Care Experience Maternity Survey – Message of Support**

The Patient Advocacy Service provided input to the HSE's response to the National Maternity Experience Survey 2020. We welcomed the HSE's response to the findings of the survey and stressed the importance of improving the health system so that the voices and experiences of patients are heard.

#### **Blog for Future Health Summit**

The Future Health Summit is a major conference bringing together the health sector across Ireland to discuss current issues and future plans. The Summit was cancelled due to the Covid-19 crisis. As a delegate, the Patient Advocacy Service was asked to write a blog for the Summit's website explaining how it responded to the Covid-19 crisis.



## 8. Key Enabler Awareness

**“You’ve given me a huge boost. I enjoy our discussions and you have been so kind and professional.”**

Eve, who was supported by an advocate from the Patient Advocacy Service in 2020

The NAS Strategic Plan identified two key enablers: awareness and capacity building, to help achieve the goals set in relation to strategic priorities around services, standards and policy. This section outlines work by the Patient Advocacy Service in 2020 in relation to the first key enabler: awareness.



## 8.1 Promoting the Patient Advocacy Service

The Covid-19 pandemic and the subsequent restrictions had a significant impact on outreach and promotional work carried out by the Patient Advocacy Service in 2020. Covid restrictions meant that public gathering and face-to-face meetings were not possible.

Despite these issues, the Patient Advocacy Service continued to proactively promote its Service in 2020. Moving into its second year of work, the Service's promotional work was focused on continuing to build an awareness about the service with key stakeholders (Hospitals, Professional bodies, the Advocacy sector and Support Organisations) and the wider public. The Covid pandemic meant the Service had to switch its communication, particularly in the first lockdown, to make people aware that it was providing advocacy support, despite the Covid restrictions.

### Communications Strategy, Presentations and Promotion

Following the work to establish the Service's communications activities in 2019, plans were developed for ongoing promotion of the service in 2020. The Patient Advocacy Service developed a comprehensive communications strategy in 2020 to promote its Service among key stakeholders and the wider public across Ireland.

The objective of the communications strategy was to implement stakeholder engagement, advertising and PR activities that would boost awareness and understanding of the Service and increase the number of people contacting us. However, in the early stages of the Covid-19 pandemic, when the first lockdown took place, these communications plans were significantly curtailed.

Face-to-face meetings were no longer possible, so the Service accelerated its use of social media as a means of promoting its work, engaging directly with stakeholders and people who might benefit from our support. We contacted hospitals, TDs and Senators to let them know we were still operating. We also distributed promotional materials and offered online presentations and webinars.

As the lockdown eased, the Patient Advocacy Service was able to carry out the first stage of its strategy which involved promoting the Service to key stakeholders including hospitals, support and advocacy groups, the NAS network, elected representatives and regulatory bodies.

Significant work was carried out to contact these stakeholders via emails, phone calls and video calls, as face to face meetings were not possible. Over 600 engagements with stakeholders were made, including offers of presentations and promotional leaflets and posters, as well as requests for our information to be shared by stakeholder on their websites.

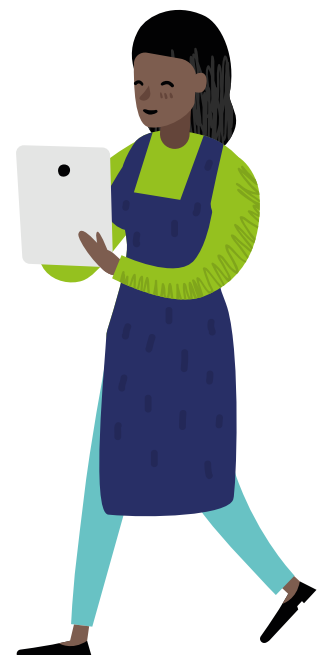
The second stage of the strategy involved advertising and PR work. Our goal was to promote the Service to the public by placing advertisements in print and online regional media across Ireland. We also planned to create a radio advertisement to be played in regional radio stations across Ireland. Due to the return to lockdown later in the year, the decision was taken to delay the advertising campaign until 2021.

Also in 2020, the Patient Advocacy Service developed our social media strategy to increase social media metrics across all our social media channels, including follows, likes and click throughs to the website. This helps us to reach and actively engage a wider range of stakeholders and potential Service users, including people we may not otherwise reach.

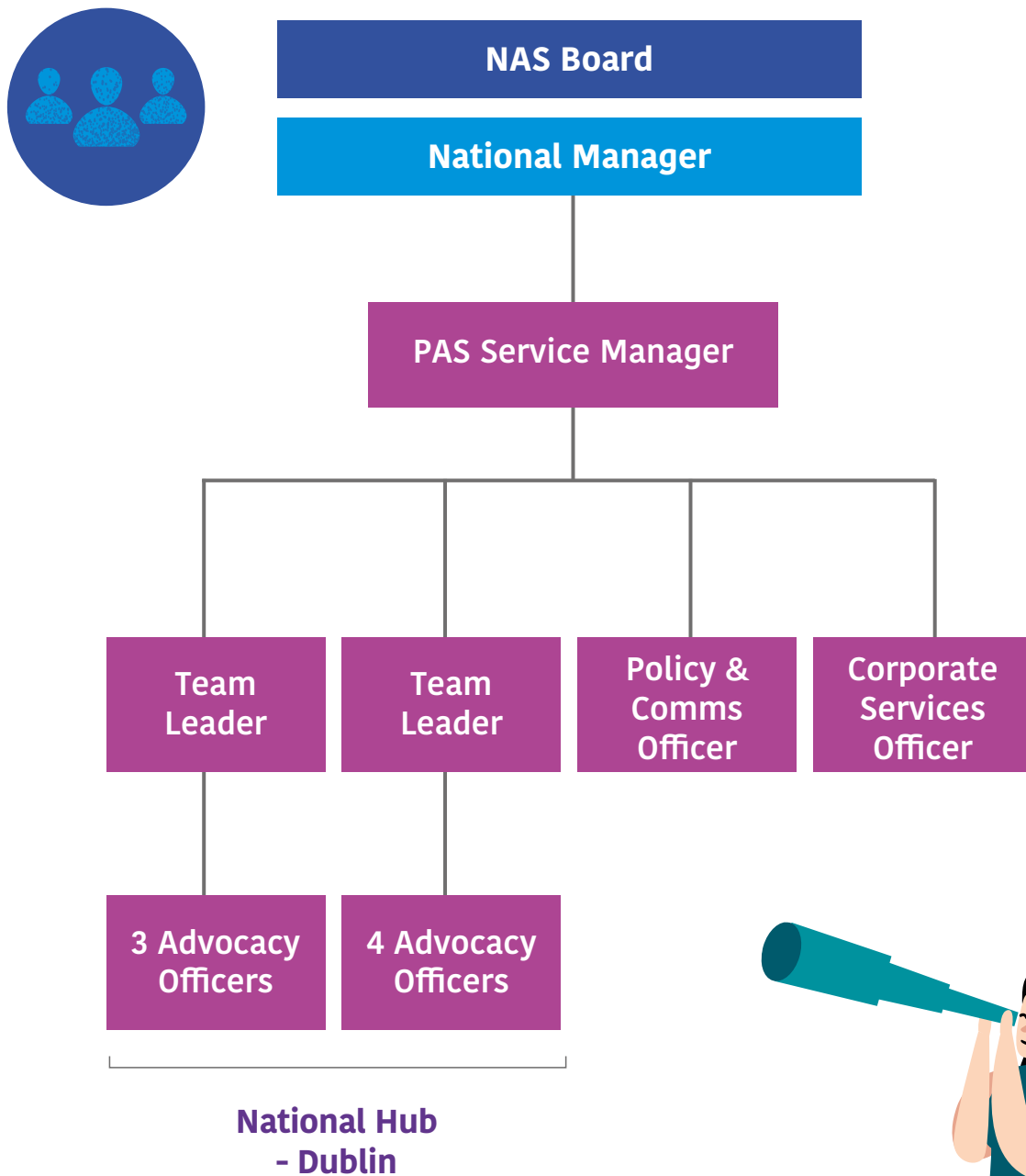
The Service increased its use of social media and developed its first social media strategy. The aim was to reach and actively engage a wider range of stakeholders and potential Service users:

- ▶ The Service's Facebook page, regarded as the key platform for engaging the public, increased from around 500 at the start of 2020 to nearly 2,500 at the end of 2020.
- ▶ The Service's Twitter account, used for engaging with stakeholders, had 273 followers at the end of 2020.
- ▶ A LinkedIn page was also created. It was mostly used for recruitment and had 73 followers by the end of 2020.

As a result of increased interaction and engagement across our social media platforms, visitors to the Patient Advocacy Service gradually increased over the course of the year. The site had 7,167 users in 2020, of which 7,024 were new users.



## 2020 Patient Advocacy Service Organisational Structure



## 9. Key Enabler Building Capacity & Effectiveness

**“It was a pleasure to work with my advocate. I’m lucky to have had their support.”**

Cara, who was supported by an advocate during 2020

This section outlines work in 2020 in relation to the second key enabler in the NAS Strategic Plan: building capacity and effectiveness.





## 9.1 Resources

### Human Resources

**The Patient Advocacy Service had the following posts in 2020:**

- ▶ Service Manager
- ▶ Corporate Services Officer
- ▶ Communications Officer
- ▶ 2 Advocacy Team Leads
- ▶ 6 Advocacy Officers

The Patient Advocacy Service continued to expand its staff, recruiting two new team members in July 2020, a Policy and Communications Officer and a Corporate Services Officer. This brought the total number of staff members to eleven.

## 9.2 Training and Development

Despite the impact of the Covid-19 pandemic, the Patient Advocacy Service made it a priority to provide its team with opportunities for continuous professional and personal development.

As a result of Covid-related restrictions, face-to-face meetings and presentations could not take place. Instead, new online technologies were utilised and training was delivered via online webinars and video calls.

Advocates from the Service attended online training and events on a wide range of topics in 2020, ensuring

they were equipped to work at a high standard. This training also ensured they could address new and emerging needs as they arose, including those issues caused by the Covid-19 pandemic, and they were able to best meet the needs of the people they supported.

Advocacy officers for the Patient Advocacy Service took part in training that included: Effective Advocacy in the Time of Covid, Consent in Relation to the Covid-19 Vaccination, Safeguarding and Exploring Anxiety and Suicide Prevention.

## 9.3 Operational Highlights

The operation of the Service provided by the Patient Advocacy Service underwent a swift and significant change in March 2020. Due to the impact of the Covid-19 pandemic, office working was no longer possible. Overnight, on 12 March 2020, our Service quickly moved all staff to remote working from home.

We provide a national phone line and online methods of enquiry (email, website). This meant we were able to continue to provide people with advocacy support at this challenging time.



A management response, led by NAS, incorporating internal communication with staff was critical in sustaining the organisation and morale throughout this period.

**Some of the actions taken include:**

- ▶ Business Continuity Plan developed, reviewed and updated.
- ▶ Covid specific Risk Register developed.
- ▶ Covid Response Plan developed.
- ▶ Regular communication from the NAS National Manager and the Patient Advocacy Service Manager to all staff at each change to the lockdown restrictions.
- ▶ Regular virtual team meetings across regional teams (increased from once per month to weekly and then fortnightly).
- ▶ Covid response team formed representing all parts of the organisation.

- ▶ Quarterly newsletter.
- ▶ End of year virtual get together for the whole organisation.

The Patient Advocacy Service completed all recruitment by virtual means in 2020. Induction during Covid-19 was a challenge as new staff members did not get to meet, connect or socialise with their colleagues in person.

However, the Patient Advocacy Service responded to the challenge and we have been highly innovative through further development of peer support, peer to peer mentoring for new staff and increased shared learning and resources.

## 9.4 Organisation Corporate Governance

**There were some changes in NAS directors in 2020:**

- ▶ Appointments of Tony Ward and John Roycroft
- ▶ Retirement of Noel Beecher, Diarmuid O'Corrbui and Nuala O'Doherty, Chair of NAS Board

NAS Directors completed training on The Charities Governance Code in November 2020.

The Board of NAS met 7 times in 2020, as well as providing additional ad hoc support when required.

**There are 3 sub committees of the board:**

1. HR subcommittee – 7 meetings
2. Finance Audit and Risk Committee – 7 meetings
3. Policy and Communications Committee – 2 meetings





**Patient Advocacy Service &  
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