



**National Advocacy  
Service**

For people with  
disabilities



**Patient  
Advocacy  
Service**

INFORMATION | SUPPORT | EMPOWERMENT

# Strategic Plan 2025–2027







**NAS** is a shorter name for the **National Advocacy Service for people with Disabilities**.

NAS gives support to people with disabilities to understand their rights and to make decisions about their lives.

**The Patient Advocacy Service** supports patients and residents to receive the healthcare they need and to make complaints if they are not receiving good healthcare in a hospital or nursing home.



A **patient** is a person who is receiving healthcare for a health problem in a **hospital**.

A **resident** is a person who is living in and receiving care in a **nursing home**.



We have made a plan for the next 3 years. This is called a Strategic Plan.

This plan tells everyone what work we will do over the next 3 years.

We made this plan after talking to people we support in the disability, patient, and nursing home community.

We also spoke to government departments and to other organisations who work with us.



We want an Ireland where people with disabilities can live an independent life on an equal basis with everyone else.

We want to make sure that all people with disabilities have access to support when they need it.



We want to make sure that all patients and residents in Ireland have access to support and information when they need it, especially if they want to make a complaint about their care in a hospital or a nursing home.

A complaint is when you let someone know you are unhappy with your care.



NAS and the Patient Advocacy Service will work on 5 goals in the next 3 years:



1. Improve human rights by providing support to all people who need it.

Human rights are rules that protect people and ensure we are treated fairly, with respect and dignity.



2. Be leaders in advocacy and make sure that our work is having a positive impact on the people we support.

Advocacy is a type of support. The person giving the support is called an advocate.



3. Make sure that the Government's policies are supporting people with disabilities, patients, and residents. Make sure that positive changes are made in Ireland for people with disabilities, patients, and residents.



4. Make sure more people in Ireland know what we do at NAS and the Patient Advocacy Service. So, if someone needs our help, they know who we are and how to ask for our support.



5. Make sure that the people who work in NAS and the Patient Advocacy Service are appreciated, well supported and respected.

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# Foreword



I am delighted to introduce the Strategic Plan 2025–2027 for the National Advocacy Service for People with Disabilities (NAS) and the Patient Advocacy Service. This plan outlines a clear and ambitious vision for 2025–2027, rooted in our shared values of independence, autonomy, equality and citizenship, respect, and empowerment.

These values guide everything we do as we work to ensure that the voices of those we support are heard, their rights are upheld, and their choices respected. We are proud of the work achieved to date and recognise the critical need to continue growing and evolving to meet the needs of all who require independent advocacy.

This Strategic Plan is built around five key objectives:

1. To further human rights through the delivery of high-quality advocacy services, extending our reach to all who need it through adequate resourcing.
2. To be advocacy leaders and influencers and measure our impact.
3. To increase our authority to influence policy and systemic change.
4. To raise awareness and promote a better understanding nationally of independent advocacy and our work.
5. To value our people and excel in governance.

On behalf of the Board, I would like to acknowledge and thank the dedicated staff, Advocates, and partners across both organisations. Your commitment makes a real difference in people's lives. Together, we look forward to delivering this plan and continuing to uphold the rights and raise the voices of those we support.

A handwritten signature in black ink that reads "Rosemary Smyth".

**Rosemary Smyth**  
Chairperson of the Board

## 2. Introduction

### 2025-2027 Strategic Plan

The National Advocacy Service for People with Disabilities (NAS) produced its last Strategic Plan in 2018. This was initially for a three-year period (2018-2021) and was only concerned with the NAS service. The provision of the Patient Advocacy Service under NAS commenced in 2019, a year after the launch of the 2018-2021 Strategic Plan. This three-year timeline for the Strategic Plan was extended until the end of 2024 for several reasons. These included the impact of Covid-19 (and the need to prioritise other matters); waiting for the Citizens Information Board Strategic Plan to be produced (so that NAS could align itself with this plan); and the determination about whether NAS would be asked to deliver the Patient Advocacy Service for another five years (which would impact the new Strategic Plan for NAS).

NAS has now completed the process of producing a new three-year Strategic Plan for the period from 2025 to 2027. This Strategic Plan is particularly important for the work in which NAS and the Patient Advocacy Service are involved in. In relation to NAS, it is essential to ensure that it continues to play its most appropriate and effective role in light of developments in the broader landscape, with the rights and circumstances of the disabled person always prioritised. In relation to the Patient Advocacy Service, there are processes in place for supporting patients of hospitals and residents of nursing homes in relation to complaints about their care and in the aftermath of patient safety incidents. Given its resources and capacity, it is important that the Patient Advocacy Service is effectively raising awareness and supporting complaints made about experiences in public acute hospitals (Your Service Your Say) and nursing homes (relevant complaints process) and through the Open Disclosure and Incident Management process in relation to patient safety incidents.

The strategic planning process, which has culminated in this Strategic Plan, provided a good opportunity to consult with beneficiaries of the service and a range of different people from various statutory and voluntary organisations about their views concerning the priorities and focuses for NAS and the Patient Advocacy Service over the next number of years.

## 2.1 Methodology

To develop the Strategic Plan, the following strategic planning activities and consultations took place between January 2024 and May 2024:

- Consultations with the NAS Board members.
- Consultations with NAS and Patient Advocacy Service staff.
- Meetings with the senior management teams and the National Managers in NAS and the Patient Advocacy Service.
- Individual 1-to-1 meetings with beneficiaries of the services being provided by NAS and the Patient Advocacy Service.
- Consultations with a broad range of other key stakeholders e.g. Citizens Information Board, HSE, HIQA, Department of Health, amongst others.
- Consideration of relevant documents, reports and policies as they relate to the advocacy needs of disabled people and of people making complaints in public acute hospitals and nursing homes and those impacted by patient safety incidents e.g. Health Acts, Sharing the Vision, Assisted Decision Making (Capacity Act), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Sláintecare and the Patient Safety Act, amongst others.
- Analysis of NAS and Patient Advocacy Service documents e.g. Annual Reports, Casebooks, policy documents and submissions and quarterly service activity reports.



## 3. Description of Work, Operations and Services of NAS

### 3.1 Background

#### The establishment of NAS and the Patient Advocacy Service

The National Advocacy Service for People with Disabilities (NAS) was established as a limited company in 2013 and the National Advocacy Service aspect of its work is funded by the Citizens Information Board (CIB). CIB has a mandate and a responsibility under the Comhairle Act 2000 and the Citizens Information Act 2007 to provide advocacy for disabled people. This legal responsibility has been executed through the financial support and other assistance and support provided to NAS, which is set out in a 3-year Service Level Agreement between CIB and NAS.

Prior to the establishment of NAS in 2013, 46 pilot advocacy projects for disabled people had been operated by CIB between 2005 and 2010. In 2011, CIB set up the National Advocacy Service for People with Disabilities (NAS) and this involved five separate regional companies. A further review in 2013 led to NAS being established as a single independent company, taking over the work and responsibilities undertaken by the five regional Boards. Since 2013, NAS has been the leading advocacy service ensuring that the CIB and, by extension, the State meets its legal requirements to provide high quality, independent and effective representative advocacy services to disabled people in the Republic of Ireland.

“It is essential to ensure that NAS and the Patient Advocacy Service continue to play appropriate and effective roles in light of developments in the broader landscape, with the rights and circumstances of disabled people and patients always prioritised.”

In 2018, the National Patient Safety Office in the Department of Health issued a tender for the delivery of a patient advocacy service focused on the provision of independent patient advocacy and support for people who had complaints about their experiences in public acute hospitals and in relation to patient safety incidents. NAS was successful in this tender bid. One of the reasons for being awarded the contract related to the good work carried out by NAS in delivering the service between 2013 and 2018. The Patient Advocacy Service became operational in October 2019. The original contract ran to 2022, and the current contract (awarded following a further successful tendering process) runs through to October 2027. The new contract incorporated the expansion of the Patient Advocacy Service's remit to provide advocacy to residents in private nursing homes and to scope out advocacy within public mental health services towards the end of the contract.

"The strategic planning process provided a good opportunity to consult with beneficiaries of the service and a range of different people from various statutory and voluntary organisations about their views concerning the priorities and focuses for NAS and the Patient Advocacy Service."

## 3.1 Vision & Mission Statement & Core Values

### Vision Statement

Our vision for society is one where people with disabilities can exercise their rights – with dignity, autonomy, equality and independence at the core. We recognise the capacity of people with disabilities to make their own decisions equally with others, in accordance with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

We also recognise the right of all people to seek support, guidance and information when issues arise in relation to their care and treatment, which may lead to their wish to complain about their treatment or care or seek answers in the aftermath of a patient safety incident.

### Mission Statement

Our mission is to provide the highest levels and standards of independent advocacy and support to people with disabilities and to people who wish to make complaints about the services and treatment that they have received in public acute hospitals, nursing homes and in the aftermath of a patient safety incident. This mission is achieved through two services under the auspices of NAS - the National Advocacy Service and the Patient Advocacy Service.

The National Advocacy Service provides an independent, confidential and free advocacy service that works exclusively for adults with disabilities. Our role is to work with those who may be isolated from their community of choice or mainstream society, may communicate differently and have limited informal or natural supports.

NAS also provides an independent, confidential and free Patient Advocacy Service, established in October 2019. The Patient Advocacy Service, funded by the Department of Health, is an independent, free and confidential service that provides information and support to people who want to make a complaint about an experience they have had in a public acute hospital or nursing home, and in the aftermath of patient safety incidents.

# Core Values

**NAS has five core values:**

1

## **Independence**

We work with the person independently of others and free from all conflicts of interest. The advocacy process is led and guided by the person.

2

## **Autonomy**

We support the right of the person to self-direction/determination (i.e., to be in control of their own life) and to make informed decisions based on their will and preferences. We empower people to have their complaints processed in a balanced, fair, and transparent manner.

3

## **Equality/Citizenship**

We support the right of every person to assert and enjoy their human rights, to participate in society as an equal citizen and to fulfil their full potential within a life of their own choosing.

4

## **Respect**

We work with the person in a way which demonstrates respect for the person as an individual and for their privacy, dignity and autonomy. All staff, partners and directors of NAS act in a way that demonstrates respect for the people who use our services and each other.

5

## **Empowerment**

We aim to facilitate the person to be an active participant in decisions which affect their life, through the way in which the advocacy process is carried out as well as the outcomes it seeks to achieve. We aim to empower the person to make a complaint or engage with a review process and seek answers when things go wrong.

### 3.3. About The National Advocacy Service For People With Disabilities (NAS)

NAS has a particular remit to work with those who may be isolated from their community of choice or mainstream society, may communicate differently and those who have limited informal or natural supports. NAS advocates take affirmative action to uphold the person's rights, ensure fair and equal treatment and access to services. They make certain that decisions are taken with due consideration for their unique preferences and perspective. The work of advocates ranges from providing information and advice (empowerment advocacy), to longer term full representative advocacy. Independent, representative advocacy is directed by the people who use it. It is person centred, accountable, accessible, impartial and independent of service providers, families, and other supports<sup>1</sup>. NAS ensures that when life decisions are made, due consideration is given to the will and preference of the disabled person and enables them to protect their rights.

The service works with a diverse range of people who have many different types of disabilities. Intellectual disability makes up the largest cohort of people NAS supports, at 47% of cases in 2022 and 45% of cases in 2023. NAS also works with:

- People with physical disabilities (25% of cases in 2024).
- People with mental health difficulties (21% of cases in 2024).
- People with Acquired Brain Injuries (ABIs) (13% of cases in 2024).

"NAS ensures that when life decisions are made, due consideration is given to the will and preference of the disabled person and enables them to protect their rights."

Representative advocacy involves professional, trained experts in advocacy dealing with specific issues and working with an individual until that issue reaches conclusion. Issues can be about any aspect of a person's life and the advocacy plan is directed by the person.

NAS operates on the principles that people with disabilities:

- Make decisions about their lives.
- Are entitled to access the supports they need to enable them to live their lives and enjoy meaningful participation in family, work and leisure.
- Are listened to and consulted by their families and by those who provide services to them.
- Should enjoy the benefits of participation in, and contributions to, their communities (both communities of interest and geographical communities) if they so choose.

"Independent, representative advocacy is person centred, accountable, accessible, impartial and independent of service providers, families, and other supports."

1 1. Empowerment advocacy supports a person to take action on their issue themselves. From a NAS perspective this may involve working with the person to explore fully what is the issue itself, suggesting some actions they may take to progress their situation, signposting them to various services (e.g. legal) or complaint mechanisms, providing a template letter, etc.

2. Independent, representative advocacy empowers and is directed by the people who use it. It is person centred, accountable, accessible, impartial and independent of service providers, families and other supports. It involves professional, trained experts in advocacy dealing with specific issues and working with an individual until that issue reaches conclusion. Issues can be about any aspect of a person's life and the advocacy plan is directed by the person.

### 3.4. About the Patient Advocacy Service

The Patient Advocacy Service provides information and advocacy to people who wish to make a complaint about an experience they have had in a public acute hospital or nursing home, and in the aftermath of patient safety incidents. For public acute hospitals and HSE operated nursing homes, people can make complaints through the HSE's 'Your Service Your Say' complaints process, and for private nursing homes, people can make complaints through each nursing home's own complaints process in line with current regulations.

The Patient Advocacy Service empowers people by supporting them to assert their views and seek answers and outcomes through the relevant complaints process. 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 works with service providers to share the learning for quality improvement.

Initially, the Patient Advocacy Service provided advocacy to patients of HSE funded public acute hospitals and, from May 2021, expanded its remit to provide advocacy to residents of HSE operated nursing homes. On 1st November 2022, the Patient Advocacy Service announced that it was expanding its service to residents of private nursing homes. Changes to the regulations outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) gave greater recognition to the role of independent advocacy services and strengthened the complaints process within all nursing homes. This was a significant step in embedding advocacy services within private nursing homes and providing a legislative basis for independent advocacy services<sup>2</sup>.

<sup>2</sup> Minister for Mental Health and Older People, Mary Butler said: "The extension of the PAS to private nursing homes is a significant and positive initiative. It is extremely important that this service is available to all those in Nursing Home Care. The service will provide private nursing home residents with expert support and guidance if they need it and more broadly seeks to place greater emphasis on the voice and choice of residents, empowering them to shape and improve their care. This was a key recommendation of the Expert Panel Report for Nursing Homes during Covid-19 and the roll out was a priority of mine."

### **The Patient Advocacy Service provides the following:**

- It supports people to get information on the formal HSE complaints process 'Your Service, Your Say' or relevant complaints processes.
- It explains what to include in their complaint, and how to write a formal complaint.
- It helps people to prepare for meetings.
- It supports people to explore their options following a response to their formal complaint.
- It supports people in the aftermath of a patient safety incident, through the Incident Management Framework and Open Disclosure.

The Patient Advocacy Service recognises the benefit to the service user in having their complaint addressed in a timely manner and in achieving early resolution to their complaint within the HSE's 'Your Service, Your Say' complaints procedure or other relevant complaints procedures. This can avoid the need to seek advocacy support, or for the matter to be escalated to the formal complaint processes. Similarly, it also recognises the right of the service user to make a formal complaint and access independent advocacy.

The advocate will support the service user to ensure that they are heard, to inform discussions and negotiations and to achieve resolution. The Patient Advocacy Service also helps to redirect general queries to the most appropriate person or service.

The Patient Advocacy Service focusses on empowerment advocacy. This reflects the value of patients maintaining as great a level of control as possible within the process and the empowering role of the Patient Advocacy Service in supporting rather than directing such a process. Although empowerment advocacy will remain the standard service provided, going forward, as the remit expands into new areas, flexibility will be needed. This should allow individual people's needs to be met where additional advocacy support is required i.e. representative advocacy on a limited basis. Notwithstanding this flexibility, the culture and focus of the service should remain on empowering and enabling the service user to guide and lead the process and support patients and residents in line with their will and preferences.



## 4. Strategic Plan, 2025–2027

### 4.1. Introduction

The Strategic plan focusses on three key priorities:

**1. Services**

**2. Standards**

**3. Policy**

The Strategic plan has also identified two key enablers to allow for the improvements and developments in the areas of services, standards and policy.

**1. Awareness**

**2. Building Capacity and Effectiveness**

## 4.2 Strategic Objectives

1

### **Strategic Objective One**

Further human rights through the provision of high-quality services, extending our reach to all who need it through adequate resourcing.

2

### **Strategic Objective Two**

Be advocacy leaders and influencers and measure our impact.

3

### **Strategic Objective Three**

Increase our authority to influence policy and systemic change.

4

### **Strategic Objective Four**

Raise awareness and promote a better understanding nationally of Independent Advocacy and our work.

5

### **Strategic Objective Five**

Value our people and excel in governance.

## **Services**

### **Further human rights through the provision of high-quality advocacy services, extending our reach to all who need it through adequate resourcing**

Extend our independent advocacy reach by securing the necessary increase in resources/contract renewal to enable NAS and the Patient Advocacy Service to deliver services to the optimum number of people who require Independent Advocacy support across Ireland.

#### **Strategies, actions and interventions**

- Work to secure increased and adequate resourcing of the National Advocacy Service, linked to a Government Strategy on Independent Advocacy, providing a comprehensive, effective and timely advocacy service across the Republic of Ireland.
- Continue phased expansion of resources of the Patient Advocacy Service to facilitate provision of an effective and timely advocacy service across the Republic of Ireland.
- Additional funding will be sought for an alternative centralised model of managing and triaging NAS enquiries, providing long arm support during the enquiry process and to manage waiting lists more effectively.
- Further embed human rights and access to complaints advocacy through the ongoing provision and financial support of the Patient Advocacy Service by the Department of Health.
- Develop relationships with relevant key stakeholders in the new HSE structure and with key stakeholders across the Health and Social Care sector.
- Progress review and implementation of the Memorandum of Understanding (MoU) between the HSE and the Patient Advocacy Service.
- Research complaint advocacy needs within public mental health services (Patient Advocacy Service).

# 1

## **Outcomes**

- Increased Advocate numbers.
- Reduction in waiting lists.
- Centralised enquiry model in place for NAS.
- Extension/renewal of Patient Advocacy Service contract with DoH to continue provision of service.
- Strategic relationships strengthened across new Regional Health Authorities (RHAs) and with key stakeholders broadly.
- MOUs/Terms of Reference (TORs) in place with key bodies and partners.
- PAS MOU with HSE is fully reviewed and implementation plans in place at national and regional level.
- Scoping exercise complete regarding the Patient Advocacy Service and mental health advocacy.

## **Standards**

### **Be Advocacy Leaders and Influencers and Measure our Impact**

To work towards achieving the highest National Standards in relation to the provision of Independent Advocacy in Ireland and to improve our ability to evidence our impact and outcomes.

#### **Strategies, actions and interventions to achieve this strategic objective**

- Engage Government and key stakeholders to build support and influence the establishment of a National Independent Advocacy Alliance and a National Strategy for Independent Advocacy.
- Finalise Independent Advocacy Standards for both our services and lead out on building alliances to develop advocacy standards at a national level in Ireland. Embed these new standards across our service delivery teams.
- Develop an Impact Framework to better measure the short-term and long-term impacts and outcomes of our work.
- Development of additional fora to increase involvement of people supported by our services in the design and co-production of our advocacy services.
- Continue to develop and provide educational and developmental resources which will increase awareness and understanding of best advocacy practice.
- Development of connections with international partners to identify best advocacy standards in other countries which have some replicable potential in Ireland.

# 2

## Outcomes

- Our services have played a key leadership role in progressing support for the establishment of a National Independent Advocacy Alliance.
- A National Strategy for Independent Advocacy has been progressed.
- Independent Advocacy Standards are well embedded in our day-to-day advocacy practice.
- Our services have influenced the establishment of National Advocacy Standards.
- Impact and Outcome Measurement Framework is finalised and implemented within NAS.
- We have co-designed Advocacy services in partnership with the people we support.
- Publication of advocacy resources.
- International partnerships well established with learning applied from other jurisdictions to our work.

## **Policy**

### **Increase our authority to influence policy and systemic change**

Work to have the highest quality and most progressive national policies for the provision of Independent Advocacy and continue to ensure that people's voices are heard, and their rights are respected in policy decisions and that we influence systemic change where it is needed.

#### **Strategies, actions and interventions to achieve this strategic objective**

- Continually raise standards through ongoing review and development of our services' policies and processes, ensuring that they remain person-centred and accessible.
- Continue to produce high-quality, themed social policy reports to highlight systemic issues people supported by our services face. Utilise these reports to expand our sphere of influence.
- Continue to share data with relevant stakeholders to improve quality and outcomes for people.
- Commissioning production of and participation in research and using this research to advocate for change to national policies and practices across relevant sectors.
- Continue to participate in national and regional key forums to influence change.

#### **Outcomes**

- NAS Organisation Policies are based on best practice and are regularly reviewed.
- NAS and the Patient Advocacy Service gave voice to people's lived experience with relevant stakeholders and influenced systemic change.
- We have commissioned, produced and/or participated in relevant research to influence policy and systemic change.
- Shared data with relevant key stakeholder to highlight lived experience and to impact quality improvement and change.
- Membership of relevant and influential national and regional fora.

## **Awareness**

### **Raise awareness and promote a better understanding nationally of Independent Advocacy and our work**

To create more public and organisational awareness and understanding about the role and importance of Independent Advocacy and about the services provided by NAS and the Patient Advocacy Service.

#### **Strategies, actions and interventions to achieve this strategic objective**

- National advertising campaigns and public affairs engagement strategies to promote and advertise our work and the importance of Independent Advocacy in Ireland.
- Develop an external partnership strategy to expand alliances across relevant Government Departments and relevant sectors, including academic institutions, to enhance an understanding of independent advocacy with emerging professionals working in relevant fields.
- Production of yearly publications including Annual Reports, Casebooks and Advocacy resources to highlight the work and the services that we provide, giving public voice to the lived experiences of those we support, influencing best practice and upholding human rights.
- Use of social media platforms and our websites to reflect the high-quality work and activities of our services and to raise ongoing awareness of Independent Advocacy.

#### **Outcomes**

- Increased understanding of Independent Advocacy and the services provided by NAS and the Patient Advocacy Service.
- Increased strategic partnerships established.
- Various publications produced on a yearly basis and available in Easy-to-Read format.
- Effective use of social media and online platforms.
- Updated NAS Website content.
- Advocacy Resources developed and disseminated externally.



## Building Capacity & Enhancing Effectiveness

### Value our people and excel in governance

Establish the best conditions for our people to excel in their work and for the organisation to excel in performance and compliance.

#### **Strategies, actions and interventions to achieve this strategic objective**

- Enable our staff to excel in their work through excellent support, mentoring, wellbeing and professional development initiatives and regular consultation with staff to identify areas for targeted improvement to our internal culture and practices.
- Address inadequate resourcing of the counties within NAS where Senior Advocates are the only advocacy resource.
- Establish strong communication channels and transparency.
- Establish and implement a framework for union recognition and an employee forum.
- Be fully compliant with the regulatory and statutory requirements of the Companies Office, the Charities Regulatory Authority and the Revenue Commissioners.
- Meet all reporting requirements of our funding bodies, the Citizens Information Board and the Department of Health.
- Leverage systems, organisational infrastructure, operational models and emerging technology to support best practice in Advocacy, HR, Governance, Finance, Case Management, National phone lines, reducing administrative burden to use our resources effectively.
- NAS will seek to secure a permanent Corporate Services Manager post to be best placed to meet its governance obligations into the future.
- We will ensure appropriate representation on our Board from the people who our services support.

# 5

## Outcomes

- Staff feedback and ideas are incorporated into decision making processes.
- Enhanced staff wellbeing, performance and job satisfaction.
- Development of Equality and Diversity (E&D) policy and Learning and Development (L&D) policy.
- Increased retention rates.
- Achievement of organisational goals.
- Union Framework and employee forum established and implemented.
- Compliant with all governance and funding requirements.
- Roll out of enhanced policies, infrastructure, systems, operating models and technologies.
- Representation on NAS Board of people supported by our services.

### 4.3. Implementation and Review of 2025-2027 Strategic Plan

The 2025-2027 Strategic Plan provides a framework and a basis for the NAS Organisation to prioritise and focus its work and activities in the period from 2025 to 2027. The implementation schedule for the 2025-2027 Strategic Plan includes:

- An **Action Plan:** to detail the specific actions to be undertaken for the individual strategies, the timelines for actions to be completed and the person(s) responsible for implementing the actions.
- **Annual Workplans:** will be produced during the 2025-2027 Strategic Plan by the management teams and will be approved by the NAS Board. The management teams will produce and present quarterly review reports on the implementation of the annual workplan to the NAS Board. Sub-committees of the NAS Board (HR Committee; Service Delivery and Development Committee; Finance, Audit and Risk Committee) will also play a role in monitoring the implementation of the Strategic Plan.
- **Key Performance Indicators:** (KPIs) will be drawn up for the agreed strategies and these KPIs will form a basis for reviewing performance and achievements.

\*The successful implementation and delivery of this Strategic Plan is dependent on adequate human and financial resources.



NAS is funded & supported by the  
Citizens Information Board



The Patient Advocacy Service is funded and  
supported by the Department of Health



**An Roinn Sláinte**  
Department of Health

**Patient Advocacy Service &  
National Advocacy Service for  
People with Disabilities**  
**Level 3 Rear Unit**  
Marshalsea Court  
Merchants Quay,  
Dublin DO8 N8VC

PAS National Line: 0818 29 3003  
[patientadvocacyservice.ie](http://patientadvocacyservice.ie)  
[info@patientadvocacyservice.ie](mailto:info@patientadvocacyservice.ie)

NAS National Line: 0818 07 3000  
[advocacy.ie](http://advocacy.ie)  
[info@advocacy.ie](mailto:info@advocacy.ie)