



Patient
Advocacy
Service

INFORMATION | SUPPORT | EMPOWERMENT

Patient Advocacy Service Annual Report 2025



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Note to Reader: all case studies included in this document have gone through a rigorous anonymisation process which involves changing identifying elements of the case to protect the anonymity of the person and advocate involved. This means that the location, age, gender and name of the people in these stories are likely to have been changed.

1. Foreword by Chairperson



Welcome to the 2025 Annual Report for the Patient Advocacy Service. This past year, in line with our strategic objectives, we have continued to embed our services within public acute hospitals and public and private nursing homes. We saw a remarkable increase of 43% in contacts from individuals and families seeking independent advocacy support in 2025.

This growth is a clear reflection on the growing awareness of patient's rights and demonstrates the impact of independent advocacy in empowering healthcare users and nursing home residents to voice their concerns and support them to navigate complex complaint pathways and incident management processes.

The 2025 Annual Report highlights key data around the number of enquiries received by our service, the number of cases worked on by our Advocates and the complexity of the cases we worked on. The report provides information on our stakeholder engagement and our efforts to inform real systemic change. Crucially, it highlights how our Advocates support individuals, with several case examples demonstrating the impact of independent advocacy and illustrates the wide range of people that we work with and the types of issues they face.

The key data, stories and cases reiterate the vital need for a free, independent voice in the health and social care sector. Whether supporting people to navigate the complex pathways in Your Service Your Say, Open Disclosure or Incident Management, or corresponding complaints and review systems in private nursing homes, our Advocates have championed dignity, respect and human rights in all their work. While our growing numbers highlight there is still more work to be done to improve learning and quality improvement in the health and social care sector, it also reassures us that people are no longer facing the challenge alone.

I wish to express my sincere thanks to the Department of Health for their ongoing guidance and support in relation to the Patient Advocacy Service. In addition, I would like to express the Board's sincere gratitude to all the dedicated staff of the Patient Advocacy Service for their unwavering commitment and professionalism in ensuring that healthcare users and nursing home residents have someone to listen to, guide and support them.

A handwritten signature in black ink that reads "Rosemary Smyth". The signature is written in a cursive, flowing style.

Rosemary Smyth, Chairperson of NAS Board.

1.1 Patient Advocacy Service Highlights 2025



The Patient Advocacy Service provided support to **3,031 people** in **2025**, covering **7,969** separate complaint issues. This represents a **43%** increase on **2024** when we received **2,120** enquiries.



304 of the enquiries were given full 1-1 advocate support, including supporting people with understanding of health policies and complaints and patient incident review processes, written correspondence, preparation for and attending meetings with them.



2,727 of the enquiries were short-term, such as providing people with information, advice, assistance, and signposting or referring to other support services.



The Patient Advocacy Service provided support to **1,929 people** who wanted to make a complaint about their care in **public acute hospitals**.



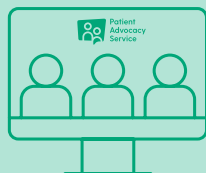
The Patient Advocacy Service provided support to **309 people** who wanted to make a complaint about their care in a **nursing home**.

Support provided to **67 people** who wanted to make a complaint about their care was in relation to **HSE operated nursing homes**.

Support provided to **242 people** who wanted to make a complaint about their care was in relation to **private nursing homes**.



Some of the **biggest complaint issues** for people in public acute hospitals supported by the Patient Advocacy Service's Advocates were anxieties acknowledged not addressed, patient not monitored properly, aspect of care plan overlooked, chasing departments for an appointment, patient-provided information dismissed, unable to access specialist care, clinician overlooked information, rude behaviour, staff did not communicate care plan and difficulty phoning healthcare unit.



The Patient Advocacy Service website was visited by **11,895** new users in **2025**.



The Patient Advocacy Service carried out **531 promotions** in **2025**, including events, presentations and offers of leaflets and posters.



The Patient Advocacy Service closed **2,708 contacts** in **2025**. 186 of these were carried forward from 2024, the rest were opened in 2025 and closed in 2025.

2. Patient Advocacy Service Remit

The Patient Advocacy Service is commissioned and funded by the National Patient Safety Office (NPSO) in the Department of Health (DoH). The Patient Advocacy Service is fully independent of the HSE and all other service providers. The Patient Advocacy Service is provided under the auspices of the National Advocacy Service for People with Disabilities (NAS). 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 (over 18s) with disabilities.

The Patient Advocacy Service provides free, independent and confidential empowerment advocacy to people who want to make a formal complaint through the relevant complaints process in relation to the care they have experienced in a HSE or HSE funded public acute hospital, or in a HSE or HSE funded nursing home or private nursing home. The Patient Advocacy Service also supports people through incident management in the aftermath of a patient safety incident. For HSE and HSE funded public acute hospitals and 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.

The Patient Advocacy Service empowers people by supporting them to have their voice heard, seek answers and outcomes through the relevant complaints and incident review processes and supports them to be kept central to the process. The Advocates do not take sides on an issue but rather seek to ensure that a process is fair, transparent and compassionate, and that the individual's views, concerns, and decisions are addressed. The Patient Advocacy Service also aims to work with hospital and nursing home teams to improve complaints and incident review processes to allow for critical learning, improvement to quality, patient safety and the lived experience of people using the services.

Case study:

Claire and Aidan's Story

Claire speaks up about issues with her son Aidan's care and treatment in hospital. Claire expressed concern around communication, care plans and discharge planning. With support from an Advocate they made a formal complaint, resulting in an apology and assurances that quality improvements would be made.

My name is Claire. My son Aidan has complex health and social care needs and is non-verbal.

Aidan recently spent time in our local hospital as an inpatient and while he was there, I had concerns about his care and treatment. I tried to explain Aidan's communication style to staff but they did not listen to me. Aidan had tests and procedures, but the hospital did not share any information about these. At one stage, Aidan became very ill and the staff did not contact me about this. Staff would not provide Aidan's care and treatment plan and we were not given a discharge plan. I did not feel listened to and I felt Aidan had not been a full participant in his health care and treatment. I decided to contact the Patient Advocacy Service for advice.

I spoke with an Advocate from the Patient Advocacy Service and shared my concerns with them. The Advocate outlined my options and I decided to make a Stage 2 formal complaint through the HSE's Your Service Your Say complaints process. The Advocate researched policies that would support my complaint, including the HIQA Safer Better Healthcare Standards and the HSE National Healthcare Charter. The Advocate highlighted themes from these policies to include in my complaint: Safe and Effective Care, Dignity & Respect, Communication and information and Participation - Improving Health and Accountability.

I received an acknowledgement letter from the hospital in relation to my complaint, however, the letter stated that it would only examine the clinical issues raised in my complaint and not those around communication, dignity and respect and participation. My Advocate suggested that I write to the hospital's Complaints Officer and highlight that these issues needed to be addressed in their investigation.

Several months passed and I did not receive a response to my complaint. My Advocate outlined my option to write to the Ombudsman. The Advocate supported me to write my letter to the Ombudsman. I raised my concerns around the maladministration of my complaint and how the non-clinical aspects of my complaint had been ignored by the hospital.

The Ombudsman agreed to investigate my complaint and while they were doing this, they wrote to the hospital instructing them to engage with me in relation to my complaint.

The hospital invited me to have an 'in-person' meeting, which I was happy to attend. The meeting was positive. I felt my concerns were listened to and genuinely acknowledged. A short time later, the hospital wrote to me and upheld my complaint. They apologised to both Aidan and I for the negative experience we had and for any upset that had been caused. The hospital stated that they would introduce several quality improvement processes including providing access for carers to their loved ones outside of general visiting hours and acknowledging the role of the carer in the planning of patient care. The hospital also stated that it would roll out the National Healthcare Communication Programme for staff.

I then received a response from the Ombudsman, who also upheld my complaint. The Ombudsman welcomed the hospital's apology to Aidan and I and the quality improvements that were taking place.

I am delighted that I contacted the Patient Advocacy Service for support. I now feel informed, empowered, validated and listened to. I will use the skills that I learnt while making the complaint in other areas of my life.

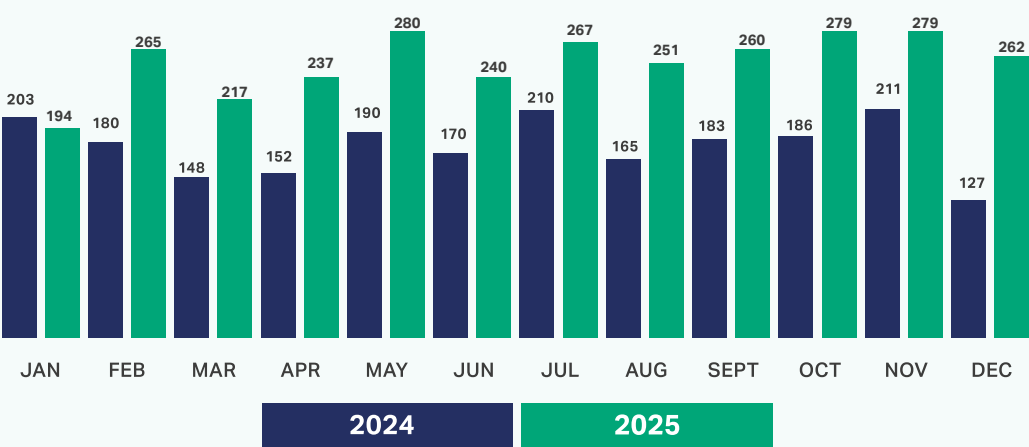
"I am delighted that I contacted the Patient Advocacy Service for support. I now feel informed, empowered, validated and listened to."



3. Our Service

"Your support has been amazing, you don't know how much it means to me to have your support. I wouldn't know what to do and felt completely overwhelmed. Thank you most sincerely."

Kelly, who was supported by the Patient Advocacy Service in 2025



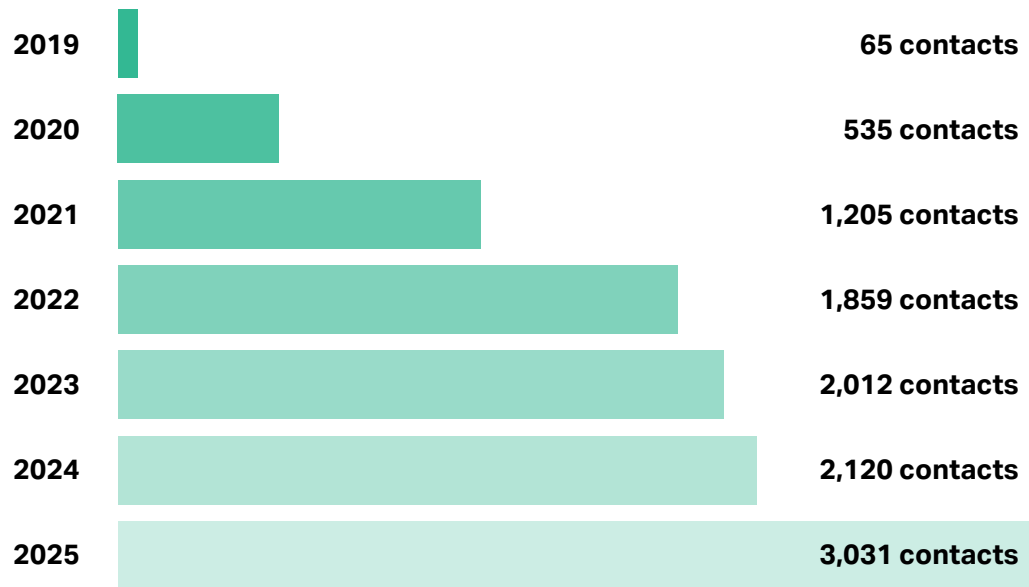
3.1 Our Work in 2025

The Patient Advocacy Service works to ensure a high-quality, independent 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 an Organisation Code of Practice and suite of policies. The Service's goal is to continue to improve and develop our organisation. To achieve this, Advocates take part in regular team meetings, practice development sessions, training, and ongoing case review and monitoring. Our Advocates are encouraged to upskill and pursue educational courses that will support their growth and development.

2025 was the sixth full year of service delivery for the Patient Advocacy Service and proved to be the busiest one yet. The Service received 3,031 new enquiries, which identified 7,969 separate complaint issues. This was an increase on 2024 when we received 2,120 complaint enquiries. The table above shows the numbers of new contacts by month in 2025, compared with 2024.

Of the new contacts received by the Service, 2,727 were short term advocacy enquiries, including advice, one-off supports, such as sending a person a template letter, providing information on legislation, policies and standards by phone, research and signposting and referrals to other support services. 304 new contacts were given full 1-1 advocacy support. This work involved supporting people to understand the complaints or patient safety incident management processes, write and understand correspondence, prepare for and attend meetings with the person in a supportive capacity, and supporting them to raise their concerns and have their lived experience and voice heard. The Patient Advocacy Service provided support to 1,929 people who wanted to make complaints about their care in public acute hospitals. The Service also provided support to 67 people who wanted to make complaints about their care in HSE or HSE funded nursing homes and 242 people who wanted to make a complaint about their care in private nursing homes.

Contacts to the Patient Advocacy Service have grown year on year.



3.2 Complexity of Work by Our Service and Key Issues for Our Service

The Patient Advocacy Service identifies issues within individual contacts in line with the London School of Economics and Political Science's Healthcare Complaints Analysis Tool (HCAT).

Within the HCAT, the complaint issues are broken down into three severity levels:

1. Level 1 (low severity)
2. Level 2 (medium severity)
3. 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).

The Patient Advocacy Service recorded 7,969 separate complaint issues for the contacts in 2025. Of these contacts, 907 were outside the remit of the Service.

Alongside the increase in contacts to the service, the level of complexity within the enquiries received is also increasing. There were 2,547 contacts that had between 1 and 5 complaint issues, 362 contacts between 6 and 10 complaint issues, and 80 contacts with between 11 and 15 complaint issues. There were also a further 42 contacts with 16-29 complaint issues. These complaint issues included people being unable to access specialist care, staff ignored severe distress, patient discharged without sufficient examination, anxieties acknowledged but not addressed, patient not being monitored properly, aspect of care plan overlooked, staff spoke in a condescending manner, question acknowledged but not responded to and patient not involved in their care plan. These figures show the range of issues that people in hospitals and nursing homes had in 2025 and how serious and complex some of their complaint issues were. Some contacts involved several different complaints at several different levels of severity.

The complaint issues received by the Patient Advocacy Service in 2025 are broken down as follows:

Severity	Number	Type of Complaint
1	1,774	<ul style="list-style-type: none">• Difficulty phoning healthcare unit• Staff spoke in condescending manner• Question acknowledged, not responded to
2	4,503	<ul style="list-style-type: none">• Anxieties acknowledged, not addressed• Patient not monitored properly• Aspect of care plan overlooked
3	1,692	<ul style="list-style-type: none">• Unable to access specialist care• Staff ignored severe distress• Discharge w/o sufficient examination

The **top 5 complaint issues** in 2025 were:

Anxieties acknowledged, not addressed

Patient not monitored properly

Aspect of care plan overlooked

Chasing departments for an appointment

Patient-provided information dismissed

Public Acute Hospitals

There were 7,969 complaint issues raised in relation to public acute hospitals

2,547 contacts with between 1 and 5 complaint issues

362 contacts with between 6 and 10 complaint issues

80 contacts with between 11 and 15 complaint issues

42 contacts with between 16 and 29 complaint issues



Nursing Homes

There were 651 complaint issues raised in relation to nursing homes

209 contacts with between 1 and 5 complaint issues

20 contacts with between 6 and 10 complaint issues

9 contacts with between 11 and 15 complaint issues

1 contact with between 16 and 29 complaint issues





Outside remit

907 contacts were outside the remit of the Patient Advocacy Service

131 related to Community Mental Health

128 related to GP Care

94 related to Private Hospitals

65 related to Primary Health Care

47 related to Acute Mental Health

20 related to Home Support

6 related to Cross Border Directive / Treatment

416 were categorised as Other

3.3 Nursing Homes

In 2025, the Patient Advocacy Service provided support to 309 people who wanted to make a complaint about their care in a nursing home.

651 complaint issues were identified. Utilising the HIQA National Standards for Residential Care Settings for Older People in Ireland to categorise the main concerns being raised, the top five complaint issues identified were:

- Lack of person-centred/safe service
- Care relating to physical health issues
- Resident rights not respected
- Residents' needs and preferences not considered
- Care & welfare not protected

Case study:

Valerie's Story

Valerie speaks up about issues with her late father's nursing home charges. Valerie expressed concern around the communication to families about additional charges. With support from an Advocate, Valerie made a formal complaint, resulting in an apology and assurances that improvements in procedures and communication would be made.

My name is Valerie. My father had been living in a nursing home before he sadly passed away. I was always very happy with the care and treatment my father had received at the nursing home and never had any issues. However, in the months leading up to my father's death, the nursing home introduced additional charges, and I was unhappy with how this was managed and communicated to residents and their families. The nursing home did not explain why they were introducing the charges or offer an explanation as to what the charges were in relation to. I did not think it was fair to impose extra charges like this on residents. The nursing home sent a blanket email to families and residents with an automatic opt in to the fees being charged. There was no option to reply to the email and very little other information given. The email suggested contacting the nursing home within several days of the email being sent to opt out and if this deadline was missed, the fees would be charged. I wanted to express my disappointment with how the nursing home managed the communication around the additional charges and I contacted the Patient Advocacy Service for advice.

I spoke with an Advocate from the Patient Advocacy Service. The Advocate provided information about the Competition and Consumer Protection Commission (CCPC) and their guidelines in relation to nursing home contracts of care and nursing home charges. The Advocate also provided information on the HIQA National Standards for Residential Care Settings for Older People. The Advocate supported me to write a complaint letter to the nursing home, referencing the relevant guidelines and policies. I mentioned to the Advocate that while I was unhappy with the management of the additional charges by the nursing home, I wanted the nursing homes' frontline staff to know that I was always happy with the care and treatment my father received. The Advocate suggested that I could offer this feedback as an additional document to my complaint letter. This allowed me to express my gratitude to the nursing home staff for their compassionate and empathetic dedication to my father.

I received a timely and comprehensive response to my complaint. The nursing home apologised and accepted that the management of the fee

increase had not been transparent and was not best practice. The nursing home explained that the letter of complaint raised important reflections for them, and they were committed to changing internal procedures when sending emails to families and residents. The response stated that all new contracts of care would outline the proposed fee increases over the next 5 years so that there was certainty for new residents before they signed a contract. The response provided an explanation as to why the additional charges were being introduced and a detailed description of what they would be used for. I also received a full refund of the additional charges that I had paid from the date the increased fee was charged to my father.

I was very happy with the outcome and the support I received from my Advocate. They provided me with helpful information and supported me to raise my concerns and to achieve a positive outcome.

"I wanted to express my disappointment with how the nursing home managed the communication around the additional charges and I contacted the Patient Advocacy Service for advice."



4. Positive Impacts of Advocacy – Advocacy in Action

In 2025, the Patient Advocacy Service supported people who contacted the service through a model of empowerment advocacy. Our Service was able to empower the people we work with to achieve various outcomes, which not only helped them in resolving their issues but also provided an opportunity for evidence-based policy change, learning and quality improvement within the public acute hospital and nursing home sectors. Listed below are examples of the positive outcomes and systemic changes that the Patient Advocacy Service was proud to be involved with in the last 12 months.

1. Acknowledgement and Apology

- Hospital apology following a Stage 2 investigation and Ombudsman engagement, acknowledging distress and poor experience.
- Sincere apologies for emergency department delays, inpatient care issues, and insufficient discharge information, with commitments to learn from the feedback.
- Apology for distress caused by an alarm system and remedial actions to prevent ongoing sleep disruption.
- Apology for a phlebotomy clinic interaction and commitment to more respectful, private conversations.
- Apology for the impact of bedsores and a plan to expedite specialist referral.
- Apology for the effect of restricted contact with a family member and assurance of person-centred visiting arrangements.
- Apology for a distressing experience in the emergency department with the issue escalated to staff for learning.
- Apology with recommendations for failings in care in one hospital; satisfaction reported at appointment in another.

2. Policy Assurance and Changes

- Introduction of "John's Campaign" to recognise carers as partners in care and extend access outside general visiting times.
- Rollout of the National Healthcare Communication Programme to improve patient–staff communication.
- Commitment to a discharge information booklet to clarify care plans, follow-up and contact points.
- Clear, proactive consent process for colonoscopy: forms provided in advance and pre-procedure calls to discuss consent and answer questions.

- Standardised complaints correspondence and templates; development of a Complaints SOP (including findings/ recommendations/upheld status) and consistent inclusion of information on next steps.
- Transparent contracts and charging: clear outline of future fee increases; revised email procedures to ensure all key information is in the email body; detailed explanation of charges; and refund of inappropriate fees.
- Practical improvements in one hospital, including ward-mix communication and choice, meet-and-greet support, TED stockings checklist, and facility repairs (e.g. shower drain).
- Operational changes in a clinic to hold sensitive conversations privately, and to ensure digital booking and reminder systems clearly flag required documentation.

3. Communication Improvements

- Timely formal responses within stated timeframes; acknowledgement letters confirming 30-day investigations.
- Direct consultant phone calls and meetings enabling questions, apologies, and explanations, plus review appointments and allied health referrals where appropriate.
- Improvements to written and digital appointment and discharge communications, including pre-procedure consent information and clearer patient guidance.
- Enhanced care coordination through assignment of a Medical Social Worker and better communication among providers.
- Staff commitments to listen, acknowledge impact, and use feedback to promote learning and real-time improvements.

4. Emotional Support and Closure

- Pre-meeting preparation and in-meeting reassurance enabled the person to say everything they needed, process responses, and find strength and closure.
- Trauma-informed file review brought understanding and relief, leading to a decision not to proceed with a complaint and to close the case.
- Resolution of a residential care concern led to improved sense of safety, with practical strategies to manage residual worries.
- Practical changes around alarms and visiting arrangements resulted in satisfaction, reassurance, and case closure.
- Even where not fully satisfied, an apology and acknowledgement supported emotional closure.

5. Training and Education

- Hospital invited a complainant to participate in staff communication training, embedding lived experience into learning.
- Rollout of the National Healthcare Communication Programme to strengthen everyday practice.
- Clinical areas reminded of the importance of infection control and compassionate, person-centred care, with incidents recorded for learning.
- Services committed to using complaint outcomes and feedback as learning opportunities and to reinforce respectful, private communication.

6. Advocacy and Empowerment

- People reported feeling empowered, validated, and heard through the complaints process and Ombudsman engagement.
- Advocacy support helped people prepare, speak up, and understand options, leading to informed decisions to proceed, escalate, or close cases.
- Several individuals described increased confidence to advocate for themselves in other areas of life, with some encouraging others to share their experiences to drive improvement.
- People expressed gratitude for respectful support, noting the value of structured letters and guided pathways.

7. Access to Services and Practical Supports

- Access to social housing, increased HSE Disability Service supports, personal assistance hours, and a mobility powerchair through charitable support.
- Review appointments, physiotherapy referrals, and specialist consultations (e.g. vascular) arranged to address ongoing clinical needs.
- Assignment of a Medical Social Worker, improved care coordination, and successful placement close to family to ensure appropriate support.
- Financial supports, including hardship-fund applications and refunds of inappropriate charges; exploration of therapeutic supports (e.g. reflexology).
- Private visiting arrangements established to protect dignity and support wellbeing.

8. Complaints Process Progression and Independent Oversight

- Ombudsman oversight led to upheld complaints, completion of Stage 2 investigations, and service improvements adopted by hospitals.
- Clear acknowledgement and timelines provided; offers of meetings with consultants facilitated meaningful engagement.
- Where responses were unsatisfactory, advocacy supported Stage 3 internal reviews and an escalation to the Ombudsman, with outcomes upheld and follow-through sought on recommendations.
- Independent engagement contributed to reversal of a contract termination in a nursing home and a renewed focus on relationship rebuilding.
- Some complaints were withdrawn when circumstances improved and people felt safe and satisfied with practical arrangements.



4.1 Annual Casebook – 4th Edition

The Patient Advocacy Service and the National Advocacy Service for People with Disabilities (NAS) were delighted to publish the 4th Edition of the Annual Casebook. In 2025 the Patient Advocacy Service identified eleven case studies for the Casebook, all of which highlighted the vital work of the Service. This was the largest number of case studies submitted by the Patient Advocacy Service. These cases touch on themes such as End of Life, Maternity Care, Nursing Home Care and Patient Safety.

The Casebook contains a selection of the many advocacy cases worked on by both of our Services in 2025 and is a valuable source of information for anyone who wants to find out more about our work and its impact. The Casebook provides an insight into how independent, professional advocacy can positively impact on people's lives and protect their human rights. It illustrates the diverse range of people who access advocacy services in Ireland and the many issues covered by both NAS and the Patient Advocacy Service. The case examples in the publication demonstrate how our Services help breach gaps in systems, ensure best practice across health and social care services and promote positive systemic changes. They show how our advocacy work has a positive impact both for individuals and in communities across Ireland.

The Casebook was launched in the first quarter of 2026.

You can read the Casebook by using this link:

<https://www.patientadvocacyservice.ie/wp-content/uploads/2026/03/Patient-Advocacy-Service-Casebook-2025.pdf>



5. Ongoing Development of the Patient Advocacy Service

5.1 Development of new Service Delivery Regional Structure

To align with our strategic objective to extend our Service to all who need it through adequate resourcing, the Patient Advocacy Service continued its phased expansion in 2025. The Patient Advocacy Service introduced a new regional configuration, with the Service Delivery Team now organised into three regions: Region 1 (HSE West and North West/HSE Mid-West), Region 2 (HSE Dublin and Northeast/HSE Dublin and Midlands) and Region 3 (HSE Southwest/HSE Dublin and Southeast). This change reflects the growth of the Patient Advocacy Service throughout the country and the structure is aligned to the ongoing development of the HSE's Regional Health Authorities. This will strengthen the Memorandum of Understanding we have with the HSE and facilitate ongoing engagement and development of collaboration and partnerships with key stakeholders within the HSE Centre and Regions. This also aligns with our strategic objective to increase our influence in policy decisions and systemic change, allowing us to share our data to continue to improve quality and outcomes for people.

Previously, the Patient Advocacy Service operated with one Regional Manager, six Team Leads, and a smaller team of Advocates and Advocacy Officers. We are pleased that the Service has grown significantly in 2025 to meet our strategic objectives of increasing demand and delivering even greater impact. The Service Delivery Team is now organised into:

- Three Regional Managers providing strategic leadership across key regions.
- Seven Team Leads offering strong local oversight and support for frontline teams.
- An expanded team of Advocates and Advocacy Officers to meet the growing demand for advocacy support for patients, nursing home residents and their families.

The Service Delivery team is supported by our Corporate Team to provide Governance, Financial, Risk, HR, GDPR and IT compliance and oversight. We also have a Communications Officer and Policy and Research Officer to highlight service delivery, increase awareness and the systemic impact of independent advocacy.

This new structure empowers us to work more strategically with Services and Stakeholders and to continue to provide independent, empowerment advocacy that meets the needs of patients and nursing home residents as they navigate the relevant complaints processes. These structures also support our commitment to support individuals through Open Disclosure and Incident Management in the aftermath of Patient Safety Incidents.

With increased capacity and leadership, our service is in an even better position to deliver on our mission and strategic objectives: supporting patients and nursing home residents, safeguarding rights, and driving positive change in health and social care.

5.2 Strategic Plan 2025 - 2027

The National Advocacy Service for People with Disabilities (NAS) and the Patient Advocacy Service Strategic Plan 2025 – 2027 was launched in August 2025.

This is the first time for both Services to produce a joint Strategic Plan. 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).

The strategic planning process, which culminated in the 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.

This Strategic Plan is particularly important for the work 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, it is ensuring there are processes in place for supporting patients of hospitals and residents of public and private nursing homes in relation to complaints about their care and in the aftermath of patient safety incidents.

Our continued expansion of both staffing and reach, effectively raising awareness of our Service with a 43% increase in contacts in 2025 and also 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 and the impact on standards and policy, demonstrate success and alignment with our current Strategic Objectives.

The Strategic Plan set out Strategic Objectives for both services:

1

Strategic Objective One - 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.

2

Strategic Objective Two - Standards

Be advocacy leaders and influencers. Measure our impact to work towards achieving the highest National Standards in relation to the provision of Independent Advocacy in Ireland. Improve our ability to evidence our impact and outcomes.

3

Strategic Objective Three - 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.

4

Strategic Objective Four - Awareness

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

5

Strategic Objective Five – Building Capacity and 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.

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.

You can read the Strategic Plan by using this link:

<https://www.patientadvocacyservice.ie/wp-content/uploads/2025/08/NAS-and-Patient-Advocacy-Service-Strategic-Plan-2025-2027.pdf>



5.3 Mental Health Scoping Project

In October 2019, the Patient Advocacy Service initiated a scoping project to examine extending the Services' remit into the mental health sector. As part of the joint Strategic Plan with NAS and our current contract with the DoH, a commitment was made to scope and research an expansion of the Patient Advocacy Service's remit to include the provision of independent advocacy to people accessing mental health services. This strategic objective is underpinned by the 2025 Programme for Government "Securing Ireland's Future" (1), in which a commitment was made to continue to support the Patient Advocacy Service and also to examine extending the Service to support those accessing public mental health services. Such an extension of the remit would enable the Patient Advocacy Service to support people in making complaints about their care and treatment in mental health services, as well as providing independent support in the aftermath of a patient safety incident.

The initial stages of the project examined the legislative and policy landscape, both historically and contemporary, with regards to mental health and advocacy and looked at recent developments, including the Assisted Decision Making (Capacity) Act 2015, the Mental Health (Amendment) Bill 2023 and Sharing the Vision: A Mental Health Policy for Everyone. There was also an examination of the structure and scope of mental health services in Ireland. This was an essential part of the project to determine how the Patient Advocacy Service might extend its remit into this sector. Service mapping allowed for a clear picture of where services are located, who operates them, and which legislative and regulatory frameworks apply to them. This stage of the project then looked at advocacy within the mental health sector and the services that currently are available to patients. This stage was important to examine what supports are available to people who use mental health services and what gaps exist within that landscape.

As the project moves forward into the next phase, the focus will shift from an outward examination of the present landscape to an inward examination of the Patient Advocacy Service - how the Patient Advocacy Service could transition into the mental health sector and which types of settings—for example, inpatient, community, or residential—would be prioritised within that phased approach. An internal project working group will be established, with members from across the Patient Advocacy Service. Internal focus groups will seek to gather staff feedback, which will help to inform any developments that might be required within the Service to support an expansion of the Patient Advocacy Service remit into mental health services, for example, internal policy changes, structural changes, training needs and knowledge gaps. Following on from this, external stakeholder consultation will provide a valuable insight into the lived experiences of services, professionals and patients within the mental health sector. This will align with our strategic objectives, contractual commitment and further inform the Patient Advocacy Service on how independent complaints advocacy could be established within the mental health sector.

(1) 2025 Programme for Government “Securing Ireland’s Future”
<https://7358484.fs1.hubspotusercontent-na1.net/hubfs/7358484/Programme%20for%20Government.pdf>



6. Our Policy Work

6.1 Stakeholder Engagement

In line with our Strategic Objectives, the Patient Advocacy Service continued to contribute to social policy development in 2025 through stakeholder engagement, policy submissions and by being an active participating member of relevant health and social care groups and projects. Through social policy, the Patient Advocacy Service seeks to use its rich pool of data to highlight systemic issues within our health and social care services and influence positive change. As an organisation, we seek to promote independent advocacy and the important role it plays in ensuring that people's rights are upheld, and they receive the highest level of quality care. We also seek to promote the importance of the patient voice and lived experience in co-design, partnership, learning and quality improvement.

Engagement with external statutory bodies and relevant fora

Throughout 2025, the Patient Advocacy Service utilised our experience and evidenced based data in complaints and patient safety support, social policy and systemic themes and the lived experience of people to be active influencing members of steering committees, expert advisory groups, partnership development projects, workshops and policy development and reviews. A sample of these are listed below:

ADMA Oversight Groups (Dublin and South East)

Better Together – Co designing learning – A guide to partnership for all in health and social care

Commission on Care Reference Group

Department of Health Mental Health Unit

Dublin and South-East Regional Hospital Network

EQUIPS

Hip Dysplasia Review

Health Research Board Applied Partnership Award Steering Group

HSE Digital App Patient Engagement Workshop

HSE Regional Patient Council Workshops

HSE Expert Advisory group on National Guideline Development (Maternity & Gynaecology)

HSELand Patient Portal Workshop

HSE National Complaints Managers Governance and Learning Forum

HSE Open Disclosure/Incident Management – Patient Experience Workstream 3

HSE Incident Management Framework Review Advisory Committee

HSE Patient Safety Act Implementation Working Group

HSE Project Group on Patient Engagement Framework

HSE Regions Evaluation Focus Group

HIQA Older Person's Service

National Steering Group HSE eLibrary

Independent Patient Safety Council

Mental Health Reform Working Group

National AI Framework Implementation Working Group

National Care Experience Programme Steering Group

National Open Disclosure Programme: Performance Measurement and Quality Assurance Project Group

National Patient Forum

National Perinatal Epidemiology Governance Group

National Screening Service – Personal Cervical Screening Reviews

National Women and Infants Health Programme

NSAC Cancer Screening Subgroup

Nursing Home Ireland Roundtable Discussion - Shaping the Future of Nursing Home Care In Ireland

Patients for Patient Safety Steering Group

Policy Forum of Ireland

RCSI World Cafe "Key Stakeholders in Nursing Home Management"

Sláintecare

Social Policy Network

Steering Committee on the Post-Partum Haemorrhage Quality Improvement Initiative (NPEC)

Steering Group on Severe Maternal Morbidity (NPEC)

St Lukes General Hospital Carlow/Kilkenny ADMA Group

University Limerick Hospital Group Managers Complaints Forum

WHO Regional Office for Europe, European Programme of Work

HSE Regional Health Authorities

In 2025, in line with several strategic objectives, the Patient Advocacy Service had ongoing engagement with HSE Centre and Regional Health Authorities to raise awareness of our Service and enhance the commitments made for both the Patient Advocacy Service and the HSE under the Memorandum of Understanding. The Service also engaged in public consultations and education opportunities.

6.2 Public Consultations and Submissions

The Patient Advocacy Service, in line with our strategic objectives, increased its engagement and contribution to public consultations and policy submissions in 2025. We made submissions on a wide range of topics in areas related to our remit. These included:

- Public consultation on Ireland's next Suicide Reduction Policy
- Public consultation on the successor to the "Roadmap for Social Inclusion 2020-2025"
- Public Consultation on the Development of Protection of Liberty Safeguards Legislation
- Health Information and Quality Authority (HIQA) scoping consultation to inform the development of a National Framework for the Responsible and Safe Use of Artificial Intelligence (AI) in Health and Social Care
- HIQA Public consultation on Draft National Standards for Hospital Discharge Information
- HIQA Public Consultation on Draft National Standards for a Demographic Dataset for Health and Social Care
- HIQA Draft HTA of extending BowelScreen to those aged 50 to 54 years
- Mental Health Commission public consultation to inform the development of State's first national standards for CAMHS
- HIQA public consultation to inform its independent statutory review into urgent and emergency care in the Midwest Region

A notable highlight this year was the invitation from the HSE Complaints, Learning and Governance Team (HSE CLGT) to make a submission based on a review of the Your Service Your Say Policy, which was published in 2017. The policy is due for review in 2026. We held focus groups at our National Staff Away Day in a World-Cafe Style event, which facilitated a rich discussion amongst our team. The valuable insights and feedback were collected and informed a lengthy, written submission on behalf of the organisation. The response was very positive from the HSE CLGT, who remarked on the comprehensiveness of the feedback submitted.

6.3 Education

The Patient Advocacy Service continued its contribution to the development of national standards and to the learning and development of advocacy skills within social and health care settings. For a fourth year, the Service delivered "The Role of the Advocate" module for the Patient Complaint Safety Advocacy Course offered by the Open Training College.

Further to this, we were delighted to have the opportunity to be involved in the HSE Designated Person in-person training on advocacy, communication and role of the DP in Open Disclosure and Incident Management Framework. As well as providing a presentation, we were able to share relevant case studies, which highlighted the important role independent advocacy plays in Open Disclosure and Incident Management and provided evidence of the patient experience of the process, the impact and the outcomes.



Case Study:

Paul's Story

Paul speaks up about issues with his mother's care in hospital. With her consent, Paul raised concerns about his mother's diagnosis and treatment plan. With support from an Advocate they made a formal complaint, which led to improvement in care and communication.

My name is Paul. When my mother had a heart attack, she was admitted to our local hospital. While my mother was in hospital, my family and I were concerned about the quality of care that she was receiving. We found communication with her medical team was inconsistent and it was difficult to get clarification of her diagnosis and treatment plan. We were also concerned about the discharge plan for my mother and her care going forward. With my mother's consent, I contacted the Patient Advocacy Service for advice.

I spoke to an Advocate from the Patient Advocacy Service about my family's concerns for our mother and the Advocate outlined my options and that I could make a complaint to the hospital. The Advocate stated that I would need my mother's consent to allow for support to make the complaint on her behalf and provided me with the relevant consent forms for her to sign. My mother signed the documents and when I returned these to the Advocate, they suggested we make an Advocacy Plan. The Advocate provided me with information on the HSE's Your Service Your Say complaint process, outlining the timelines involved, escalation pathways and the relevant policies and procedures to reference in my complaint. The Advocate supported me to write a Stage 2 formal complaint. The complaint letter included a detailed chronology of events, outlining my family's concerns about our mother's care and the outcomes that we hoped to achieve.

In addition to supporting me with my complaint, the Advocate also provided me with helpful information when my family and I met with the hospital's multidisciplinary team (MDT) to discuss our mother's discharge planning. The Advocate provided information on the Decision Support Service (DSS) and other advocacy groups to support my mother with her decision making. My family and I wanted to make sure that our mother's will and preference was central to any decisions being made about her future care and this information was hugely relevant and helpful. The Advocate maintained regular communication with me, supporting me to understand any updates from hospital staff in relation to my complaint and also in reference to any MDT meetings that took place.

I received a positive outcome to my complaint. There was significant improvement in the care my mother received after I made the complaint and there was an improvement in communication from the team managing her care and treatment. My family and I felt heard and validated for raising our concerns.

My mother was eventually transferred to a long-term residential care facility close to where her family lives and we can continue to support her and ensure that she receives the appropriate level of care. I believe that the support I received from the Patient Advocacy Service was instrumental in prompting positive change in relation to my mother's care and treatment.

"I believe that the support I received from the Patient Advocacy Service was instrumental in prompting positive change in relation to my mother's care and treatment."



7. Promoting Our Service

"Thank you very much for your detailed explanation, understanding and support. I sincerely appreciate your guidance and the time you have taken to help me understand my options."

Jack, who was supported by the Patient Advocacy Service in 2025

Supporting our strategic objectives, the Patient Advocacy Service continued to proactively promote its Services in 2025.

7.1 Advertising

For the first time since 2019, the Patient Advocacy Service had a 12-month advertising strategy in place. The strategy consisted of four national and regional radio advertisement campaigns and two out of home advertisement campaigns, which included billboards, bus stops and digital screens. The Service also continued to advertise on social media (Facebook and Instagram) and Google. These campaigns did not take place all year round but took place in some of the months when the radio and Out of Home campaigns were not scheduled.

Phase 1 of our new strategy began in late January. It consisted of a three-week campaign in total, spread out over four weeks and featured both national radio stations and regional radio stations.

Phase 2 took place in May, which again had a regional and national radio campaign and included the first ever Patient Advocacy Service out of home campaign. The out of home campaign was targeted at specific areas, based on analysis of service data, either to raise awareness or reinforce awareness. The first area to target in May was around Limerick University Hospital, Galway University Hospital and Portiuncula Hospital.

Phase 3 took place in August, again focusing on national and regional radio campaigns and another out of home campaign. For this second out of home campaign, two counties were identified, Offaly and Roscommon, due to the low number of enquiries from these counties and to increase awareness of the service in these areas.

Phase 4 took place in November with a final national and regional radio campaign.

The advertising campaign throughout 2025 contributed significantly to the impact on contacts to the service with a 43% increase into the service compared to 2024.

The Patient Advocacy Service will continue to work with our media company in 2026 and look forward to another successful advertising strategy for the year.

7.2 Social Media

The Service continued to focus on developing its social media presence in 2025.



LinkedIn continues to be the fastest growing presence online for the Service, as followers grew from 2,444 at the beginning of January 2025 to 3,398 followers by the end of 2025, an increase of 39%.



The Service's Facebook page increased its number of followers by 2% in 2025 from 3,252 followers at the beginning of the year to 3,323 at year end.



The Service Instagram page continued to grow in 2025. The account had 123 followers at the beginning of January and increased to 325 by the end of 2025, marking a 164% increase.



The Service's X page (formerly known as Twitter) had 1,081 followers at the start of January 2025 and 990 at the end of 2025, marking an 8% decrease in followers.



A Bluesky account was set up in December 2024 and by December 2025, it had grown to 187 followers.

The use of a Google Ad to promote the Service continued to attract service users to our Service. The Google Ad, which was run throughout the year, had 85,812 impressions, was clicked on 9,571 times and led to 273 direct calls to the Service.

As a result of increased interaction and engagement across our social media platforms, visitors to the Patient Advocacy Service website increased over the course of the year. The website had 32,770 users in 2025, of which 11,895 were new users. This was a slight increase on 2024, when the website had 32,562 users.

Patient Advocacy Service Website

There were significant improvements on the accessibility of the Patient Advocacy Service website in 2025. The National Disability Authority, who monitor the website, in their Monitoring Report for 2025 stated that the Patient Advocacy Service website rate of compliance increased from 30.67% compliant in 2024 to 76.97% in 2025.

On the advice of the National Disability Authority, several changes and developments took place with the Patient Advocacy Service website. We will continue to monitor the website to ensure that we are meeting all accessibility requirements.

A new section has also been added to the website to include our Feedback and Complaints policies.

7.3 Public Acute Hospitals

The Patient Advocacy Service continued to engage with Public Acute Hospitals in 2025. Public Acute Hospitals were offered a short information video to display throughout their buildings. There was very positive feedback to the video, with many hospitals keen to have another medium to display information about the Patient Advocacy Service. This engagement led to requests from several hospitals for leaflets, posters and further engagement.

7.4 Nursing Homes

The Patient Advocacy Service provided 301 Nursing Home promotions in 2025, by far the busiest year yet for nursing home outreach. This marked a 200% increase on the previous year, when 100 services were visited. We will continue to promote our service within nursing homes in 2026, with information campaigns, in-house presentations and promotional engagements within the community.

RTÉ Investigates – Inside Ireland's Nursing Homes

In June, RTÉ broadcast an undercover documentary examining standards of care in several residential facilities owned by one of Ireland's leading providers of private nursing homes. The RTÉ Investigates programme, "Inside Ireland's Nursing Homes", focused on two nursing homes and uncovered multiple examples of care failings and neglect of vulnerable older residents.

In response to this, the Patient Advocacy Service engaged directly with the nursing homes identified in the RTÉ Investigates Programme and met with residents and their families. There was also engagement with relevant nursing home organisations to reinforce awareness of our service.

7.5 Events and Conferences

The Patient Advocacy Service increased its attendance at events and conferences in 2025, with staff representing the service at over 55 events, including the National Office of Clinical Audit Conference (February), the Céile Care Conference (March), Senior Times LIVE events (Dublin in March, Galway in May, Cork in September and Limerick in November), the National Stroke Conference (April), the Engaging Dementia International Dementia Conference (May), the Healthcare Systems Ergonomics and Patient Safety Conference (June), the HSE Patient and Public Partnership Conference (September), the HSE Dublin & North East Regional Quality & Patient Safety Conference (September), HIQA Stakeholder of Designated Centres for Older People events in Kildare, Cork, Westmeath and Sligo (October) and the Beaumont Hospital Gerontology Open Day (October).

The Service was also involved in several events, providing presentations and engaging in panel discussions.

In June, we were invited to take part in a panel discussion focusing on Compassionate Regulation at the International Association of Medical Regulatory Authorities (IAMRA) 2025 Conference, which was run in conjunction with the Irish Medical Council.

To mark the WHO World Patient Safety Day 2025 in September, the Patient Advocacy Service contributed to the "In Conversation" Podcast hosted by MEG Healthcare Quality Management Software. In the same month, we also took part in a webinar with the Health Information Policy Unit as part of World Patient Safety Day. The theme of the webinar was "Health Literacy as Patient Engagement".

Age Friendly Ireland

The Patient Advocacy Service continued to engage and collaborate with the Age Friendly Ireland Programme and its many Older Person's Councils and Executives around the country. Older People's Councils are established in every local authority area of Ireland under the local Age Friendly Programme. They ensure the voice and lived experience of older persons is used to help shape and inform private and public service provision. Members of

these councils and executives can include individual older people and older people's groups, for example, active retirement groups, people with dementia, people living in residential care, and people of different ethnicities. In 2025, we presented to Older Person's Councils in Kerry, Cavan, Monaghan, Cork, Dublin, Donegal and Wicklow and attended several Age Friendly & Live Well Expos throughout the country.

The achievements made in 2025 are a direct reflection of our five strategic objectives to inform people of their rights, increase awareness of, access to and provision of complaints advocacy and to influence policy and decision makers, highlighting gaps and systemic issues in service provision, influencing quality improvement, learning and the patient experience. All the while building the capacity of our service through excellent governance and support for staff.

We are committed to continuing our mission to champion patients' rights, to advocate for person centred care, removing barriers that ensure that every individual receives compassionate, informed and equitable care.

"I wanted to thank you for your advice without which I wouldn't have had the confidence to speak up. Knowing I had another option gave me great comfort. Thank you for everything you and everyone in the Patient Advocacy Service does. It is such a vital service for people who feel they've nowhere else to turn."

Éabha, who was supported by the Patient Advocacy Service in 2025



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