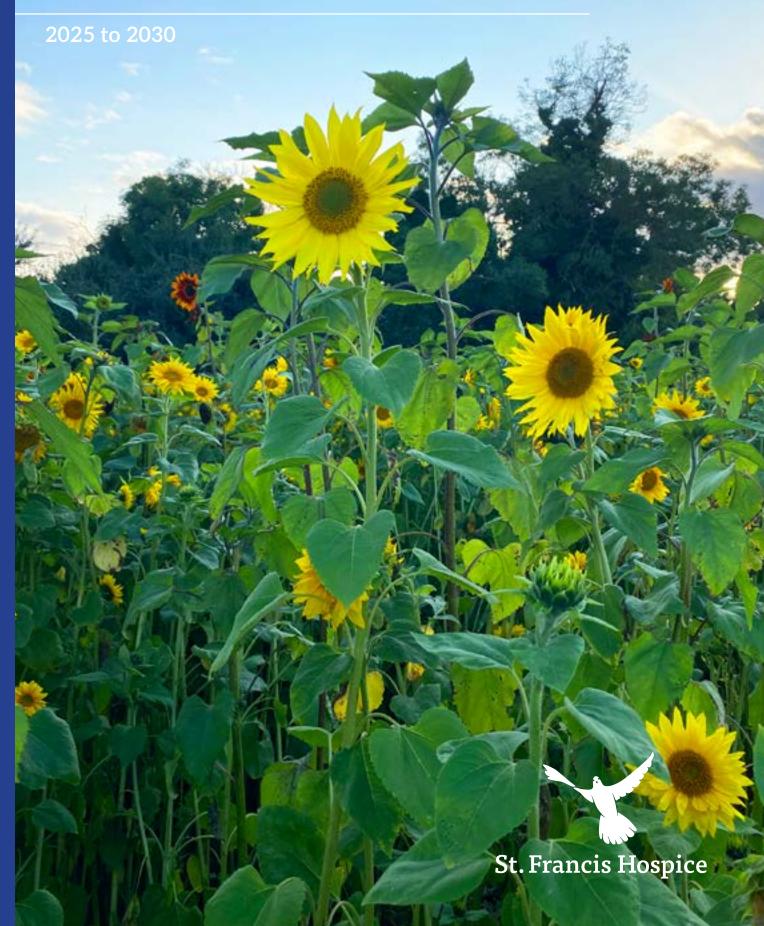
A Five-Year Plan to meet the Palliative Care Needs of Our Community







FOREWORD

At St. Francis Hospice, our mission is rooted in our Christian ethos, compassion, dignity, and excellence in care. For over three decades, we have walked alongside patients and their families, providing specialist palliative care during some of life's most vulnerable moments. As we look ahead to the years 2025 to 2030, our Strategic Plan sets a clear and determined course to meet the growing needs of our community while strengthening the quality, accessibility, and sustainability of the care we provide.

This plan has been shaped by the voices of patients, families, staff, volunteers, the Health Service Executive (HSE), partner organisations and our wider community. Their insights and experiences have illuminated both the challenges we face and the opportunities we must embrace. With the ageing population and increasing complexity of care needs across North Dublin and the surrounding counties, our services are in greater demand than ever before.

To respond, we have identified several core priorities:

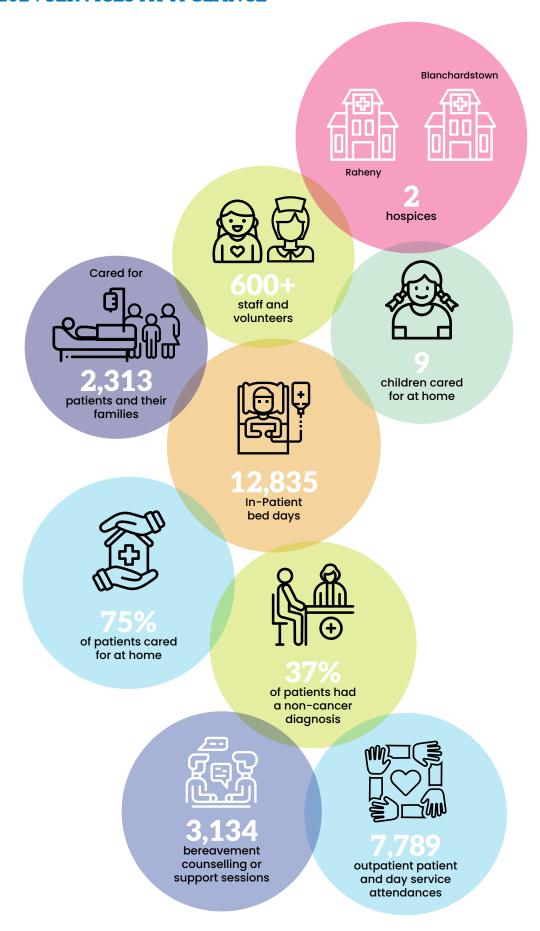
- Expanding Access: Ensuring more patients and families can access high-quality palliative care when and where they need it, whether at home, in our in-patient units, or through outpatient and day services.
- Investing in People: Supporting and developing our dedicated team of staff and volunteers whose skill, compassion, and commitment lie at the heart of our work.
- **Enhancing Integration:** Working closely with healthcare partners to strengthen coordination across settings and ensure seamless, person-centred care.
- **Sustaining Excellence:** Advancing clinical practice, education, and research to continually improve our services and outcomes.
- Securing Our Future: Building financial and operational sustainability to ensure that St. Francis Hospice continues to serve our community for generations to come.

We know that the years ahead will bring complexity and change, but also possibility. Guided by this Strategic Plan, we will continue to walk beside those who need us, remaining true to our core values while evolving to meet the needs of today and tomorrow.

Thank you to all who support our mission, our patients and families, staff and volunteers, funders and community partners. Together, we will continue to honour life, provide comfort, and deliver hope.

Dermot McCarthy, Chairperson. Fintan Fagan, Chief Executive Officer.

OUR 2024 SERVICES AT A GLANCE



EXECUTIVE SUMMARY

St. Francis Hospice is proud to present our Strategic Plan for 2025–2030, a roadmap that reflects our continued commitment to delivering compassionate, high-quality specialist palliative care to the people of North Dublin and surrounding counties. Guided by our core values of dignity, respect, compassion, collaboration, excellence and kindness, this plan outlines our strategic directions and priorities for the next five years as we respond to growing needs, evolving challenges and changing demographics.

Meeting the Challenge: A Changing Landscape of Care

Demand for specialist palliative care continues to rise driven by an ageing population, increasing complexity of illness and a greater awareness of hospice services. At the same time, we are navigating resource pressures, workforce challenges and the need to deliver more care in community and home settings.

Our strategy for 2025-2030 sets out how we will respond with resilience, innovation and compassion to ensure that every person who needs palliative care has access to the support and care they deserve.

Looking Forward

Over the next five years, St. Francis Hospice will continue to adapt, innovate and lead in the delivery of specialist palliative care. This Strategic Plan is a reflection of our unwavering dedication to the people we serve, patients, families, carers and our wider community.







OVERVIEW OF SERVICES PROVIDED BY ST. FRANCIS HOSPICE

Palliative care provides care for people who have been diagnosed with a life-limiting illness, from the time of diagnosis through death and bereavement.

As set out in the 2024 National Adult Palliative Care Policy, palliative care focuses on improving the quality of life for both the person with a life-limiting illness and that of their family. It involves:

- Treatment of pain, and other symptoms.
- Easing of suffering.
- Including patients, families, and carers in planning care needs.
- Providing social, spiritual and bereavement supports.

St Francis Hospice provides four distinct services to patients and their family members/loved ones:

 Specialist advice and support in their own home through our Community Palliative Care Team.



- 2. Specialist Palliative Outpatient and Day Service providing a range of options, including individual appointments and group sessions to support patients living at home.
- 3. In-Patient Care offering admission for management of complex symptoms and psychosocial problems, as well as care at end of life.
- 4. Bereavement support including pre-bereavement, post-bereavement counselling and bereavement work with children. The bereavement programme includes regular Services of Remembrance and Bereavement Information Evenings.

The hospice philosophy addresses the needs of the patients' families and friends who are encouraged to share in the care of their loved one. Education and support are provided to family members caring for people at home.

The team at St Francis Hospice includes nurses, doctors, healthcare assistants, household staff, facilities management, complementary therapists, lymphoedema therapists, physiotherapists, occupational therapists, social workers, chaplains, pharmacists, administrative staff, finance, education professionals and volunteers. They are supported by contract catering, security and cleaning staff. Each discipline and individual makes a valuable contribution to the holistic care of patients and their families.





OUR MISSION AND CORE VALUES

Mission Statement

St. Francis Hospice provides specialist palliative care services to the people of North Dublin and surrounding counties. The service includes care for patients and support for their families and friends by our multidisciplinary team of staff and volunteers, as well as collaboration with other healthcare professionals who are involved in their care.

The service, which aspires to excellence, is based on a Christian philosophy which recognises and values the sacredness of human life. In its organisation and delivery, the service affirms,

without distinction, the equal dignity of all persons and seeks to treat everyone with kindness, compassion and respect.

The hospice plays a leadership role in shaping the delivery of palliative care nationally and works in partnership with other hospices and agencies to advance policy, education, research and innovations in service.

Core Values

St. Francis Hospice's six core values are dignity, respect, compassion, collaboration, excellence and kindness.

The staff and volunteers of St Francis Hospice believe that being guided by our core values in all our decisions and actions enables us to provide the highest level of care possible to our patients and their families.





The strengths of St. Francis Hospice lie in the fact that it is a values-led organisation. The values are not simply words on paper or ideals or hopes held by some, they are lived experiences by staff and volunteers, to staff, patients, families, volunteers and all who enter our buildings or make contact in any way with our services. The values are taught in formal ways through our values workshops and also by examples of those working in St. Francis Hospice, leading by example to our growing staff body.

PREVIOUS STRATEGIC AIMS

Strategic Priority 1: Access to Services

To improve access for the people of North Dublin and surrounding counties to specialist palliative care.

Strategic Priority 2: Funding of Services

To seek to increase state funding of St. Francis Hospice to ensure sustainability of services.

Strategic Priority 3: Funding of Redevelopment of St. Francis Hospice Raheny

The need to redevelop St. Francis Hospice Raheny is driven by the following:

- Patient dignity: The current hospice bed configuration includes twelve beds which are shared four bedded rooms. This bed configuration provides significant challenges in ensuring patient privacy.
- 2. Patient access: Over many years a significant number of patients could not be admitted due to the lack of availability of suitable beds in Raheny, i.e. we could not admit a male patient to a four-bedded room with three female patients or vice versa. The availability of only seven single rooms restricts admission of patients who have an infection and require isolation in a single room.
- 3. Patient safety: The four-bedded rooms provide additional challenges to safeguarding patients from the risk of hospice-acquired infections.
- 4. Support services: The lack of sufficient bathrooms, utility rooms and storage facilities.
- 5. Family space: The lack of sufficient space for families.
- 6. HIQA compliance: It is understood that hospices will be subject to HIQA jurisdiction and inspections in the coming years and currently the Raheny hospice needs to be upgraded to comply with the HIQA Better Safer Healthcare Standards in terms of patient and support facilities.



We always keep our core values as the cornerstone of our vision of care.

STRATEGY DEVELOPMENT

Considerations that underpin our strategy:

- Alignment to National Health Strategy / Sláintecare.
- Palliative Care Development Framework.
- Review of the 2024 National Adult Palliative Care Policy https://www.gov.ie/en/ department-of-health/publications/national-adult-palliative-care-policy/. This report updates the 2001 Report of the National Advisory Committee on Palliative Care.
- All Ireland Institute for Hospice & Palliative Care (AIIHPC) Strategic Plan.
- Emerging compliance and governance framework.

CONSULTATIVE APPROACH

We developed this strategy in consultation with our service users, staff, volunteers, supporters and HSE colleagues, and thank them wholeheartedly for their valuable contributions.

Emerging from this consultation process is a wealth of information and ideas, through the SWOT and PESTEL analyses undertaken. The actions implied by these analyses will be pursued by management as part of this strategy. In addition, the individual suggestions of staff will be further reviewed, and progress fed back to staff in town hall meetings.

CONSULTATIVE APPROACH

WHO?	HOW?
Volunteers and Staff	What Matters to Me? Survey SWOT and PESTEL Analyses
Service Users	FAMCARE Study BQ&SC Service User Representative AIIHPC Voices for Care National End of Life Survey
Health Service Executive	 National Lead for Palliative Care, Access & Integration Head of Service Primary Care General Manager Primary Care Dublin North
Palliative Care Expert	Management Consultant
Primary Care	GP and SFHD Director
Board of Directors	Steering Group Wider Board of Directors
Hospice Management	Leadership Team Executive Team Managers Forum
Our Community	Donor Survey – The Human Experience Consultancy
CCS Fundraising	Fundraising Planning Phase Final Report

OUR VISION

As a voluntary organisation our vision is to continue to harness widespread community support and be at the forefront in identifying specialist palliative care needs in the community and developing responses to them. The principle of "voluntarism" is at the centre of St. Francis Hospice's mission and success.

The combined efforts of our highly committed 327 staff and 278 volunteers, along with the continued support of the HSE and our community, will enable us over the five years of this strategy to continue to provide excellent and compassionate palliative care services.



OUR NINE STRATEGIC DIRECTIONS WHICH ENABLE PERSON-CENTRED CARE AND SUPPORT FOR PATIENTS AND FAMILIES



The consultative process has resulted in the following nine strategic directions:

Strategic Direction 1: Excellence in Specialist Palliative Care



Strategic Direction 2: Innovation and Service Expansion



Strategic Direction 3:
Financial Sustainability and Value for Money



Strategic Direction 4:
Workforce Stability and Capability



Strategic Direction 5: Excellence in Governance



Strategic Direction 6:
Access and Accommodation



Strategic Direction 7: Green Healthcare



Strategic Direction 8: Community Engagement



Strategic Direction 9: Education and Research



STRATEGIC DIRECTION 1: Excellence in Specialist Palliative Care



Continue the hospice's leadership role in shaping and promoting palliative care nationally, working in partnership to advance policy, education, research and service innovation to meet the growing specialist palliative care needs of its community. Ensure the provision of high-quality, evidence-based, specialist palliative care, which is accessible at no charge to patients and families, whilst continuing to build upon the hospice's reputation for excellence and compassionate care.

- Embrace and build upon our founding ethos in the continuation of the growth and development of our services into the future.
- Continue the expansion of our in-patient services to include the development of the new Raheny in-patient unit.
- Implement the recommendations of the community palliative care (CPC) strategic review.
 - Plan, resource and organise community palliative care services according to population need
 - Support the ongoing integration of CPC services with GP, primary care and enhanced community care teams
 - Support the development of general palliative care capability within the nursing home and primary care sectors to optimise partnership working.
- Implement the recommendations of the outpatient and day services (OPDS) review.
 - Conduct a review of the OPDS organisation and processes to optimise the use of clinical resources.
 - Review and utilise the patient data for the OPDS service over the past two years to strengthen and scale service development.
 - Review the workings of the multi-disciplinary team and establish defined clinical governance roles.
- Continue the development of our bereavement service and engagement with national policy and fora to enhance our service.
- Review hospice staff participation in national forums and facilitate increased participation.
- The broadening of diversity resulting from the rich mix of cultures within Ireland has
 significantly enriched the fabric of social, economic and cultural life in Ireland. At the same
 time, this emerging diversity presents challenges for St. Francis Hospice when responding to
 the needs of people from diverse ethnic and cultural backgrounds. To meet these challenges
 the hospice will develop a specific Diversity, Equality and Inclusion Strategy for Patients and
 Families, based on the HSE guidelines and best practice.
- To further develop the provision of palliative care services for children in partnership with the HSE.
- To continue to develop the role of Children's Champion to promote the support needs of children, young people and their families when someone in the family is under the care of the hospice services.
- Explore the need for the hospice to acquire additional lands adjacent to St. Francis Hospice Blanchardstown to fulfil service expansion needs over the coming decades.

- The refurbishment of the existing in-patient unit and wider hospice facilities at St. Francis Hospice Raheny to accommodate existing and future service needs.
- Foster support of education and research as outlined in Strategic Direction 9 towards delivering and maintaining excellence of care.

The patient and their family are at the centre of every decision that we make. When I first came to work here, I felt like I had come 'home' and I still feel that 25 years later. Because we hold onto staff so well, we have a wealth of experience and knowledge within the organisation which directly translates to holistic person-centred patient care.



STRATEGIC DIRECTION 2: Innovation and Service Expansion

Continue to innovate and expand the services provided by St. Francis Hospice for the diverse community we serve to meet the growing specialist palliative care needs as the population increases and ages. We will work in partnership with the HSE to secure public funding for service developments.

Fundraising income will focus on:

- · Improving existing buildings and facilities
- New equipment
- New buildings
- Extra comforts and supports for patients and families
- · Innovative patient care projects

- Review and implement the key recommendations from the National Adult Palliative Care
 Policy 2024. See Appendix 1 To Deliver Universal Palliative Care.
- Research, collect and collate population data from our catchment area to identify unmet specialist palliative care needs and how these might evolve over the 5 years of this strategic plan.
- Collaborate with the newly established HSE Dublin and North-East region to ensure integration with the wider acute and primary care health services.
- Understand and maximise the scope of practice of the interdisciplinary team in the context
 of the need to ensure excellent clinical governance.
- Prepare and plan improvements in mobile device management to enhance services and collaboration across teams and organisations.
- Investigate new and emerging technologies and data analysis methods, as appropriate, to better enhance reporting and services.

Ideas for the development of new services are encouraged.



STRATEGIC DIRECTION 3: Financial Sustainability and Value for Money

Continue the hospice's objective to achieve financial sustainability through increased Government / Health Service Executive funding and sustainable fundraising income sources. Operate as an efficient and competitive organisation that delivers quality care and value for money.

- Secure and maintain a long-term sustainable State / HSE funding model to achieve the hospice's organisational priorities.
- Secure a sustainable long-term model of fundraising with a structured pathway to secure financial targets in line with organisational service innovation priorities and capital funding needs.
- Continue to support, strengthen and improve the capacity of the fundraising team to enable the delivery of sustainable fundraising.
- Maintain high-quality inclusive patient care whilst conducting a detailed 'value for money' review to achieve cost savings.





STRATEGIC DIRECTION 4: Workforce Stability and Capability



In recognition that the hospice's human resources are its most important asset, we will continue to attract and retain diverse, skilled and engaged medical, clinical, administrative, support staff and volunteers. We will ensure that the hospice provides them with appropriate opportunities to grow and develop in a supportive and empowering environment.

- Ensure that St. Francis Hospice continues to be an employer of choice, emphasising the importance of recruitment of the right people, their retention and development in post.
- Enable staff and volunteers to live out the hospice values and to provide kind and compassionate care.
- Continue to promote the practice of servant leadership which focuses primarily on the growth and well-being of the communities to which the leader belongs. The servant leader ensures that the care is delivered by a highly motivated team, where the individual can achieve their full potential.
- Ensure availability of adequate numbers of appropriately skilled staff working in collaborative interdisciplinary teams.
- Develop leadership capabilities and succession planning to ensure continuity of services and organisational culture.
- In tandem with the HSE, develop palliative care workforce planning to ensure safe and effective staffing levels.
- Live the hospice values through continued integration of our core values to guide our inclusive care of patients and families.
- Support staff to provide individualised care.
- Continue to enhance the quality of care of patients and families through an array of volunteer roles.



Volunteers strengthen our ties with the community and contribute so many skills and personal attributes.

- Promote a team culture focused on creating a 'home away from home' for patients who
 access hospice in-patient care and through our community palliative care team provide
 expert and compassionate care to patients in their homes.
- Establish a partnership with an organisation delivering Clinical Pastoral Education (CPE) training to support future chaplaincy development.
- Develop partnerships with universities which provide chaplaincy education and include student placements in the hospice.
- Develop a specific Diversity, Equality and Inclusion Strategy for staff and volunteers that demonstrates St. Francis Hospice's commitment to diversity and inclusion in the workplace.
- Introduction of HSE Performance Achievement Programme.
- Develop digital literacy programmes for non-technical staff to improve confidence in systems currently in use.
- St. Francis Hospice renews its commitment to staff and volunteers' well-being and support of positive mental health in the workplace.



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While I am new to St. Francis Hospice as a staff nurse, I have been made feel very welcome by all members of staff from management to peer-to-peer and other members of the multidisciplinary team and all the staff within the unit and the Hospice.

St. Francis creates a very nice environment by providing respect, dignity, and kindness to all the patients, staff members and volunteers. Each person is treated the same no matter who you are, which I really find quite humbling.

STRATEGIC DIRECTION 5: Excellence in Governance



Achieve excellence in our governance to ensure that the hospice continues to function effectively and operate with transparency and accountability. Report regularly to our stakeholders on performance and demonstration of our impact. Ensure strong clinical and corporate governance to deliver high-quality safe care and demonstrate effective stewardship of public funds.

KEY ACTIONS:

- Continue to implement charity and health sector corporate and clinical governance best practice.
- Develop the role of Medical Director to facilitate a five-year rotational role supported by a dedicated administrative resource.
- Develop a Head of Health & Social Care Professionals role to join the Leadership Team. This
 role will facilitate the development of rehabilitative palliative care and the expansion of the
 interdisciplinary Health & Social Care Professional (HSCP) grouping, to include Speech &
 Language Therapy, Dietetics, and Psychology service provision.
- Develop a second Assistant Director of Nursing (ADON) post. The need for this post is driven by patient demand, workload, compliance, safe, inclusive and effective care.
- Review the role of Co-ordinator of Social Work and Bereavement Services and develop a plan to create two separate positions of Principal Social Worker and Bereavement Co-ordinator.
- Demonstrate the hospice's impact on patients and families by dissemination of our impact to a wider audience through publications and other media.
- Participate in the development and implementation of the new HSE computerised Clinical Management System.
- Continue to strengthen and improve ICT security by aligning with incoming EU directives and government frameworks.
- Define and implement ICT policies and frameworks for emerging technologies, e.g. Artificial Intelligence, Mobile Device Management.



Keeping staff briefed ... I think this is an exceptional strength.



"

Another strength is our leadership within the organisation – everybody is approachable and very much part of the team – there is a flat hierarchy within St Francis Hospice.

STRATEGIC DIRECTION 6: Access and Accommodation

Develop plans to move to all single room patient accommodation in order to ensure privacy and dignity for each patient. Increase the number of beds in St. Francis Hospice Raheny from 19 to 24, all single rooms, which will expand access to in-patient services.

- Progress the construction and fit-out of the new 24 bed in-patient unit in Raheny with a view to opening the new in-patient unit in Q4 of 2027.
- Progress discussions with the HSE regarding the business case submitted as part of the capital approval process to secure HSE funding for revenue costs.
- Progress major donor philanthropic programme to achieve capital fundraising target.
- Appoint a Project Manager to oversee and complete construction of the new in-patient unit at St. Francis Hospice Raheny.
- Create a Talent Acquisition Strategy to recruit staff for the new in-patient unit development at St. Francis Hospice Raheny.







Staff's love of their job, role and working as part of the St. Francis Hospice team, which comes across when caring for families and patients, is a strength. Families always comment how staff seem to be happy in their job and it comes across.

STRATEGIC DIRECTION 7: Green Healthcare



Work towards the implementation of the six areas of focus under the HSE Climate Action Strategy 2023 -2050.

St Francis Hospice is committed to improving sustainability performance for the health of our people, patients and the wider community.

Well-being is linked to environmental health, and we recognise our responsibility to person-centred and planetary healthcare. We also know that our actions can adversely impact the environment for generations. The St. Francis Hospice Green Committee embraces greener thinking, encouraging behavioural change and exploring ways to lessen our environmental impact.

We are improving our environmental credentials through infrastructural, operational, and behavioural changes, creating a health-enhancing community for patients and staff.

Our priority areas of focus:

- 1. Sustainable Building and Green Environment
- 2. Transport and Mobility
- 3. Sustainable Procurement
- 4. Greener Models of Healthcare
- 5. Water and Waste Management
- 6. Adaptation and Resilience

- Progress and prioritise sustainability initiatives informed by the HSE's Green Healthcare Programme, HSE Climate Action Strategy 2023-2050.
- Ensure that the new in-patient unit building layout and fabric maximise energy efficiency, use of renewables and reduction in carbon footprint.
- Ensure we are delivering healthcare which is environmentally and socially sustainable.



STRATEGIC DIRECTION 8: Community Engagement

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Ensure effective communication to all stakeholders regarding access to specialist palliative care services provided by St. Francis Hospice.

KEY ACTIONS:

- Review and expand our communication strategy to include all audiences.
- Define our scope of service by reviewing each service and responding to the diverse palliative care needs of our community.
- Develop and regularly update the hospice's new website to provide appropriate information about the hospice's services, including patient referral sources and clear access pathways.

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Friendly, encouraging place to work with enormous job satisfaction and a real sense of pride in assisting the community.





We live in an ever-changing society. We are being offered the opportunity to embrace and welcome people from all cultures, religions, backgrounds, and any other person we may see as different from ourselves. While keeping hold of our values and ethos, this is an opportunity to keep increasing our welcome and offer unconditional positive regard to all, staff, volunteers, patients, families, and all whose lives we touch in the line of our work.

STRATEGIC DIRECTION 9: Education and Research



St. Francis Hospice's Education Department will work to improve the holistic care of individuals with life-limiting conditions and their loved ones. We aim to create a collaborative and inclusive learning environment that encourages a growth mind-set for health care professionals and the wider community. We will achieve this through innovative, evidence-based facilitation and learning.

- Continue to promote a philosophy of life-long learning, to build capability and develop the skills and knowledge of all staff and volunteers of St. Francis Hospice.
- To develop evidence-based, interactive innovative courses both online and in-person to enhance the holistic care of individuals with life-limiting conditions.
- To engage in education programmes to include in-house, third-level and wider community education.
- Expand inclusive education and research activities to embrace all disciplines.
- Explore enhanced links with university / third-level institutions to include a Chair in Palliative Medicine.
- Continue to support other healthcare professionals to provide general palliative care by providing appropriate education.
- To review university collaborations and expand our university links across our catchment area.
- Examine how best to build upon existing research and ensure that it is designed and conducted to generate new generalisable and transferrable knowledge. It should include both quantitative and qualitative studies that aim to generate new hypotheses as well as studies that aim to test existing or new hypotheses.
- To review the staffing of the Education Department and identify opportunities for new roles to enhance our inclusive education and research offering.
- Support staff with further education and research.
- Embed research as a core pillar within St. Francis Hospice ensuring high-quality continuous professional development to drive the delivery of safe, effective, high-quality services.
- Create a repository of current research activities for all to see.



There are lots of opportunities to develop professionally through courses, in-services, support and encouragement from management to do this.

CORPORATE PRIORITIES THAT UNDERPIN OUR STRATEGY

Promote the explicit communication, implicit actioning and deeper understanding of the hospice's core values, to inform the delivery of individualised care by the team within St. Francis Hospice

juing the Values Partnershijo Harness widespread community support to secure St. Francis Hospice's future ucationa and Research Promote an Financ education and The lence in God research culture integrated with clinical practice

Ensure strong clinical and corporate governance to deliver high-quality and safe care

Work in partnership with all stakeholders who can contribute to St. Francis Hospice's mission and success. St. Francis Hospice values its foundational relationship with the **Daughters of Charity** and the Capuchin Franciscans, and with their support and engagement will work to sustain and develop the characteristic spirit which inspires and shapes our service.

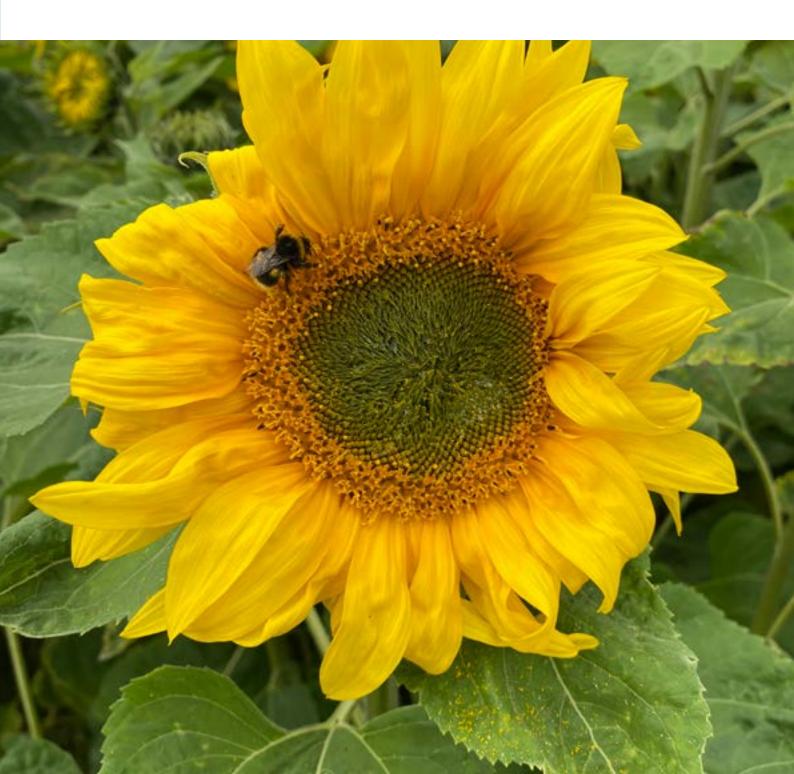
Ensure financial stability through influencing Government and health policy, whilst harnessing community fundraising to meet the future and growing palliative care needs of the community we serve

IMPLEMENTATION AND MONITORING

This strategy is the result of in-depth consultation, feedback, analysis and discussion with our staff, our Board of Directors, our management team, our volunteers and our external partners, funders and stakeholders.

This strategy is a framework to guide us through the period 2025 – 2030 and will enable us to achieve our vision and goals. This strategic plan is the first step in delivering our objectives. The implementation process will be ongoing and always evolving to meet new needs and challenges as we strive to provide the highest quality of care for our patients and their families. A framework for the implementation plan linked to the organisation's mission and identity will be developed.

We look forward to continuing to develop and maintain the strong and productive relationship between St. Francis Hospice and the HSE in promoting continuity and the development of palliative care services for patients and families.



APPENDIX 1: TO DELIVER UNIVERSAL PALLIATIVE CARE

GOAL: UNIVERSAL PALLIATIVE CARE Strategic Objective 1: Strategic Objective 2: Strategic Objective 3: Strategic Objective 4: Right Care Right Place & Right Time Right People **Good Governance** Recommendations Provide holistic care that 8. Plan and resource services 14 Ensure availability of adequate 20. Strengthen systems of governance respects dignity and autonomy according to population need numbers of appropriately trained 21. Develop a safety and quality staff working in interdisciplinary Regularly assess needs and 9. Define core palliative care services operating framework teams 10. Organise services to function 22. Strengthen palliative care 15. Strengthen undergraduate Recognise and support carers as integrated networks palliative care education information systems Develop bereavement services 11. Improve public understanding of Develop compassionate 16. Strengthen postgraduate palliative 23. Ensure medicines are communities care education and training accessible and are used safely 12. Support people to be cared for in Ensure universal access 17. Develop leadership capability and effectively their preferred place of care for 7. Provide financial protection as long as possible 18. Develop palliative care 24. Regulate palliative care workforce planning capability 13. Improve out of hours and service provision 19. Promote and support emergency palliative care supports 25. Develop and support research volunteering in palliative care and innovation in palliative care Activities · Service design and integration of · Population-based needs assessment Undergraduate education · Data collection and measurement palliative care in models of care Staff recruitment capability Population-based resource • Staff education • Holistic care meeting physical, allocation Knowledge generation emotional, psychosocial and Population-based service Staff training Quality improvement spiritual needs configuration · Staff retention Guidelines · Safe, effective and Integrated networks of generalist · Interdisciplinary team working Audit person-centred care and specialist palliative care • Education network and National bereaved carers survey · Regular needs assessment community of practice · Staff survey on end of life care · Personalised care planning Integrated palliative care fora · Quality improvement networks Clinical Directors • Advance care planning • Comprehensive core package of Staff resilience Quality and Safety operating palliative care services · Shared decision making · Workforce planning framework Infrastructure development and • Family and carer support • Public leadership- experts by Clinical management system capital investment Family and carer education experience • E-health and m-health technologies · Health promoting palliative care Psvchosocial support · Leadership capability Quality assurance · Promotion of public awareness and Respite • Quality improvement capability Clinical academic posts understanding · Bereavement care · Data analytics capability Palliative care academic directorates Signposting · Compassionate communities • Volunteering in palliative care IRIN-PC network Night nursing Equitable access · Volunteering code of practice Knowledge transfer and exchange • Urgent palliative care pathways · Tailored service provision Volunteering community · Emergency palliative care pathways · Financial protection of practice · Public and patient involvement Indicators Overall goal: Degree to which universal palliative care has been achieved Progress by strategic objective: Professionals providing general • Carers' view on quality of care at • Trends in hospital death rates Proportion of services achieving a the end-of-life palliative care per 1,000 low rating in HIQA inspections · Place of death while in receipt of population that require intervention · Carers reporting they felt involved community palliative care services Specialist palliative care healthcare Share of specialist palliative care in designing the care and support • Percentage of time in the last six plan for the person that they care professionals per 1,000 population organisations with an integrated months of life spent at home or in Clinical Management System · Palliative care worker job a community setting • Out-of-pocket spending on health, satisfaction Palliative care clinical academic by type of services in last year of life workforce per 1,000 Number and distribution of volunteers in palliative care Implementation principles: participatory; subsidiarity; equity-focused; learning and action cycles; goal-oriented

Ref: Department of Health, 2024, National Adult Palliative Care Policy





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