AIIHPC

All Ireland Institute of
Hospice and Palliative Care

Strategic Plan 2024 - 2028

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Abbreviations

AIIHPC	All Ireland Institute of Hospice and Palliative Care
CLG	Company Limited by Guarantee
CNS	Clinical Nurse Specialist
COP	Communities of Practice
CPD	Continuing Professional Development
DoH	Department of Health
ECHO	Extension for Community Healthcare Outcomes
EU	European Union
HEA	Higher Education Authority
HEA	Higher Education Authority
HSE	Health Service Executive
IAPC	Irish Association for Palliative Care
IT	Information Technology
NI	Northern Ireland
PCRN	Palliative Care Research Network
PESTLE	Political, Economic, Sociological, Technological, Legal and Environmental
PHA	Public Health Agency
PPI	Patient and Public Involvement
R&D	Research and Development
RCPI	Royal College of Physicians of Ireland
RCSI	Royal College of Surgeons in Ireland
ROI	Republic of Ireland
SEUPB	Special EU Programmes Body
SLT	Speech and Language Therapist
SWOT	Strengths, Weaknesses, Opportunities and Threats
TCD	Trinity College Dublin
UCC	University College Cork
UL	University of Limerick

CEO Foreword



The development of this Strategic Plan for the All Ireland Institute of Hospice and Palliative Care (AIIHPC) is a major milestone in the development of the organisation as it clearly demonstrates that the organisation is now in a position to develop plans for the medium to long term. It also shows the growth of the organisation in terms of being able to reflect upon its development to date and its future strategic direction of supporting collaborative working as the palliative care sector's Institute.

As a part of the process for developing this plan, I have had the opportunity to consider the history of the organisation including the initial coming together of key hospice and academic organisations to collaborate to develop a joint proposal for a palliative care Institute for the island of Ireland. The proposal was supported by Atlantic Philanthropies with further support from a range of organisations including the Health Research Board, Irish Cancer Society, Public Health Agency, Irish Hospice Foundation and the Institute's then founding member organisations which included both hospices and academic institutions. Founded in 2010, AIIHPC was originally designed to be a time limited organisation with a Strategic Plan for its five-year life detailing key activities including integration, education, research, and policy and practice. In 2015, member organisations and key stakeholders came together at a consultation event and confirmed their support for the Institute's continued existence and significant work was undertaken to reshape the organisation to ensure its ongoing sustainability.

Since 2015, there have been many achievements including the continued development of the Institute core work programmes, continued expansion of the membership base from 17 organisations up to 28 members today and continued improvement in the Institute's financial sustainability, due in part, to the Service Level Agreement with the HSE. There have also been significant developments in relation to the Institute's governance arrangements with the establishment of the Board, registration of the Company Limited by Guarantee in 2023 and shortly registration with the Charities Regulator.

All of this would not have been possible without the continued support of AIIHPC's 28 member organisations whose support and engagement is critical to the ongoing sustainability of the organisation. In addition, the ongoing support of the Institute's funders, including the HSE, Public Health Agency, Health Research Board and Health and Social Care R&D Division, Public Health Agency and key stakeholders including the Departments of Health in both jurisdictions, is of key importance to ensuring the ongoing development of the organisation. The Institute Team should be commended for their enduring commitment to delivering a wide range of programmes with the aim of meeting the needs of people with life limiting conditions. I would also like to acknowledge and thank Pat Quinlan, Management Consultant, for his work in developing this plan. Finally, I would like to thank Fintan Fagan, AIIHPC Chair, for his continued strategic leadership and the AIIHPC Board for their instrumental role in overseeing the organisation.

Going forward, the Institute team looks forward to continuing to work with the AIIHPC Board and Council of Members to deliver this strategic plan with the aim of ensuring 'excellent palliative care is available for everyone at the right time and place across the island of Ireland'.

Karen Charnley,
AIIHPC CEO

Executive Summary

INTRODUCTION

The All Ireland Institute of Hospice and Palliative Care (AIIHPC) was established in October 2010 with the stated aims and objectives of advancing education, research, policy and practice in palliative care on the island of Ireland to improve the care experience of people with life-limiting conditions and their families.

AIIHPC is a collaboration of hospices, health and social care organisations, support organisation charities, service users and universities from across the island of Ireland, with ongoing support and input from both Departments of Health and key health agencies.

AIIHPC GOVERNANCE STRUCTURES 2023

AIIHPC was incorporated as a Company Limited by Guarantee on 5 July 2023 and its activities are governed by a Constitution and Governance Framework. The Board of Directors oversee and monitor the effective management and governance of the business of the Institute and guides its strategic direction. In turn, its Council of Members has an oversight role over the activities of AIIHPC, along with several clearly defined areas of responsibility as defined in the Constitution and Governance Framework. The institute has also applied for charitable status and this process is likely to be completed in 2024.

AIIHPC'S Strategic Planning Process - 2021 and 2023
The Institute decided in 2021 to initiate a strategic planning process in two phases, starting with an initial strategic review in 2021. This Review Report made 19 recommendations covering the activities of the Institute, mainly short-term due to related circumstances at the time, with a particular focus placed on developing an appropriate funding sustainability plan. It was intended to use the Review's detailed analysis findings to inform the next phase of a longer-term strategic plan. Many of the review's recommendations have either been implemented in full or well progressed and those outstanding have been incorporated into the recommendation of this Report (summary of Key Achievements outlined in pages 15 - 17).

AIIHPC subsequently decided in 2023, given that the new governance structures were in place and with its improved financial position, that it was timely to proceed with phase 2 involving the development of a longer term 5-year strategic plan covering the period 2024-2028. AIIHPC approved a Strategic Plan Development Framework in June 2023 and appointed an external consultant to lead in compiling a draft plan (see Development Framework Document in Appendix 1).

AIIHPC'S STRATEGIC VISION

As part of this process the Institute developed a strategic vision with its focus being to optimise its role to help deliver on the premise that "excellent palliative care is available for everyone at the right time and place across the island of Ireland"

SWOT ANALYSIS SUMMARY

The key findings from the SWOT Analysis undertaken as part of this process are summarised below:

Strengths

AIIHPC as an organisation:

- Is well recognised, respected and trusted by key stakeholders on the island of Ireland and internationally and strongly positioned in its field covering the areas of education, research, practice and policy in palliative care
- Has a unique and resourceful multi-sectoral collaborative membership composition and has ongoing support and input from both Departments of Health
- Has robust governance structures in place that are well supported by its members and other key stakeholders
- Has a highly skilled, motivated and experienced staff team, fully capable of delivering on the Institute's stated aims and objectives
- Has a well-recognised service user engagement forum in its Voices4Care structure
- Has an improved financial base and now has a formal Service Arrangement with HSE
- Has successfully recruited additional members in 2023 with potential to add additional members in the future
- Will be able to pursue further funding opportunities as a charity in 2024.

Weaknesses

AIIHPC as an organisation:

- Does not have a high profile with the public as it is not a direct service provider
- Lacks feedback from member organisations on how they view or value their membership
- Requires greater commitment from members to proactively promote AIIHPC role and benefits of membership, both internally and externally
- AIIHPC's current Research Networks' goals are geared primarily towards involvement of high-level academics and, as such, allow very limited opportunities or supports for clinicians to become interested in undertaking palliative care research
- Has a more limited role in education in the absence of an overall all island strategy
- Has notable limitations in its current IT systems/ resources/focus requiring attention
- Has limited development opportunities in N.I. due to its current challenging political/ healthcare budgetary position in the absence of a sitting NI Assembly.
- Has operated with limited funding options to date, including a heavy reliance on membership fees, which are not guaranteed each year
- Is dealing with an increasing workload for its staff, including the extra demands arising from greater governance compliance requirements, which is not sustainable.

Opportunities

AIIHPC as an organisation:

- Must encourage its members to do more to strengthen the profile of AIIHPC, internally within their individual organisations and externally within their broader network
- Must consider ways of expanding its membership base further
- Should consider broadening its profile within generalist and children's palliative care sectors, along with achieving greater engagement and profile within acute hospitals
- Should prepare adequately in the short term to be able to optimise likely fundraising opportunities on an all island and international basis when approved as a charity
- Should engage proactively with HSE and Department of Health to position itself to play a key role in supporting implementation of the impending publication of the new Palliative Care for Adults Policy report and its ongoing evaluation
- Should engage with PHA and Department of Health in Northern Ireland to explore opportunities to formalise a service contractual agreement similar to HSE's Service Arrangement for the mutual benefit of all parties involved

- Should continue to implement recommendations contained in its Palliative Care Research Network Strategic (PCRN) Plan 2023-2027 and consider ways to broaden its Research Network's goals to encourage and facilitate more clinicians across all disciplines to undertake research projects in palliative care.
- Should take a lead role in promoting and developing an all-island education strategy in conjunction with other key stakeholders in this area
- Should further strengthen its Voices4Care structures and promote its benefits
- Be proactive in driving and supporting the Health Promoting Palliative Care agenda on an all-island basis.

Threats

AIIHPC as an organisation:

- Needs to ensure that adequate structures, systems and resources are in place to meets its increased governance compliance requirements such as those set out by Companies Registration Office, HSE and, in the future, by the Charities Regulator
- Should ensure that it maintains its membership base to support its ongoing financial position
- Should develop a workforce plan aimed at setting progressive career paths and competitive terms and conditions for its staff as part of its ongoing recruitment and retention policy

STRATEGIC OBJECTIVES/ RECOMMENDATIONS

Many of the recommendations contained in the 2021 Strategic Review Report have been implemented or are well advanced and this progress to date is to be commended. In the meantime, AIIHPC has been through a significant governance re-structuring process, and it is evident that the changes that have occurred have positively benefited the organisation, its members, stakeholders and staff. As a result, the organisation's positioning and funding base overall has improved however it is recognised that there are opportunities for further development and improvements which this strategy has identified. The compilation of this new 5-year Strategic Plan maps out AIIHPC's main objectives and priorities to be achieved during this timeframe.

It delivers a clear vision for the Institute into the future, based on its adoption and implementation of the key recommendations summarised as follows: (full list of Recommendations are on pages 24 - 29).

RECOMMENDATIONS

Research

- Ensure that the key objectives of the PCRN's Research Strategic Plan are embedded in the Institute's broader Strategy Plan and are subject to review and evaluation
- Explore the feasibility of establishing a broader Clinical Research Network with input from academics and clinicians across all disciplines and with financial support from HRB and Health and Social Care R&D Division, Public Health Agency
- Support member organisations where possible with developing a sustainable research workforce through more direct engagement with individual organisations
- Continue to strengthen direct linkages with various clinical representative groups.

Education

- Play a proactive role in developing an overarching all island education strategy for palliative care involving all key stakeholders

- Seek to strengthen links with clinical departments in third level institutions and with clinicians working in palliative care settings
- Continue to develop The Palliative Hub and its component sites
- Continue to raise awareness of palliative care among health professionals and the public
- Enable the engagement and involvement of service users and carers to underpin all aspects of AIIHPC education and practice support and delivery
- Undertake a review of Palliative Care Week and its current format to identify any areas for improvement with a view to "refreshing" same
- Build on the successes of the Caru continuous learning programme and Project Echo for nursing homes.

Practice

- Provide opportunities for practice development, peer support and informal learning for professionals working in specialist and generalist palliative care settings
- Continue to support the National Quality Assurance and Implementation Enablement Committee (ROI) and continue to support All Island working where possible. In addition, explore possibilities for supporting similar quality assurance structures in Northern Ireland, as appropriate
- Continue to create opportunities and various fora to facilitate shared learning opportunities and best practice in clinical care delivery across both jurisdictions
- Engage with the clinical professional bodies across both jurisdictions to explore options for strengthening relationships and developing formal linkages into the future, including via the Education Network.

Policy

- Continue to seek opportunities to influence and support palliative care policy development on an all island basis
- Optimise opportunities where possible to actively support palliative care policy implementation plans and their ongoing evaluation in both jurisdictions
- Consider ways to further expand AIIHPC's role in both jurisdictions in further developing and implementing the public health approach to palliative care
- Consider merits and options to further expand AIIHPC's role in children's and generalist palliative care services.

Service User Engagement

- Examine opportunities to provide further training to Voices4Care members to enhance their contribution to the palliative care community
- Actively support palliative care researchers and palliative care providers to engage more with PPI structures
- Support hospices to engage with their local communities including by utilising a community development approach.

All Ireland Collaboration

- Maintain and strengthen linkages with and between AIIHPC members across both jurisdictions
- Continue to support opportunities to share good practice across both jurisdictions and to create opportunities for collaborative working between researchers, palliative care providers and palliative care networks.

AIIHPC Profiling

- Explore media opportunities to promote the Institute and its aims and objectives
- Seek direct support and involvement of individual members in promoting the role of AIIHPC within their respective organisations and external networks
- Continue to engage with palliative care organisations in other jurisdictions to raise the profile of the Institute
- Review and strengthen AIIHPC's IT capacity, e.g., broadening scope of Palliative Hub.

Governance/Structures

- Ensure that the necessary systems and resources for the Institute to comply with its ongoing additional governance and legal reporting requirements are identified, planned for and put in place in a timely manner
- Ensure that appropriate supports and training are available to AIIHPC's Directors to fulfil their ongoing required governance obligations
- Consider the Institute's longer-term staffing requirements by developing a comprehensive Workforce Plan which provides for enhanced career paths for staff and ensures the Institute is adequately staffed to fulfil its aims and objectives
- Consider formalising the remit of the Finance/HR Committee to oversee and manage ongoing staff pay and terms of conditions matters as a delegated responsibility.

Funding Model

- Consider developing a fundraising strategy and identifying required structures and resources in advance of securing charitable status in 2024
- Seek opportunities for AIIHPC to leverage additional research infrastructure funds from national research organisations, EU and industry funding to support the Palliative Care Research Network and the Institute's research activities
- Engage with HSE to explore possible additional funding opportunities that could be available in supporting the implementation of recommendations contained in the new Palliative Care for Adults Policy report and its ongoing evaluation
- Continue to link with colleagues and health agencies in Northern Ireland in preparation for the restoration of power-sharing to be able to optimise any additional funding opportunities that might arise
- Engage with both the Department of Health and PHA in Northern Ireland to explore possible options for entering into a more formal service arrangement aimed at quantifying AIIHPC's service inputs/outcomes In Northern Ireland and agreeing on appropriate levels of recurring funding necessary to achieve same
- On becoming a charity to explore possible funding options from industry, philanthropic and other grant awarding bodies in Ireland, UK and internationally
- Explore opportunities to support member organisations in offering the support of the Institute's specialism, on an agreed basis
- Seek to increase its membership base whenever opportunities arise
- Continue to explore possible funding options under the Shared Island Fund and potentially Peace+ funding in recognition of its unique all island collaborative structures
- Identify short-term staffing deficits within AIIHPC and funding options necessary to resource same as a priority.

IMPLEMENTATION/MONITORING

This strategy sets out a framework to guide and enable AIIHPC to achieve its vision and goals as outlined, through the period 2024 – 2028. Following the plan's approval, the next critical step in this process will be the development of a comprehensive implementation plan covering the five-year period, including quantifying the resources required to deliver on the set priorities and objectives and all within the target completion date of 2028.

The responsibility for approval of the Implementation Plan will rest with the Board of Directors, who oversee the Institute's operations and are charged with guiding its strategic direction.

This plan offers huge potential for AIIHPC to develop and grow as an organisation in the years ahead and from the outset it is recognised that its implementation process will be ongoing and evolving as necessary to meet changing realities and circumstances linked to its stated aims and objectives.

Acknowledgements

The invaluable support given by Karen Charnley, CEO, AIIHPC, and her dedicated Team to this exercise is to be both acknowledged and highly commended. Furthermore, the Author wishes to acknowledge deep appreciation to all those who completed and returned survey questionnaires and those who gave so freely of their time and expertise in participating in the various one-on-one review interviews and meetings throughout the process. This invaluable feedback and input from all concerned have greatly helped in informing and guiding the compilation of this Report, which maps out ongoing work and new priorities of AIIHPC into the future.

About the AIIHPC

SERVICES OVERVIEW

The All Ireland Institute of Hospice and Palliative Care (AIIHPC) was established in 2010 and since its inception has grown to become nationally and internationally well recognised for its promotion of excellence in palliative care knowledge, research and best practice. In addition, it has actively supported palliative care policy development and implementation during this time.

The Institute is a collaboration of hospices, health and social care organisations, support organisation charities, service users and universities from across the island of Ireland, with ongoing support and input from both Departments of Health and key health agencies.

AIIHPC funders are spread across both jurisdictions, and these include the HSE, Health Research Board, Health and Social Care R&D Division, Public Health Agency and the Public Health Agency. In addition, the work of the Institute is financially supported by its member organisations.

AIIHPC is widely recognised as being representative of all major key stakeholders in the palliative care sector on an all-island basis with the following focus:

- Involving professionals, service users, carers and communities in palliative care delivery and development
- Working to integrate palliative care across the health system so people are supported as early as possible
- Supporting the development of palliative care services, both specialist and generalist, for everyone who needs them.
- Promoting the engagement of third level institutions in active and ongoing research initiatives in the palliative care field.

On a day-to-day basis AIIHPC is engaged in a wide range of activities, summarised as follows:

- Brokering relationships and providing opportunities for collaboration, on an all island and international basis
- Providing access to and membership of the multidisciplinary Palliative Care Research Network of leaders and participants in palliative care research from AIIHPC member organisations. AIIHPC also supports the island of Ireland Early Career Researcher Forum in Palliative Care
- Providing learning opportunities for member organisations to support the development of a well-trained and professional palliative care community to ensure that best practice in service delivery applies at all times
- Supporting member organisations to optimise opportunities presented by technological advances
- Developing and supporting the availability of experience and expertise in Personal and Public Involvement (NI) and Public and Patient Involvement (ROI) initiatives through AIIHPC's Voices4Care volunteer group of service users, carers, former carers and interested citizens
- Hosting the online accessible resource, The Palliative Hub, which is an online gateway to information and resources for all relevant stakeholders about palliative care on the island of Ireland
- Raising awareness and increasing public understanding of the benefits of palliative care, primarily through the annual Palliative Care Week campaign
- Informing and shaping palliative care policy development including engaging with Departments of Health, service funders and providers, in both jurisdictions on the island of Ireland and supporting its implementation on an ongoing basis
- Working with member organisations and wider stakeholders, exploring strategic opportunities for broadening public engagement and community involvement, as part of driving forward a Public Health Approach to Palliative Care.

AIIHPC Governance Structures 2023

The AIIHPC was incorporated as a Company Limited by Guarantee on 5 July 2023 with the stated main object of advancing education, research, policy and practice on the island of Ireland to improve the palliative care experience of people with life limiting conditions and their families across the island of Ireland.

The AIIHPC's Constitution is its main internal legal governing document, and this sets out rules on how the company is managed and governed, including the respective roles and responsibilities of its directors and members alike. It also defines how meetings are held and decisions made by both directors and members, along with several other key governance considerations.

The following is a more detailed summary of the supplementary Aims and Objectives of AIIHPC as set out in its Constitution and which will guide its ongoing work and future direction:

1. To support the continued expansion of the Research Network for palliative care researchers which aims to increase collaboration across the island of Ireland
2. To support the development of palliative care education including encouraging collaboration and the development of online education resources
3. To develop and promote an online gateway to information about palliative care for the entire community
4. To support the ongoing development of palliative care policy including liaising with Government Departments and national palliative care programmes in both jurisdictions
5. To host and support conferences and workshops on key areas relating to all aspects of palliative care including specialist and generalist palliative care
6. To support engagement with service users, carers and members of the community
7. To raise awareness of the benefits of palliative care
8. To support and promote the sharing of good practice and opportunities to work collaboratively across palliative care stakeholders on the island of Ireland.

The work of the Institute is also defined by its Governance Framework which further details its governance arrangements and structures and outlines respective roles and responsibilities.

As a next step in its development AIIHPC has made an application to the Charities Regulator to become a Registered Charity in 2024 which will add further governance requirements on the Institute once approved, as prescribed by the Charities Regulator.

Within AIIHPC's current governance structures the Board of Directors is responsible for overseeing and monitoring the effective management and governance of the business of the Company as outlined in its Constitution and Governance Framework and for guiding its strategic direction.

The Board of Directors are also required as necessary to act as Trustees of the Company as defined under the Charities Act (2009). (See Appendix 4 for membership details)

In addition, there is a separately constituted Council of Members which has an oversight role over the activities of AIIHPC, along with several clearly defined areas of responsibility as provided for within the Constitution and Governance Framework. The Council currently has 30 representatives originating from across specialist palliative

care service providers, third level institutions, policy makers, funders, palliative care advocacy/ support organisations and Voices4Care members. (See Appendix 5 for membership details)

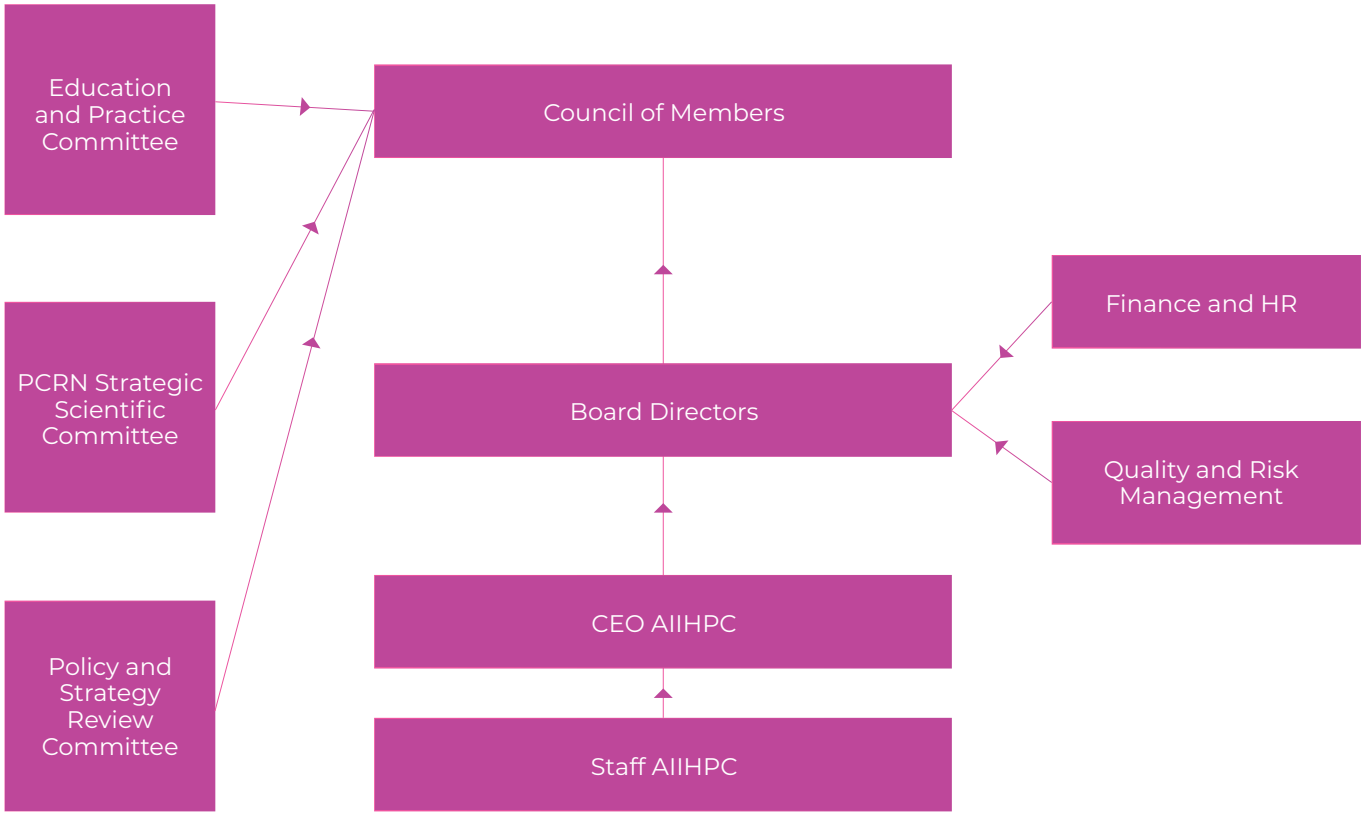
In addition, a number of Committees have been formed, and others are due to be established, with identified reporting relationships to either the Council of Members or the Board of Directors as follows:

1. Finance and Human Resources Committee
2. Audit and Risk Committee - to be established
3. Palliative Care Research Network's Strategic Scientific Committee
4. Policy and Strategy Review Committee – to be established
5. Education and Practice Committee – to be established

A copy of AIIHPC'S Organogram is set out in Figure 1 below, which includes some Committees which are yet to be established.

Figure 1

AIIHPC Organogram



AIIHPC'S Strategic Planning Process - 2021 and 2023

The Institute took a decision in 2021 to initiate a strategic planning process but for the reasons outlined below agreed to do so in two phases, starting with an initial strategic review in 2021.

1. Major uncertainty relating to the Institute's ongoing funding base at that time, which had resulted in the organisation effectively only been able to operate on a year-by-year basis
2. Existence of COVID-19, and the uncertainty/ major challenges that this pandemic brought with it, made it difficult to plan too far ahead
3. Necessity for the Institute's governance structures to be changed with it transitioning to becoming a Company Limited by Guarantee and a registered charity in its own right. Given the complexity of the structures that already existed at the time (involving a broad range of member organisations) the consensus was that these changes needed to happen first prior to finalising any longer-term plans for the Institute.

The following methodology was used in carrying out this strategic review.

- Undertaking a comprehensive review of the Institute and its activities since the date of inception in 2010, using both the PESTLE and SWOT analysis tools
- Identifying relevant short-term recommendations covering the activities of the Institute, with a particular focus placed on developing an appropriate funding sustainability plan. This was seen to be a prerequisite for the Institute being able to develop a more long-term strategy
- Using the Review's detailed analysis findings to inform the next phase of the strategic planning process.

Strategic Review 2021 – Status Update/Key Achievements

The Strategic Review made 19 recommendations across the following four key themes (Refer to Appendix 3 for a copy of summary recommendations):

1. AIIHPC Partnership Model (7)
2. AIIHPC Funding Model (6)
3. AIIHPC Aims and Objectives (1)
4. AIIHPC Structures (5)

Below is a progress status update for AIIHPC arising from the Strategic Review and summary key achievements arising from same:

PARTNERSHIP

- AIIHPC succeeded, despite undergoing major governance changes, to generally maintain its previous membership base levels and more recently to recruit two additional members, bringing its total current membership number to 28
- AIIHPC finalised the updating its Governance Framework, which sets out clear collective and individual roles/responsibilities for both directors and member organisations while operating as a Company Limited by Guarantee
- The activities around the compilation and approval of both the updated Governance Framework and the new Constitution involved a major consultation process for AIIHPC's Executive with its member organisations. From this, all individual inputs and feedback were given due consideration in framing the final document and in securing final sign up to the new structures by all the parties concerned marked a positive development for the Institute's partnership model
- The respective roles of both directors and member organisations are clearly defined in the updated Constitution, offering full clarity for all involved
- The AIIHPC Executive remains committed to ensuring that all the Institute's key stakeholders are kept updated on its activities on an ongoing basis
- New AIIHPC members are given an opportunity to attend a briefing meeting with the CEO on appointment and further consideration is being given for having a more formal induction programme in place
- The CEO and Office Manager maintain ongoing contact with the members and other engagement can take place between the various Programme Managers as and when required, e.g., education, palliative care awareness raising and research matters
- A decision was taken by Institute that there was no requirement to open a separate base in Northern Ireland. On subsequent follow up the general feedback from key stakeholders in this jurisdiction is that existing arrangements are both adequate and working well in part due to the recruitment of team members who are able to be based within the jurisdiction under current remote working arrangements.
- AIIHPC has taken steps to improves its linkages with medical, nursing, allied healthcare and social care representative bodies. In noting that some progress has been made in this area, there is also recognition that further work is required going forward.

FUNDING

- AIIHPC successfully engaged with HSE in improving its core funding base in 2022
- AIIHPC entered a formal Service Level Agreement with HSE for 2023, which defines the quantum of services required from the organisation and confirms the level of HSE funding commitment available to help deliver on same
- AIIHPC was represented on the Steering Group formed by the Department of Health in the Republic of Ireland to compile a new Palliative Care Policy for Adults which is anticipated to be published in late 2023/ early 2024. The expectation is that within the new Policy the valuable role of the Institute will be recognised and, if this proves to be the case, this should

provide opportunities for the Institute to further raise its profile and to strengthen its funding base

- AIIHPC has engaged with the Shared Ireland Fund to explore possible funding opportunities based on its unique all-island focus and membership but to date has not been successful in accessing additional revenue funding. However, the Executive is continuing its efforts in this context to source possible new funding opportunities from all such sources
- AIIHPC has recently secured two new members and is proactively looking at broadening its membership base further
- AIIHPC is maintaining its engagement with the relevant funders in Northern Ireland in seeking additional core funding and development opportunities but unfortunately funding for healthcare services in general in that jurisdiction is severely restricted due to the absence of a sitting Northern Ireland Assembly. However, general feedback received is that the standing of the Institute is very high in Northern Ireland and that it is very actively engaged on an ongoing basis with all relevant palliative care stakeholders. Reference has also been made to the clear desire within the Department of Health to update its Palliative Care Policy and the view expressed that this would be a priority once the current political stalemate is resolved. Such a development could potentially provide the Institute with new opportunities to support this process and to be actively involved in its future implementation, as appropriate, similar to what is taking place in the Republic of Ireland. Again, in such a scenario, this could result in possible increased funding and profiling opportunities for the Institute in Northern Ireland
- Following on from the Institute being incorporated as a Company Limited by Guarantee in 2023, an application for charitable status has since been made and once approved this will create new funding opportunities for the organisation. It has also been clarified that successful registration with the Charities Regulator in the Republic of Ireland will allow the Institute to pursue fundraising opportunities in Northern Ireland and beyond.

AIMS AND OBJECTIVES

- It was recommended that that consideration of any possible options for the broadening of the Institute's stated aims and objectives should be more appropriately addressed as part of the next phase of the strategic planning process which will have a long-term focus.

STRUCTURES

- AIIHPC has been incorporated as a Company Limited by Guarantee in 2023 and has a newly formed Board of Directors. Furthermore, in achieving this new status it has managed to successfully maintain its membership levels following what been a major and complex change programme for the organisation
- On the staffing front AIIHPC has introduced improved contracts of employment for its staff aimed at ensuring greater job security for the personnel involved
- In addition, the Programme Manager - Education and Practice has become a full-time position
- The Institute has also maintained the ongoing employment of a dedicated Communications Officer to support its work
- The Institute operates in a very tight and challenging external labour market and, in this context, fully recognises the need to have in place progressive pay rates and career pathways for its staff to be well placed to be able to both attract and retain high quality and skilled staff into the future
- The Institute has secured funding from HSE in 2023 to employ an additional Programme Manager to enable the Institute to support specific areas around national policy implementation.

Phase 2 of Strategic Planning Process – Decision to proceed with compilation of a new Strategic Plan

The key considerations influencing AIIHPC's decision to focus only on a shorter-term strategic review in 2021 were referenced earlier in (page 5) but by 2023 a number of changes had occurred as outlined below which enabled the Institute to move on to Phase Two of its strategic planning process.

- The ending of the COVID-19 pandemic
- An improvement in AIIHPC's ongoing funding base
- New Governance Structures were agreed and implemented
- AIIHPC applying to become a registered charity by 2024.

It was in this context that AIIHPC made the decision to proceed with compiling this new five-year Strategic Plan covering the period from 2024 to 2028.

From the outset, the stated goal for the strategic plan is to deliver a clear vision for the Institute's future with associated key deliverables across the Institute's key programme areas and key outcomes within the defined timeframe.

Strategy Plan Development Process

METHODOLOGY

The methodology adopted for this Strategy was guided by the steps and process outlined in the AIIHPC Strategic Plan Development Framework June 2023 summarised as follows (refer to Appendix 1 for full Development Framework document):

1. Carrying out a full review/refresh of the findings of the 2021 Strategic Review, including an assessment of progress made to date in implementation of its recommendations
2. Identifying any outstanding areas that are deemed appropriate to carry forward for inclusion in the new strategic plan
3. Maintaining active ongoing engagement and interaction with the AIIHPC's Chair and CEOthroughout the process
4. Issuing questionnaire templates for completion to all Directors, Council of Members representatives and Institute staff members (see Appendix 2 for questionnaire template)
5. Carrying out focused one-on-one interviews/ meetings with key stakeholders from across both jurisdictions, made up of representatives from policy makers, funders, service providers, Voices4Care members, Board Directors, Members and AIIHPC staff (refer to Appendix 6 for a full list of interviewees)
6. Undertaking a comprehensive analysis and review of all returned questionnaires and feedback from the one-on-one interviews/ meetings (see Appendix 7 for list of questionnaire respondents)
7. Using the findings from all the above to guide and inform conclusions reached and to develop relevant recommendations for further consideration.

Vision

The vision and focus of AIIHPC's strategic plan are built on the premise that "excellent palliative care is available for everyone at the right time and place across the island of Ireland."

Mission

The following sets out AIIHPC'S Mission:
"As the recognised palliative sector's institute, AIIHPC is a collaborative of hospices, health and social care services, universities, service user representation and support organisations on the island of Ireland.

We work together to advance education, research and practice and influence policy to improve the quality of life for people with palliative care needs and their families.

We do this by:

- involving people with palliative care needs, their families and communities in improving palliative care services
- working to ensure palliative care is available across the healthcare system so people are supported as early as needed
- supporting the development of specialist and generalist palliative care services for everyone who needs them.

Analysis Overview

The 2021 Strategic Review sets out a short-term roadmap for the AIIHPC based on the findings of an in-depth analysis of its activities at the time. In so doing it also recognised the need for the organisation to urgently address its financial challenges and factored in the decision already taken by the Institute to become a Company Limited by Guarantee and a registered charity.

The recommendations in that Report have, in the main, been implemented, but there are still some remaining to be addressed, and as such, constitute work in progress.

AIIHPC has undergone major personnel changes since the 2021 review resulting in a number of new Council of Members coming on board, the establishment of a newly constituted Board of Directors, new staff members being appointed and new Voices4Care members being appointed. Externally, the Institute is now regularly liaising with changed personnel within some of its key stakeholders. For these reasons, it was deemed essential that all those currently engaged in or supporting the activities of AIIHPC should have the opportunity to input and help shape its future direction in the years ahead. This analysis combines responses from the questionnaires, focus groups and one-on-one interviews/ meetings held at the outset of the planning process.

41 questionnaires were issued to staff and directors, with 18 returned (i.e., 44% response rate).

In addition, there were 10 individual interviews/ meetings, and two focus groups were held.

The questionnaires focussed on five key areas and have been analysed using the SWOT analysis approach.

1. Profile of AIIHPC/Understanding of its Aims and Objectives
2. Current Governance Structures
3. A review of the Institute's core areas of work in

Research, Education, Policy and Practice
4. Service User Engagement - Role of Voices4Care
5. Current Funding Model and Structures
6. Responses clearly showed that the AIIHPC is highly regarded by all respondents in the first three areas, with some opportunities for further development identified. The Funding Model remains an area of concern due to the uncertainties associated with future income streams.

STRENGTHS

Profile of AIIHPC: Ten of the 18 respondents agreed that the work and role of the AIIHPC is well known and recognised within their organisation. Seven respondents did not answer this question.
One of the Institute's key strengths is its unique and extensive collaborative membership on an all-Ireland basis, and this has been highly advantageous to date in raising its profile However, there were some excellent suggestions on how the Institute's profile might be enhanced. These included focussing on existing partnerships and alliances to promote further the Institute and its aims and objectives and to optimise the use of various media elements/platforms on an ongoing basis.

Governance Structures: The new structures implemented by AIIHPC since the 2021 Strategic Review have been received positively and the broad consensus is that these are seen to be both robust and fully fit for purpose for the organisation heading into the future.

Research: The publication of the Palliative Care Research Network: Strategic Plan 2023 – 2027 is seen as a very positive step and the Network has a growing membership, which is to be welcomed. The Institute is seen as both an honest broker in this field and a valued collaborator/ facilitator, which has attracted research funding from a range of sources, and there is full recognition of the credibility, commitment, experience, skills and competencies of AIIHPC staff.

The capacity and ability of the Institute to work across the island of Ireland places it in a uniquely strong position to share and disseminate learning from research activities across the two health care systems.

As not many comparators are engaged in such a national structured approach across two jurisdictions, the consensus is that there is further potential to increase AIIHPC's international profile as a leader in palliative care research.

Education: The Institute has developed a significant range of educational resources, including the Palliative Hub, the Learning Platform, promotion of palliative care education courses and in shared education projects.

The Hospice Education Providers Network is on a more stable footing and is now meeting regularly.
Policy: Over the years the Institute has worked hard to develop very strong connections with policy makers in both Departments of Health and arising from this, the high level of respect and standing in which AIIHPC is held within the palliative care sector is clear. This strong positioning has enabled it to advocate for and influence policy development in this area within both jurisdictions.

Service User Engagement: Voices4Care is regarded as a significant resource for all aspects of AIIHPC's work, including research, and is well recognised across the broader palliative care sector.

The positive role of the Institute in harnessing service user engagement/PPI has been, and will continue to be, very helpful for researchers. policy makers and service providers alike.

Funding Model and Structures: The growth in paid membership and the new funding arrangement with the HSE, which is underpinned by a Service Level Agreement, has brought greater stability to the organisation and strengthened its overall financial position.

AIIHPC's application for charitable status is being processed for approval in 2024 and on completion this should create new funding opportunities for the Institute.

However, acquiring charitable status will place additional governance requirements on the Institute.

WEAKNESSES

Profile of AIIHPC: There was a very mixed response to the question 'Our organisation understands fully the aims and objectives of AIIHPC', with a wide range of answers from 12 of the 18 respondents.

There was a view expressed that raising the public profile of the Institute is challenging as it is not a direct service provider.

There is a lack of feedback from member organisations on how it views or values its membership, which is something that needs to be evaluated on an ongoing basis.

Some individual members do not adequately promote their membership internally or externally. The Institute needs to do more to optimise the use of digital and social media platforms as profile enhancing tools.

Research: Palliative Care Research Network (PCRN) membership is open only to AIIHPC member organisations due to the funding model and can be open to losing members if an academic member organisation leaves the Institute.

Also, the Strategy's Palliative Care Research Networks' goals are geared more towards high level academics and the view was expressed that this should be more accessible and supportive of clinicians across all disciplines who may be interested in undertaking palliative care research.

Education: There are multiple education providers operating in the palliative care field and an absence of an overall strategy on palliative care education in Ireland is seen to be a major disadvantage.

There is an absence of inhouse IT specialism within AIIHPC to develop online learning resources and to adequately manage the website, palliative hubs and the learning platform.

Policy: The absence of a Northern Ireland Assembly has led to a standstill in palliative care service developments within the region, and this has restricted the efforts of policy makers and service providers to progress the updating of the 2010 palliative care policy report.

Its well-recognised expertise and standing within the sector has led to AIIIHPC representatives being invited to participate on several strategic groups, including the Palliative Care Policy for Adults Steering Group and for the AIIHPC CEO to be appointed as co-chair of the HSE's Children's Palliative Care Special Advisory Group.

The AIIHPC CEO is also a member of the Regional Palliative Care in Partnership Programme Board in Northern Ireland.

The anticipated publication of the new Palliative Care Policy for Adults Report should provide a clear vision for future palliative care service delivery in the Republic of Ireland and with this, further opportunities should arise for the Institute to fully support its implementation.

Funding Model and Structures: The limited number of funding sources, combined with a fixed membership fee, and with membership being limited to organisations only, are seen as weaknesses.
The Institute is heavily dependent on the economic status of its member organisations, with funding reductions or the departure of member organisations having the potential to affect its programmes and/or its staffing levels.

The perceived need to justify AIIHPC membership on a yearly basis to a number of members is seen to be both time-consuming and burdensome.

Some organisations are questioning the value and

benefits of membership, and the perception is that there is the potential for some members to withdraw from the AIIHPC, which could undermine its financial viability and its ability to support research, etc.

The inadequate and somewhat uncertain funding model affect the Institute's ability to plan long-term; to broaden its remit; explore new opportunities; meet additional governance and regulatory requirements and to attract and retain staff.

The current structure places a considerable workload on a small number of key personnel, which was increased in the past year or so by staff changes.

The terms and conditions on offer to Institute staff, combined with the lack of opportunities for career progression, poses a risk in it being able to both attract and retain its specialised staff. In addition, the potential high staff turnover levels may lead to reduced service levels and a loss of institutional knowledge and experience. Such departures may have implications for continued support of projects and developments.

OPPORTUNITIES

Profile of AIIHPC: Respondents identified the need for the aims and objectives of the Institute to be articulated repeatedly to ensure that they are at the forefront of stakeholders' minds.

There was a view that the members should be encouraged to do more to strengthen the profile of AIIHPC both within their own individual organisations but also within their broader external network.

There was also a view expressed that AIIHPC should broaden its profile and activities within generalist, children's palliative care sectors, along with achieving greater engagement and profile within acute hospitals.

The view was expressed that an outcomes framework may be required to verify that the Institute is a trusted provider and a recognised "honest broker" within the sector.

Governance Structures: Feedback on the new governance structures was very positive with the view expressed that in line with governance best practice these should be subject to ongoing review and evaluation.

The new structure is seen as providing an excellent opportunity to diversify the Institute's funding base due to it now being able to apply for charitable status. However, it is also worth highlighting that once approved as a charity, this will place additional governance requirements on the Institute.

Due cognisance needs to be given to the new governance requirements that arise for the Institute within the HSE Annual Service Arrangement and the necessary systems/structures requiring to be put in place to ensure ongoing compliance with same.

The Institute's cross-jurisdiction position is highly valuable, and never more than now, with so much focus on cross-border collaboration and shared island initiatives very high on the political agenda. Individual AIIHPC members have the capacity to do more to promote their membership of the Institute and to assist in the recruitment of new members wherever possible.

Research: The Institute should continue to implement recommendations contained in its Palliative Care Research Network Strategic Plan 2023-2027 and to evaluate progress on implementation of its key recommendations.

The research team could be well positioned to deliver tailored support to researchers working in a wide variety of different teams – from holistic mentoring, to advising, to supporting in very specific aspects where the team/institution in question has a capacity gap.

As not many comparators are engaged in a national structured approach there is potential to increase the Institute's international profile as a leader in palliative care research.

The Institute could enhance its standing in research through the establishment of a Clinical Research Network with input from both academics and clinicians across all disciplines. The Network could, for example, undertake research into extensive workforce planning for palliative care service delivery in the years ahead and the potential uses of technology in delivering palliative care patient interventions.

Education: Using current educational initiatives to link into undergraduate and post-graduate Palliative Care modules could be very useful and help to raise the profile of the AIIHPC.

There is potential to work more closely with Higher Education Authority HEA (ROI), and the Department of Economy, Higher Education Division (NI). Some suggested improvements included focussing on 'Shared learning based on research dissemination, network approach and shared education delivery options', through development of advanced training programmes, input into the development of clinical guidelines, research collaborations and public awareness campaigns.

Several respondents suggested that additional training and engagement opportunities would be beneficial for both members and providers/ researchers.

Respondents expressed a preference for both digital and in-person engagement; therefore, consideration might be given to a hybrid model. One respondent suggested the creation of small working groups against specific work themes.

Policy: The current review of the Report of the National Advisory Committee on Palliative Care (current DoH policy document) and the publication of a new Palliative Care Policy for Adults (ROI) in the near future will provide additional opportunities and guidance to the AIIHPC on its future role, priorities and direction.

AIIHPC is well positioned to assist HSE, as and if required, in supporting the implementation stages of the new palliative care policy and should engage proactively with HSE at an early stage to explore potential opportunities in this area.

AIIHPC is also well positioned to support HSE and the Department of Health in its ongoing evaluation of progress in the ongoing implementation of recommendations contained in the new Policy Report.

The Institute is also well placed to support the Department of Health and other key stakeholders in Northern Ireland with the development of a new palliative care policy/frameworks.

The Institute should develop further its role in linking policy makers with researchers to ensure research reflects policy priorities.

Working in partnership with membership institutions/funders, there may be opportunities for AIIHPC to increase support and expertise it offers to key stakeholders geared towards developing and meeting broader strategic objectives in the sector.

Practice: The Institute should consider facilitating discussions on integrated care and chronic disease programmes.

There are opportunities to cultivate stronger linkages with education member organisations, focusing on education, research and practice in palliative care, all areas which are underdeveloped at present, including through the five Communities of Practice for Specialist Palliative Care which the Institute is supporting.

There are opportunities to strengthen direct linkages between the Institute and clinicians involved in palliative care, particularly if more opportunities were made available for clinicians to be supported in undertaking research.

Service User Engagement: The Institute needs to ensure that Voices4Care members have an

opportunity to be updated on and influence all AIIHPC areas of work by creating small sub- or working groups against specific work themes. There is an opportunity to empower Voices4Care members, through training, thus enabling them to effectively communicate their experiences, needs, and suggestions and to contribute actively to discussions and decision-making.

Funding Model and Structures: The Institute could diversify its funding streams by encouraging other, appropriate, members to join and approaching philanthropic organisations for financial support.

The Institute should ensure that it is well positioned to avail of any potential additional funding opportunities that the publication of the new Palliative Care Policy for Adults report by the Department of Health (ROI) might offer, in it being able to support the HSE in the implementation of its recommendations in the coming years. The Institute should also ensure that it maintains strong links into the palliative care sector in Northern Ireland.

The Institute needs to develop a Human Resources plan to improve its capacity to attract and retain staff.

The Institute needs to continue its engagement with funders and policy makers in Northern Ireland to identify opportunities to expand its involvement arising from such interaction and in so doing to possibly generate additional funding on an agreed basis.

THREATS

Governance Structures: Many respondents noted that the new structure will require significant additional reporting requirements, particularly during the transition phase, which may pose challenges for the CEO and the small administration team.

Research: There is a lack of clinical researchers, particularly in medicine, and insufficient support resources such as research nurses, to promote and drive interventional based clinical/academic studies at clinical sites. This is also impacted upon by the absence of protected time for clinicians who wish to engage in such activities.

Education: There are a large number of providers within palliative care education who due to a lack of proper coordination are in many instances effectively competing against each other within the sector for clients. This is both inefficient and costly for the organisations involved in terms of the resources being expended and the outcomes being achieved.

The restructuring of the HSE and similar key agencies in Northern Ireland may require a restructuring or re-focusing of existing educational activities.

The resources currently available within the sector may be insufficient to meet the demand for future education provision and this needs to be properly assessed and reported on.

The Institute operates in a crowded field with many organisations also active in the same arena but there is potential for the institute to play the lead role in coordinating and supporting the delivery of palliative care education across the sector.

Funding Model and Structures: Unstable funding arrangements, combined with the complex financial and political climate in Northern Ireland and competing financial priorities in organisations, may divert resources away from AIIHPC.

Strategic Objectives/Recommendations

AIIHPC has been through a significant re-structuring process since the publication of the Review in 2021 and it is evident that the changes that have occurred have benefited the organisation, its members, stakeholders and staff. The changes have been generally well received by all and seen to be very positive by the majority of respondents and interviewees, although it is also recognised that there are opportunities for further development and improvements.

The recent publication of the PCRN Strategic Plan 2023 – 2027 sets out a clear roadmap for a key element of the Institute's activities. A mid-term review of this plan may offer the opportunity to prioritise further and add additional focus on the Early Career Researcher Forum and research by frontline clinical staff.

Although funding remains a concern, the situation in October 2023 is greatly improved on 2021 and this is due to the ongoing and significant efforts of the AIIHPC CEO and other members of the dedicated team in seeking to optimise potential funding opportunities and for successfully formalising a recurring contractual arrangement with HSE in the Republic of Ireland.

In addition, the completion of the charitable status application in 2024 will lead to opportunities that have not been open to the Institute previously.

High staffing turnover levels since 2021 have presented certain challenges for the Institute with loss of institutional knowledge combined with remaining staff having to cover areas outside of their normal roles.

The willingness of Voices4Care members to provide their unique insight into palliative care provision cannot be understated. Every opportunity to include service user representatives in research projects should be taken.

The following recommendations are a combination of those outstanding from the 2021 Review and suggestions/proposals coming from the September 2023 questionnaires, interviews and focus groups and these are grouped under the following nine key themes:

1. Research
2. Education
3. Practice
4. Policy
5. Service User Engagement
6. All Ireland Collaboration
7. AIIHPC Profiling
8. Governance/Structures
9. Funding Model

1. RESEARCH

a. Ensure that the key objectives of the PCRN's Research Strategic Plan are embedded in the Institute's Strategy and form part of reporting requirements for the future
b. Undertake a mid-term review of the Research Strategy and further prioritise goals to facilitate and encourage more clinicians to undertake research in this field
c. Explore the feasibility of establishing a Clinical Research Network with input from both academics and clinicians across all discipline and with financial support from the HRB and Health and Social Care R&D Division, Public Health Agency
d. Develop a proposal in 2024 for AIIHPC's PCRN to support the implementation of the new Palliative Care Policy for Adults (ROI)
e. Support PCRN members to develop a pipeline of research ideas so that they are ready for submission when relevant calls are issued including via the newly established Special Interest Groups
f. Continue to advocate for increased funding for much needed palliative care research, including identifying additional funding sources such as within the USA and from philanthropic organisations

g. Develop research and innovation infrastructure and the necessary support systems in palliative care
h. Support member organisations with developing a sustainable research workforce by more direct engagement with individual organisation based on available resources
i. Support the establishment of research infrastructure specifically to address policy-related questions such as advancing population-based planning
j. Prioritise expansion of the Institute's palliative care research knowledge transfer function to develop a comprehensive knowledge management framework
k. Continue ongoing support and development of a public patient and carer forum for engagement with palliative care research and innovation
l. Continue to develop and strengthen direct linkages with the various clinical representative groups, including medical, nursing, allied healthcare, social care and other relevant professions as potential platforms to promote and deliver more research initiatives.

2. EDUCATION

a. a) Examine the opportunity for the development of an overarching all island education strategy for palliative care involving all key stakeholders
b. Examine opportunities for closer links between the Institute and the Higher Education Authority HEA (Ireland), and Department of Economy, Higher Education Division (NI)
c. Seek to clearly define AIIHPC's role in education within the two jurisdictions to ensure that the Institute's resources are committed to educational offerings that are separate and distinct from those being offered by other member organisations
d. Seek to strengthen links with clinical departments in third level institutions and with clinicians working in palliative care settings
e. Continue to develop The Palliative Hub and its component sites, including using a co-design approach to developing additional online and e-learning resources (such as resources for patients and carers)
f. Support member organisations, researchers and educators to utilise The Palliative Hub, including The Palliative Hub – Professional and Learning Platform, to host their resources and e-Learning programmes
g. Support member organisations with ensuring that education opportunities are widely disseminated and provided in a format that is accessible, appropriate and effective
h. Support the updating of the Palliative Care Competency Framework (ROI) by establishing a Steering Group and co-ordinating the addition of further areas as appropriate and support its implementation, including liaising with undergraduate, post-graduate and CPD providers, as appropriate
i. Enable the engagement and involvement of service users and carers to underpin all aspects of AIIHPC education and practice support and delivery
j. Lead on co-ordinating the update of Palliative Care Education Database to ensure the new platform meets the needs of the sector and continue to support same on an ongoing basis
k. Raise awareness of health professionals and the public regarding palliative care, including the different levels of palliative care that may be required. This can be achieved via the Institute's annual Palliative Care Week campaign and the development of additional online resources, including e-learning on the Palliative Hub
l. Undertake a review of Palliative Care Week and its current format to identify any areas for improvement with a view to "refreshing" same.
m. Re-establish the Education Network of palliative care education providers, commissioners and regulators. As part of this, engage with undergraduate, post-graduate and continuing professional development providers to support their development of palliative care content and broker opportunities for collaborative working and sharing of good practice
n. Build on the success of the Caru continuous

learning programme for nursing homes and to support the delivery of AIIHPC's components of the programme

o. Investigate opportunities for AIIHPC to support programmes similar to Caru for other areas of health care

p. Build on the Institute's current focus on utilising the Project ECHO model with nursing homes, investigate opportunities to further expand and utilise the Project ECHO model within palliative care, for example, in supporting new workforce models or innovative interdisciplinary approaches in palliative care in areas such as intellectual disability, mental health, homelessness, children's palliative care etc

3. PRACTICE

a. Facilitate the provision of opportunities for practice development, peer support and informal learning for professionals working in specialist and generalist palliative care settings

b. Continue to support the current Communities of Practice for Specialist Palliative Care disciplines and expand the model further with additional disciplines. Explore opportunities to facilitate collaboration between the communities in order to support multidisciplinary team working

c. Engage with the broad range of clinical disciplines' professional bodies to explore practical avenues for strengthening relationships and developing formal linkages into the future, including via the Education Network

d. Support the review and update of the Palliative Care Needs Assessment, including developing e-learning resources in collaboration with the sector

e. Continue to support the National Quality Assurance and Implementation Enablement Committee (ROI), including developing an annual programme of activities and where possible continue to support All Island working. In addition, explore possibilities for supporting similar quality assurance structures in Northern Ireland, as appropriate

f. Engage with hospice providers to support and promote volunteering within the sector, including establishing a Community of Practice for Hospice Volunteer Managers for sharing good practice and collaboratively develop supporting materials

g. Continue to create opportunities and various fora to facilitate shared learning opportunities and best practice in clinical care delivery across both jurisdictions.

4. POLICY

a. Continue to seek opportunities to influence palliative care policy development on an all island basis

b. Maximise opportunity to actively support palliative care policy implementation plans in both jurisdictions, as appropriate

c. Support palliative care providers to meet their own strategic development objectives

d. Continue maintaining and enhancing links with policy makers in both jurisdictions, including via the national Clinical Programme for Palliative Care and the Regional Palliative Care in Partnership Programme and Board, and support them with delivering upon their priorities, where possible

e. Explore opportunities for linking policy makers with researchers to ensure research reflects policy priorities and that research informs policy

f. Clarify those areas of specialism to be engaged in by the Institute in the future

g. Consider ways to further expand AIIHPC's role in children's palliative care

h. Consider ways to further expand AIIHPC's role in supporting and promoting generalist palliative care

i. Consider ways to further expand AIIHPC's role in both jurisdictions in further developing and implementing the public health approach to palliative care

5. SERVICE USER ENGAGEMENT

a. Examine opportunities to provide further training to Voices4Care members to enhance their contribution to the palliative care community

b. Provide Voices4Care members with information regarding the progress and outcome of research to which they have contributed
c. Continue to refresh the membership of Voices4Care on a two-yearly basis and, as part of this, actively seek a comprehensive range of perspectives within the group's membership that encompasses various age groups, cultural backgrounds, and care experiences
d. Continue to support PPI representation on the National Clinical Programme for Palliative Care and support providers to engage more with PPI structures
e. Continue to support the Regional Palliative Care in Partnership's Service User Carer Sub-Group, which is made up of Voices4Care members from Northern Ireland and support members to attend the Board
f. Actively support palliative care researchers and palliative care providers to engage more with PPI structures
g. Support public information and engagement programme on volunteering in palliative care
h. Support hospices to engage with their local communities including by utilising a community development approach
i. Where appropriate, actively seek opportunities to engage with local and diverse communities

6. ALL IRELAND COLLABORATION

a. Maintain and strengthen links with and between AIIHPC members in both jurisdictions
b. Prepare for the re-establishment of the Northern Ireland Assembly and the possible review of Northern Ireland's Palliative and End of Life Care service provision and policy
c. Continue to engage with established structures such as the North South Ministerial Council Secretariat and the Shared Ireland Fund, etc, in promoting and garnering support for the palliative care agenda on an all-island basis
d. Continue to support all island working by securing opportunities to share good practice and consider opportunities for collaborative working between researchers, palliative care providers and palliative care networks
e. Support member organisations to make and foster links in both jurisdictions in order to learn from good practice and further develop their services.

7. AIIHPC PROFILING

a. Explore and develop further media opportunities to promote the Institute and its aims and objectives
b. Continue to articulate the aims and objectives of the Institute to ensure that they are to the forefront of stakeholders' minds
c. Seek the direct support and involvement of individual members in sufficiently promoting the role of AIIHPC within their respective organisations
d. Consider strategies aimed at further profiling AIIHPC role within the Acute Hospital Sector, both public and private
e. Seek to further increase the Institute's profile in Children's Palliative Care and generalist palliative care and in so doing to broaden its role in this sector
f. Continue to engage with palliative care organisations in other jurisdictions to raise the profile of the Institute, including Scottish Partnership for Palliative Care, Hospice UK, European Association for Palliative Care
g. Continue to engage in relevant jurisdiction specific, all island and international networks and steering groups to raise the profile of the Institute and highlight palliative care developments on the island
h. Review and strengthen AIIHPC's IT capacity, e.g., broadening scope of the Palliative Hub and its ongoing support role for all stakeholders in palliative care.
i. Undertake a review of the AIIHPC Newsletter and its current format to identify any areas for improvement and with a view to "refreshing" same

8. GOVERNANCE/STRUCTURES

a. Ensure that the extensive additional reporting requirements associated with the Institute's revised legal status structures and service

arrangements are identified, understood, planned for and adhered to in a timely manner

b. Plan for additional governance requirements that will apply on AIIHPC being given charitable status in 2024
c. Undertake an early review of the increasing role/responsibilities of the AIIHPC's CEO in governance/compliance requirements and ensure that appropriate supports and training is available, as required
d. Ensure that all Directors are fully aware of their legislative duties and responsibilities
e. Ensure that appropriate mechanisms are in place for evaluation of the ongoing performance of the Board of Directors
f. Consider arranging a Workshop for Council Members specifically to discuss respective roles and inputs and to agree ways to ensure active and ongoing participation by all
g. Consider developing and rolling out an Induction Programme for newly appointed Council of Members
h. Consider assigning an AIIHPC staff member to fulfil a dedicated liaison role with Council of Members on an ongoing basis
i. Seek to resolve any outstanding issues and concerns arising in a timely manner for some member organisations in their transitioning to the new governance structure for AIIHPC
j. Review AIIHPC's staff current contracts of employment to ensure that they are fully fit for purpose in offering the necessary job security for staff, essential for its capacity to both recruit and retain a highly skilled and motivated team
k. Consider the Institute's longer-term staffing requirements by developing a full AIIHPC Workforce Plan which also covers enhanced career paths for staff and to ensure that the Institute is adequately resourced to fulfil its aims and objectives.
l. Consider broadening the role and remit of the Finance and HR Committee in overseeing matters relating to staff pay and terms of conditions and to delegate to them the required authority necessary to fulfil this ongoing role.

9. FUNDING MODEL

a. Complete the application process for charitable status approval with the Charities Regulator in 2024 and consider developing a fundraising strategy in advance of same so as to map out a fundraising approach and to help identify required structures and resources
b. Seek opportunities for AIIHPC to leverage additional research infrastructure funds from national research organisations, EU and industry funding to support the continued development of the Palliative Care Research Network and the Institute's research activities
c. In recognising the major progress and improved funding position arising through the Institute having entered into a formal annual service arrangement with HSE, it should continue to proactively engage with HSE on optimising further funding opportunities that will arise due to its possible role in supporting the implementation of recommendations contained in the new Policy Report
d. Continue to link with colleagues and health agencies in Northern Ireland in preparation for the restoration of power sharing to be able to optimise any additional funding opportunities that might arise
e. In this context, AIIIHPC should also actively engage with both the Department of Health and PHA in Northern Ireland to explore possible options for entering into a more formal service arrangement aimed at quantifying AIIHPC's service inputs/outcomes In Northern Ireland and agreeing on appropriate levels of recurring funding necessary to achieve same
f. Apply to appropriate industry sponsors for possible funding via their Corporate Social Responsibility policies
g. Leverage the granting of charitable status to approach philanthropic donors and other grant awarding bodies
h. Explore possible new funding streams that will open following AIIHPC acquiring its

own charitable status number in ROI, e.g., Philanthropic, Ireland Fund, EU, Lottery, etc., and identify the necessary structure, resources and linkages that will be required to manage same into the future

i. Create bespoke approaches to each member agency which will meet their specific interests and needs which will assist in responding to the value for money questions in being a member of AIIHPC and the range of benefits that this offers

j. Utilise further AIIHPC's strong and well-established collaborative structure within both jurisdictions for identifying and attracting potential new members and put in place appropriate mechanisms and supports aimed at retaining existing members

k. Explore all funding options available under the Shared Island Fund and, in particular, its possible eligibility to secure direct research funding for projects associated with AIIHPC's all island palliative care focused initiatives

l. Identify any short-term staffing needs within AIIHPC and consider ways of resourcing same as a priority.

Implementation/Monitoring

This strategy has been developed through a two-phase strategic planning process, the first being in 2021 and the findings of which has helped to inform this longer-term strategic plan. The second phase relating to compilation of this plan has involved further consultation with the AIIHPC's Council of Members, Board of Directors, Staff, Voices4Care members, funders, policy makers and other key stakeholders from across both jurisdictions, using questionnaires and a series of one-on-one focused interviews/meetings.

Based on the findings and outcomes from all the above this strategy sets out a framework to guide and enable AIIHPC to achieve its vision and goals as outlined through the period 2024 – 2028. This plan is being compiled at a point in time for the Institute and therefore, is just the first step in delivering upon its objectives and fully recognises that its implementation process will be ongoing and always evolving to meet changing realities and circumstances linked to its stated aims and objectives.

The next critical step to guide AIIHPC in achieving the key goals set out in this strategy will be to develop a comprehensive implementation plan covering the five-year period. This will map out in detail short term and long-term actions as well as assigning responsibility to identified persons for implementation of same within specific timeframes. It will also quantify the resources required to deliver on the targets set and all within the target completion date of 2028.

The AIIHPC Executive will be primary drivers for developing the Implementation Plan and this will necessitate consultation with other key stakeholders involved in the Institute's work, as appropriate. The responsibility for approving the Implementation Plan will rest with the Board of Directors, who have been charged with guiding and overseeing its operational and strategic direction.

In line with best practice, it is recommended that that the implementation of this strategic plan will be subject to regular and ongoing reviews/ evaluations to ensure that it remains relevant and for the flexibility to be there to change as circumstances require and where resources allow.

This plan offers huge potential for AIIHPC to develop and grow as an organisation in the years ahead and with the support and commitment of all involved will ensure that the invaluable work and focus of AIIHPC can and will make a difference in helping to deliver on the premise of its strategic vision which is that "excellent palliative care is available for everyone at the right time and place".

Appendice 1

AIIHPC Strategic Plan 2023 - Development Framework

BACKGROUND

Founded in 2010, the All Ireland Institute of Hospice and Palliative Care (AIIHPC) is a collaborative of 26 member organisations including hospices, universities, health and social care organisations and charities on the island of Ireland working together to improve palliative care and quality of life for people living with life-limiting conditions and their carers.

AIIHPC plays a pivotal role in supporting collaboration across palliative care education, research, policy, and practice. As the palliative care sector's institute, AIIHPC is:

- involving service users, carers and communities in palliative care delivery and development
- working to integrate palliative care across the health system so people are supported as early as possible
- supporting the development of specialist palliative care services for everyone who needs them

AIIHPC delivers a programme of work through a wide range of activities involving and benefitting its members on the island of Ireland.

The Institute is funded via a range of funding sources including financial contributions from AIIHPC members and grants from the Health Service Executive, Public Health Agency, Health Research Board and the Health and Social Care R&D Division Public Health Agency.

DEVELOPMENT OF AIIHPC'S STRATEGIC PLAN

1. Scope of Strategic Planning Process

The strategic planning process will involve a comprehensive review and updating of the Strategic Review, which was produced in 2021, along with developing the Strategic Plan for next 5 years. This plan will provide a clear vision for the Institute's future with associated key deliverables across the Institute's key work programmes area and key outcomes within a defined timeframe.

2. Key Focus of Strategic Plan

The development of the new Strategic Plan will involve key actions to achieve specified deliverables as per the following:

- Review, update and carry forward any relevant key elements from the Strategic Review Report, as appropriate.
- Undertake an initial consultation/ brainstorming session with AIIHPC Chair, Vice Chairs, OLHCS Representative and CEO to scope how the plan will be co-created with members organisations
- Aim to develop a vision for the Institute into the future
- Reference the new governance structure in the Institute to ensure they are fit for purpose to meet strategic goals of the Institute
- Review the current funding model/structures (identify opportunities/threats)
- Review and incorporate relevant areas from the new Palliative Care Policy for Adults (ROI), strategic priorities from the Regional Palliative Care in Partnership Board (NI) and AIIHPC's Palliative Care Research Network's Strategic Plan (2023 – 2028) into the new strategic plan
- Undertake a review of the other key components of the Institute's work including education, practice, policy and service user engagement to inform the strategic planning process.
- Undertake focused one on one interviews with a number of identified key stakeholders in palliative care representative of AIIHPC member organisations and other external stakeholders, to cover the All-Ireland dimension (to be agreed in advance) and in order to facilitate the co-design of the plan.

- Carry out a questionnaire survey among Institute's staff and other relevant parties as agreed with AIIHPC CEO. This survey would include a form of SWOT analysis and the findings of which will be further considered against the findings of the PESTLE survey in 2021. In addition, meet with Institute's staff to consider the findings from the questionnaire and to provide an opportunity to shape the Institute's key deliverables.
- Prepare an initial draft Strategic Plan for review and discussion with AIIHPC Chair and CEO.
- Prepare a final draft Strategic Plan for submission to AIIHPC Executive Committee through to the Council of Members for final review and approval

Expected Outputs

The Strategic Plan will be informed by a co-design and co-production approach by engaging AIIHPC's key stakeholders within its development. The Strategic Plan will outline AIIHPC's vision, key findings and recommendations, along with headline work programme deliverables and target timeframes to assist AIIHPC in the achievement of its full potential into the future.

Review Team

AIIHPC's Chair and CEOwill commission and guide the project on behalf of the AIIHPC Executive Committee and provide oversight for the process and outputs. The final draft report will be presented to AIIHPC's Executive Committee, AIIHPC's Council of Members and AIIHPC'S CLG Board, who will have responsibility for final signoff.

AIIHPC will provide administration support and coordinate events to support the review team.

Timetable

On approval, proposed commencement date is Q2 2023 with estimated completion in Q4 2023.

Anticipated Costs

The appointment of an external consultant will be required to facilitate consultation and the development of strategic plan and objectives. The selected consultant will need to be familiar with the palliative care sector in both jurisdictions on the island of Ireland and have experience in generating income for organisations who are dependent on raising funds from a wide range of funding sources (government, voluntary sector and research funding).

Specific fees require further scoping once programme of work is defined.

Appendice 2

Strategic Review 2021: Recommendations
Partnership Model
Recommendation No 1 It is recommended that AIIHPC continue its efforts to entice those remaining stakeholders to consider possible membership
Recommendation No 2 Consider an updating of the Terms of Reference for Council of Partners' members which clearly sets out the role/ responsibilities of the collective Council as well as the role/ responsibility requirements of each of the individual members. Acceptance of these Terms should include a formal acceptance sign off process between AIIHPC and each member involved**.**
Recommendation No 3 Consider arranging a Workshop for Council Members specifically to discuss respective roles and inputs and to agree ways to ensure active and ongoing participation by all.
Recommendation No 4 Consider developing and rolling out an Induction Programme for newly appointed Council Partners.
Recommendation No 5 Consider Assigning an AIIHPC staff member to fulfil a dedicated liaison role with Council of Partners' members on an ongoing basis.
Recommendation No 6 For the reasons outlined above, it is recommended that AIIHPC consider the merits for establishing a base office in Northern Ireland, covering operational, strategic and funding perspectives.
Recommendation No 7 It is recommended that AIIHPC engage with the various representative bodies for the above disciplines to explore practical avenues for strengthening relationships and developing formal linkages into the future.
Funding Model
Recommendation No 8 Building on positive progress to date from engagement with HSE/DOH (ROI) in 2021 on the key issue of core funding, it is recommended that AIIHPC consider, as an urgent next step, submitting a detailed business case to HSE/DOH seeking enhanced funding levels over a 2-to-3-year period, commencing in 2022. In addition, discussions should continue with HSE to have any such funding arrangements incorporated at the earliest date into a formal annual Service Arrangement (Section 39) between HSE/AIIHPC.
Recommendation No 9 Continue its engagement with PHA/DOH (NI) on securing similar commitments relating to possible core funding being made available to AIIHPC at the earliest opportunity. In this context, it is recommended that AIIHPC give consideration, based on the funding precedent set in ROI, to submitting a similar business case for core funding to PHA/DOH (NI) for 2023/2024, or earlier as circumstances might dictate.
Recommendation No 10 Explore all funding options available under the Shared Island Fund and, in particular, its possible eligibility to secure direct research funding for projects associated with AIIHPC's all island palliative care focused initiatives
Recommendation No 11 Continue its effort to attract more stakeholders to opt to join the Council of Partners, which has the potential to generate additional income.
Recommendation No 12 Explore possible new funding streams that will open following AIIHPC acquiring its own charitable status number in ROI, e.g., Philanthropic, Ireland Fund, EU, Lottery, etc., and to identify the necessary structure/resources and linkages that will be required to manage same into the future.
Recommendation No 13 In the event that AIIHPC decide to acquire an office/ permanent address in NI, there may also be merit in it considering registering as a charity in NI, as this may open possible new funding avenues in that jurisdiction or from the UK, such as philanthropic, lottery funding, etc.
Aims and Objectives
Recommendation No 14 In this context it is recommended AIIHPC give due consideration to the possibility of broadening its aims and objectives and that this is a matter that should ideally be addressed as part of any future broader strategic planning process.

Structures
Recommendation No 15 It is recommended that efforts be maintained over the coming months to finding a satisfactory resolution to the issues and concerns arising for some Partners from what is generally accepted as being a necessary move to a new governance structure for AIIHPC in 2022. However, getting to this point will inevitably require flexibility and compromise, wherever possible, from amongst all the parties concerned.
Recommendation No 16 AIIHPC to consider introducing a new Permanent Contract of Employment provision for staff who satisfy clearly defined eligibility criteria
Recommendation No 17 AIIHPC to consider making the current Programme Manager – Education a full 1 WTE (Whole Time Equivalent) post as a priority **(Structures)**
Recommendation No 18 AIIHPC to consider retaining the Communication Officer's post in 2022 and beyond and to review and broaden this role as a possible direct support to the CEO
Recommendation No 19 AIIHPC to consider its longer-term staffing requirements and scope for enhanced career paths for staff as part of any future strategic planning process.

Appendice 3

Board of Directors

Fintan Fagan	Chief Executive Officer, St Francis Hospice
Joanne Reid	Professor, Queen's University Belfast
Mary Flanagan	Interim Chief Executive Officer, Our Lady's Hospice & Care Services
Monica Burn	Member, Voices4Care
Trevor McCartney	Interim Chief Executive Officer, Northern Ireland Hospice
Bevan Ritchie	Director of Operations, LauraLynn Ireland's Children's Hospice
Mary O'Brien	Chief Executive Officer, Milford Care Centre

Appendice 4

AIIHPC Council of Members 2023

Member Organisation	Representative
1. St Francis Hospice	Fintan Fagan (Chair)
2. Belfast Health and Social Care Trust	Colin McMullan
3. Bumbleance	Ian Fallon
4. Dublin City University	Dr Mary Nevin
5. Galway Hospice Foundation	Mary Nash
6. Irish Cancer Society	Sarah Burke McDonald
7. Irish Hospice Foundation	Paula O'Reilly
8. Foyle Hospice	Donal Henderson
9. LauraLynn Ireland's Children's Hospice	Kerry McLaverty
10. Macmillan Cancer Support NI	Adrienne Betteley
11. Marie Curie	Paula Heneghan
12. Marymount University Hospital & Hospice	Audrey Allen
13. Milford Care Centre	Mary O'Brien
14. Northern Health and Social Care Trust	Diane Spence
15. Northern Ireland Hospice	Heather Weir
16. North West Hospice	Dr Anna Cleminson
17. Our Lady's Hospice & Care Services	Mary Flanagan
18. Public Health Agency	Sandra Aitcheson
19. Queen's University Belfast	Professor Joanne Reid
20. Royal College of Surgeons in Ireland	Prof Mark White
21. South Eastern Health and Social Care Trust	David Robinson
22. Southern Health and Social Care Trust	Brian Beattie
23. Trinity College Dublin	Prof Andrew Davies
24. Ulster University	Dr Felicity Hasson
25. University College Dublin	A/Professor Michael Connolly
26. University of Galway	Prof Georgina Gethin
27. South East Technological University	Frances Cleary
28. Western Health and Social Care Trust	Donna Keenan
29. Voices4Care	Carol Morrow
30. Voices4Care	John Joyce

Appendice 5

List of One-on-One Meeting Participants

Andrew Davis	Professor of Palliative Medicine, Trinity College Dublin
Brendan Kennelly	Voices4Care
Executive Committee	All Ireland Institute of Hospice and Palliative Care
Feargal Twomey	Clinical Lead, National Clinical Programme for Palliative Care
Fintan Sheerin	Associate Professor, School of Nursing & Midwifery, Trinity College Dublin
Gearoid Cassidy	Director of Primary Care, Department of Health, Northern Ireland
John Joyce	Voices4Care
Mary Nash	Chairperson, AIIHPC Finance and HR Committee
Maurice Dillon	National Lead for Palliative Care, Health Service Executive
Paul Turley	Lead Commissioner, Department of Health, NI
Sandra Aitcheson	Deputy Director Nursing and Colleagues, Public Health Agency, NI
Siobhan McArdle	Assistant Secretary, Department of Health
Board of Directors	All Ireland Institute of Hospice and Palliative Care
Staff Team	All Ireland Institute of Hospice and Palliative Care



AIIHPC

All Ireland Institute of
Hospice and Palliative Care