

# **A Strategic Management and Portfolio approach to improving health outcomes of people living with life limiting conditions in the Mid-West of Ireland <sup>1</sup>**

## ***‘Mid-West Palliative Care Strategy 2021-2025’***

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## **Introduction**

A key challenge for organisations is not only to align their Vision/Strategy with a portfolio of projects that will deliver across all aspects of the Strategy but also, as described by Stretton 2018, ensure ‘strategic management is dynamic rather than a relatively static series of processes’.

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In many organisations, even when there is a clear organisation strategy, there is the practical complication of choosing both the right initiatives and choosing amongst competing initiatives in order to determine the right portfolio that will achieve the strategy itself. This dilemma is sometimes further complicated by ensuring not only the right initiatives are chosen but also that there is a balance of projects across the portfolio to ensure that the key stakeholder outcomes are delivered.

The following Case Study utilizes a Strategic Framework (see below) to develop a Strategic Plan for Palliative Care Services in the Mid –West of Ireland for 2021-2025. Utilising this method ensured that there was:

- A common understanding of purpose and shared vision for Palliative Care in the Mid-West,
- A set of agreed strategic objectives that will deliver on the purpose and realise Palliative care vision,
- A set of outcomes and success measures developed for each objective that will help us to set out what improvements are required and a way of checking progress,
- A programme of initiatives that, when delivered, will translate the strategy into action,
- A monitoring and feedback system to ensure that progress, when tracked, will indicate whether or not there is a need to take corrective action.

## **Background**

### **Palliative Care – What is it?**

The *World Health Organisation (WHO)* (2014) defines Palliative Care as “an approach that improves the quality of life of individuals and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”.

In Ireland, Palliative Care Services are organised into specialist and non-specialist services that operate in partnership as part of an integrated network of providers. Many people still think of palliative care as a care provided at the very last stage of life, around the time of death. However, in the last twenty years, the scope of palliative care has broadened to provide palliative care at an earlier stage in the disease trajectory. In this model of integrated palliative care provision, palliative

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care is not dependent on prognosis and can be delivered at the same time as curative treatment.  
*National Clinical Programme for Palliative Care 2018*

Palliative care, both generalist and specialist, is provided in all care settings, including the community, nursing homes, hospitals, and specialist palliative care units. In recent years, the scope of palliative care has broadened so that palliative care is now provided at an earlier stage in the trajectory of both malignant and non-malignant disease.

In essence, Palliative Care should be provided with a person-centred approach, respecting needs of Service users, their families and carers, and moves beyond a pure clinical response to the assessment and management of symptoms and treatment and includes recognition of emotional, spiritual and psychological circumstances. This is perhaps best encapsulated by a carer of a service user in Milford Care Centre:

<b>P</b> ERSONAL:	This is a very personal journey of illness for the patient.
<b>A</b> CCCEPTANCE:	Your illness for now is a part of your life and accepting this is very important.
<b>L</b> OVE:	It can be a scary and uncertain time, but we can never underestimate the power of love, from our own family and friends, and the Palliative team.
<b>L</b> IFE:	We may have a life threatening, progressive illness but we still have a life, however changed it has become.
<b>I</b> NSIGHT:	A natural deep understanding evolves on this journey. Gratitude for the life we have shared with each other and knowing that we are forever journeying in the cycle of life.
<b>A</b> LLOWING:	Allow yourself to just be and know you are understood.
<b>T</b> REATMENT:	You may have a medical treatment plan, but the emphasis on Palliative Care is a holistic and sometimes a spiritual environment, both for the patient and the family.
<b>I</b> NFORMATIVE:	Knowledge is power and the information given to the patient is given to empower the patient, thus allowing a support system to be put in place. Recognising what support is needed by both patient and family.
<b>V</b> ULNERABILITY:	We all feel vulnerable and afraid when dealing with illness. The family is fearful for the patient.  The Palliative team approach is one of understanding and support. Recognising what is needed to strengthen this support.
<b>E</b> MPATHY:	To be understood and to be heard are hugely important to the patient. The holistic approach ensures you are understood, even when words cannot be found.

The healthcare landscape has changed and will continue to change very significantly, even in the short to medium term. This is due to the increased prevalence of chronic disease, cancer incidences

and an aging population. These changes combined will present challenging circumstances and significant demands on existing palliative care services. Most of the population now live longer than ever before but increasingly more of us, as we age, will live with the consequences of higher risk of developing chronic conditions. Therefore, the provision of adequate and responsive good quality and safe palliative care is important to all of us now and into the future.

The aim of this Strategy was to develop collaborative processes and practices across all agencies and with the support of local communities, to provide an improved and evolving palliative care service that meets the needs of individuals and their carers, regardless of care setting. Its overriding and critical objective is to ensure seamless care pathways across community services, acute hospitals, the specialist palliative care in-patient unit, day care services, nursing homes and all other care settings e.g. intellectual disability residential centres, etc.

*In particular, the focus of this strategy initiative was to:*

- *Identify the gaps that exist in the current level of service provision*
- *Take cognisance of national and international best practice*
- *To present, using best practice Strategy/Portfolio management approaches, a set of strategic objectives/outcomes which will drive required action over the next five years and to seek to do so within available resources*

The active consultation and co-production approach across all key stakeholders provided valuable insights about how this Strategy, covering the next five years, should give effect to its agreed Vision, offering guidance as to what should be prioritised as outcomes and what should be prioritised as enablers to delivery. The Strategy is built on current and predicted demographics, research and consultation and takes cognisance of service user feedback, which also informed other recent national strategies.

## **Broad approach to developing Strategy**

### **Strategy development**

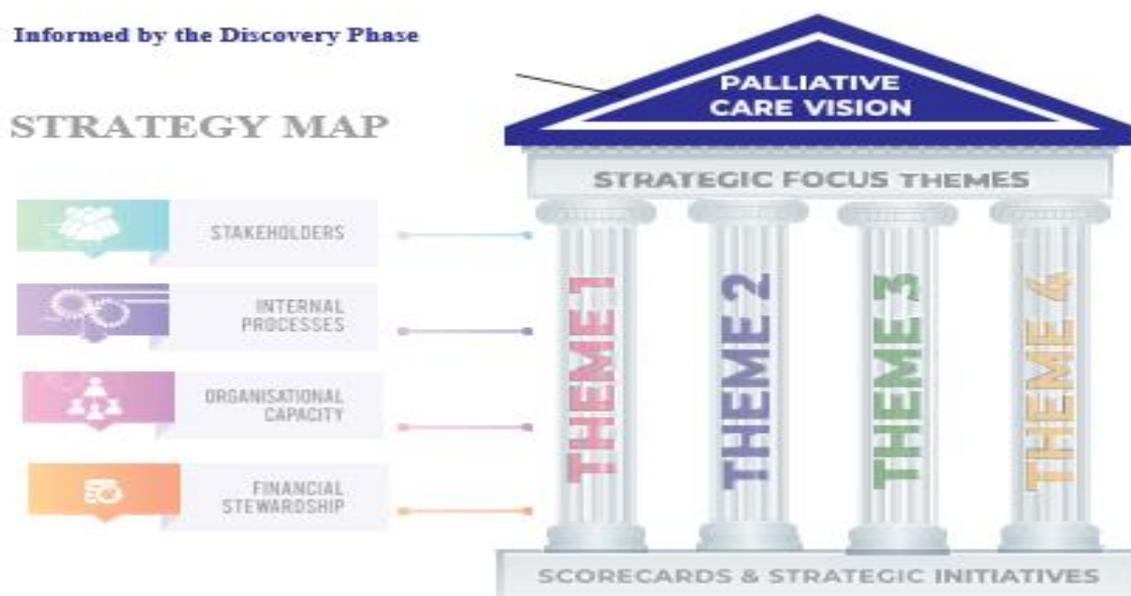
The Mid-West Palliative Care Strategic Framework, set out below, is based on the original Kaplan and Norton Strategy Mapping and Balanced Scorecard work and the more recent work of the Balanced Scorecard Institute in its 2016 publication *The Institute Way*

The figure below illustrates the major components of an Integrated Strategic Planning and

Management Framework for Palliative Care for the Mid-West, based on the above methodologies. It has been used to draft a strategy to achieve a 5-year strategic vision for Palliative Care services in the Mid-West and also to translate the intent into executable and measurable actions in the form of a Strategic Plan and measurable Palliative ‘scorecards’.

This approach ensures a regular feedback loop by way of performance/ achievement of strategic outcomes that will facilitate a regular review of progress and opportunities to revise and revalidate the strategic direction over the 5-year period.

The following diagram sets out the key components of the Palliative Care Strategic Framework



- **A Palliative Care Vision** is the strategic roof of the Framework, informed by the enablers and challenges from the Discovery Phase
- **Strategic Themes** are the key focus areas and the key pillars of the strategy itself
- **The Palliative Care Strategy Map** sets out the key objectives that must be achieved to deliver on the Vision and are representative of the key perspectives of the Palliative Care services across the agencies
- **The foundation of the Framework** is a set of **scorecards/enablers** that represent success measures and initiatives that will achieve each objective of the Palliative Care Strategy Map
- **A monitoring and feedback system** to ensure that progress, when tracked will indicate whether or not there is a need to take corrective action

This step-by-step approach tightly aligns the Palliative Care Vision to the strategic focus areas, the themes to actionable strategic objectives and objectives to success measures and initiatives. The summary “scorecards”, seen later will show visually and logically how the outputs from each step connect to each other.

The Framework as applied to Palliative Care services is described in the section below.

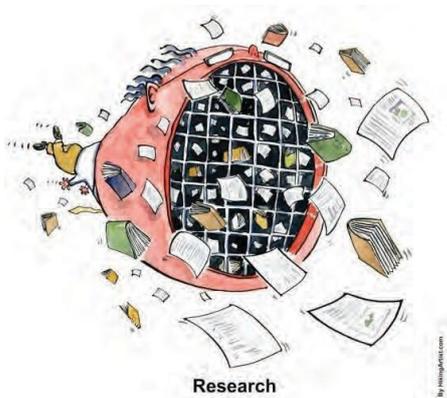
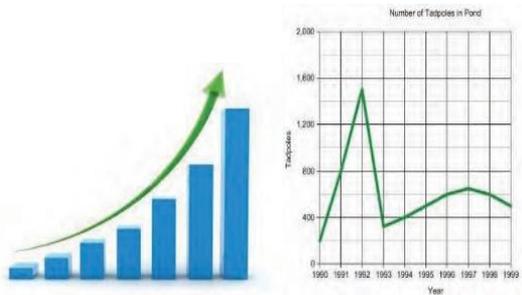
## **Strategic Framework described**

### **Discovery Phase**

The Discovery Phase comprised the review and analysis of the current performance of Palliative Care services across the Mid-West. This phase was structured around a number of key steps:

- A review of data for Mid-West, including demographic and key service data
- An environmental scan by way of a SWOT analysis and interviews with key stakeholders as it relates to the internal and external perception and consideration of what has already been implemented and works well
- A review of National Strategies and key research papers
- An assessment of service user/carer feedback re expectations
- A review of the previous Mid-West Palliative Care Strategy 2013 – 2017

## Data Review



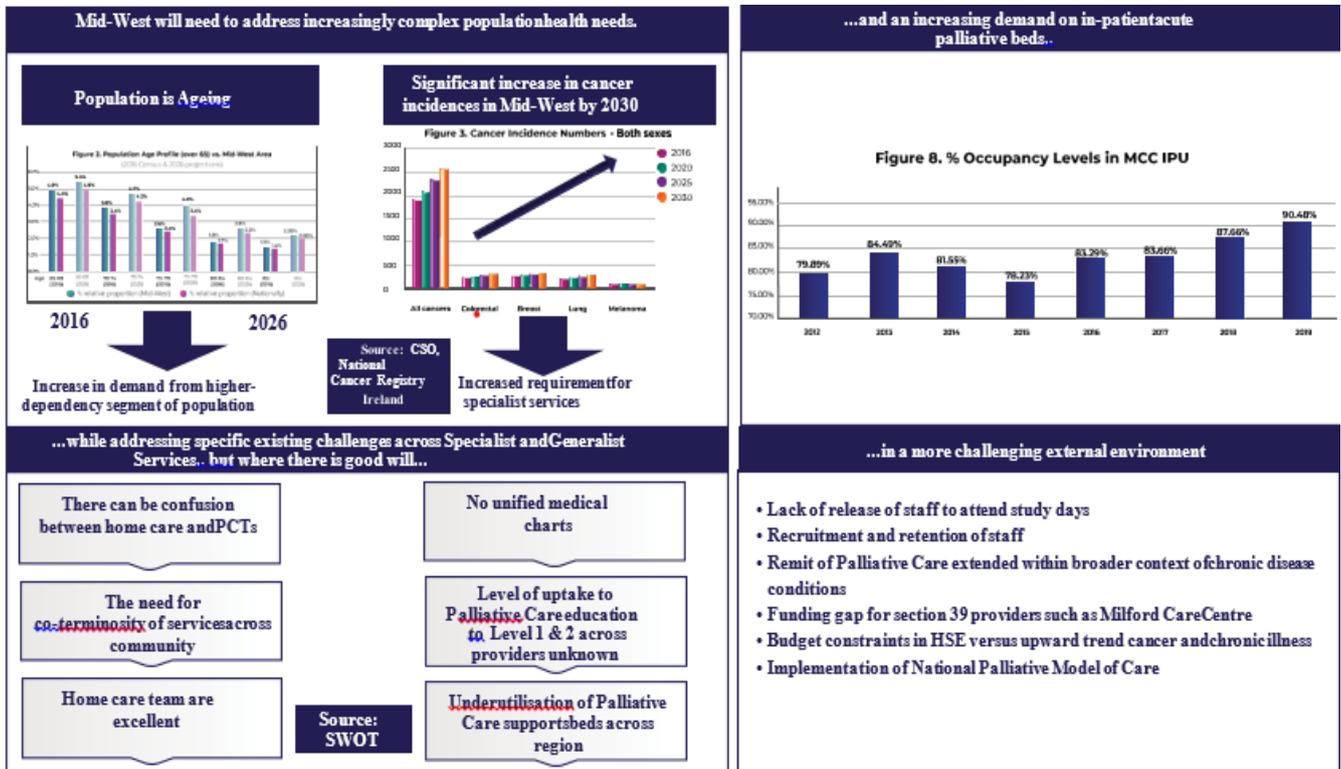
## Research National Strategies/Policies



## Service User/Carer Feedback

In essence, the Discovery Phase included an examination of the current state of Palliative Care in the Mid-West, and a consideration of the key requirements for the future, including any key insights about the future landscape.

**Findings from DISCOVERY PHASE present a compelling and shared CASE FOR CHANGE**



**Strategy Direction (The Path)**

The Strategy development section earlier sets out the high level Mid-West Palliative Care Strategic Framework that was used to guide the development of the strategy. The *Institute Way* defines the strategy as positioning choices made (the path) and actions taken (the plan) to move the organisation from its current state to some desirable future stage.

This section describes the strategic focus (the path) for the Mid-West in relation to Palliative Care Services. This “path” comprises of 2 key components:

- The Mid-West Palliative Care Vision
- The Strategic Themes i.e. key focus areas to deliver the vision in the Mid-West region

## Vision

The Vision for Palliative Care Services creates a picture of a successful future through a vivid, compelling statement that creates a sense of urgency and hopes to emotionally inspire people to carry it out. It clearly strives to meet the old meaning of “Begin with the end in mind”.

Following many iterations, the consultative process has teased out and given form to this Vision. This included many discussions on findings from the following:

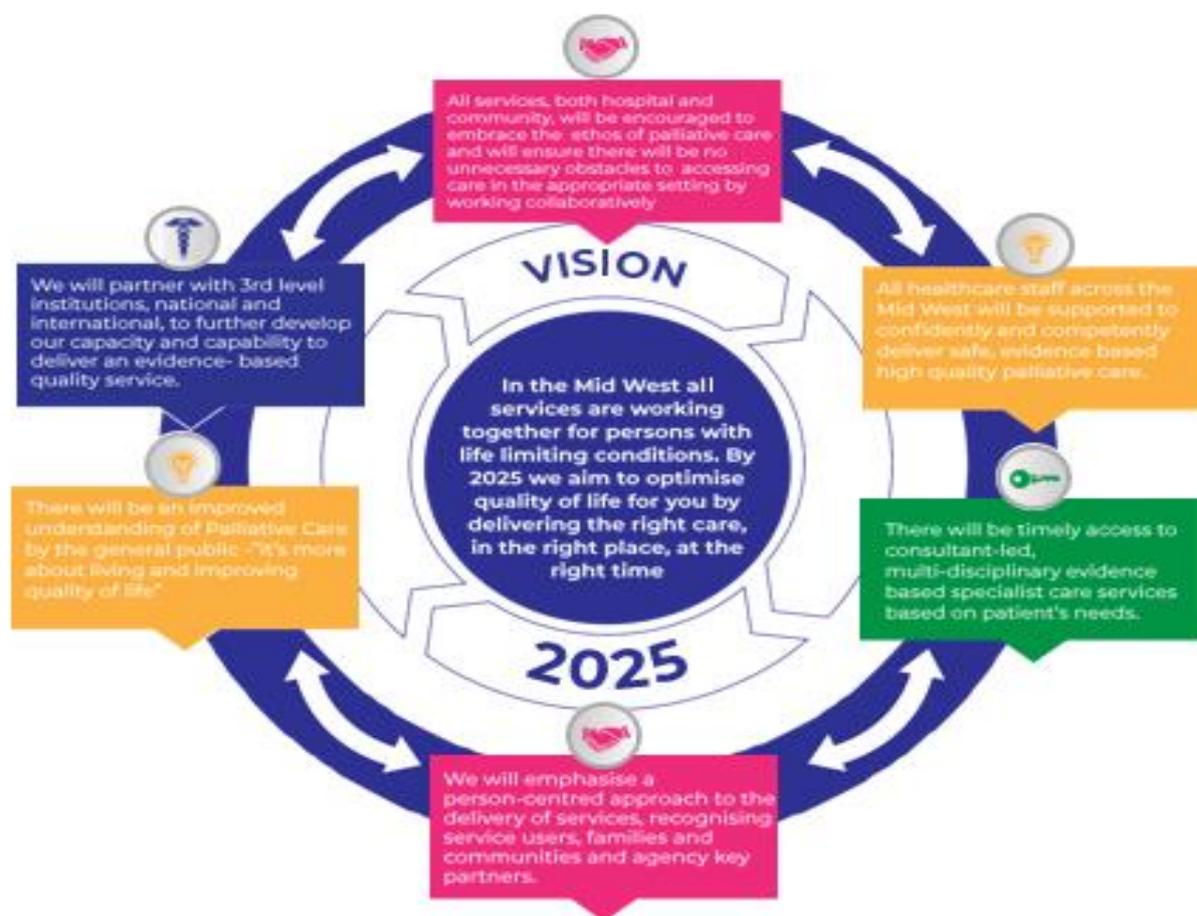
- The issues arising from the SWOT
- The assumptions arising from the data analysis
- Analysis of trends, best practice and serviceuser expectations

The Palliative Care Vision is framed by the following key questions:

- What is the ideal picture of Palliative Care in the Mid-West 5 years from now?
- How will successful attainment affect service users and staff?
- How will we define success after 5 years – what will it feel like, look like etc?
- How will it be measured?

The approach taken by the Working Group was to develop a short vision statement and a longer supporting ‘picture’ of the future that was measurable.

The Vision is now a description of the purposes shared in the Mid-West and the expectations with which the overall strategy was formed.



## Strategic Themes

In developing the critical strategic focus for the strategy, the Working Group set out 4 high level themes that will drive the Vision, are complimentary and reflect internal and external considerations. In essence, if the Mid-West are to be successful in achieving its Vision for Palliative Care, what are the key areas they need to focus on.

In determining the Themes, the Working Group looked at the following:

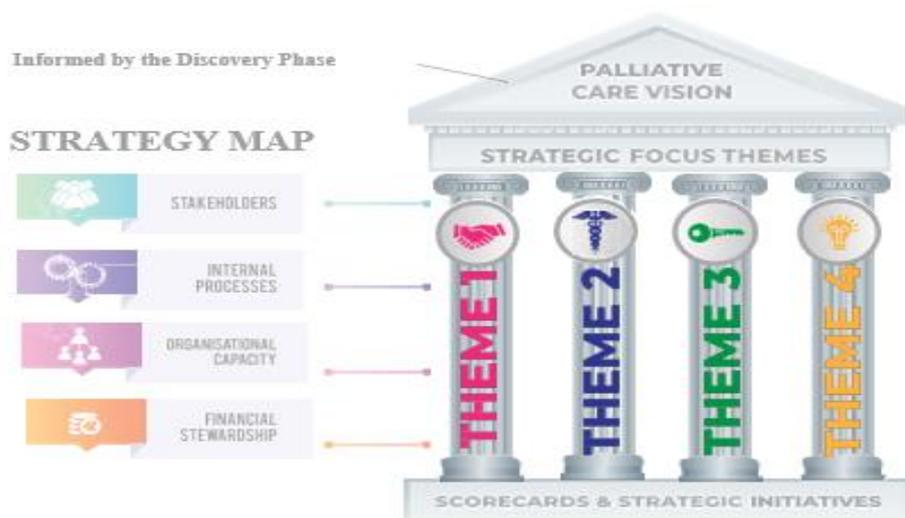
- High level outcomes from Vision
- Interpretation of the Discovery phase (SWOT, Data, service user feedback etc.)
- The type of relationship that service users and carers want
- Being cognisant of certain level of 'unknowns' in terms of funding and demand

The Themes selected will focus effort on the key issues that matter most to deliver on the Mid-West Vision for palliative care, cognisant on the challenges and opportunities from the Discovery

phase. Each Theme is a ‘Pillar’ of the Strategy and has its own high-level outcomes that needs to be achieved. In essence the Themes can be seen as the ‘value gap’ between the Mid-West Vision and the current reality i.e. the findings from the Discovery phase.

The 4 themes, agreed by the Working Group to drive the development of the Strategy are:

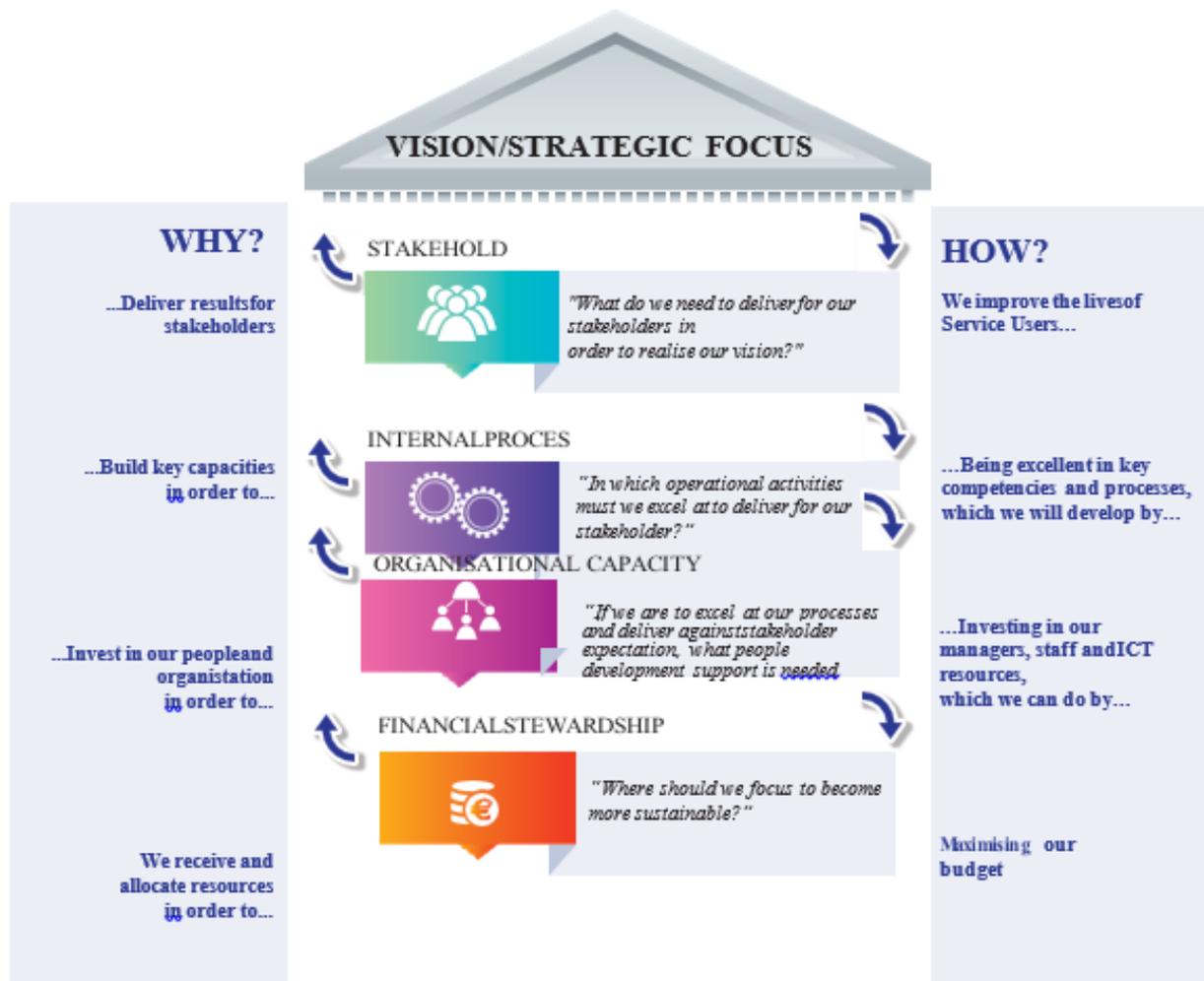
- 1. Collaboration & Collective Responsibility**
- 2. Pursue International Best Practice**
- 3. Equity of Access to Services**
- 4. Palliative Care is Understood by Everyone**



The Themes above are set out in detail in the Strategy document itself.

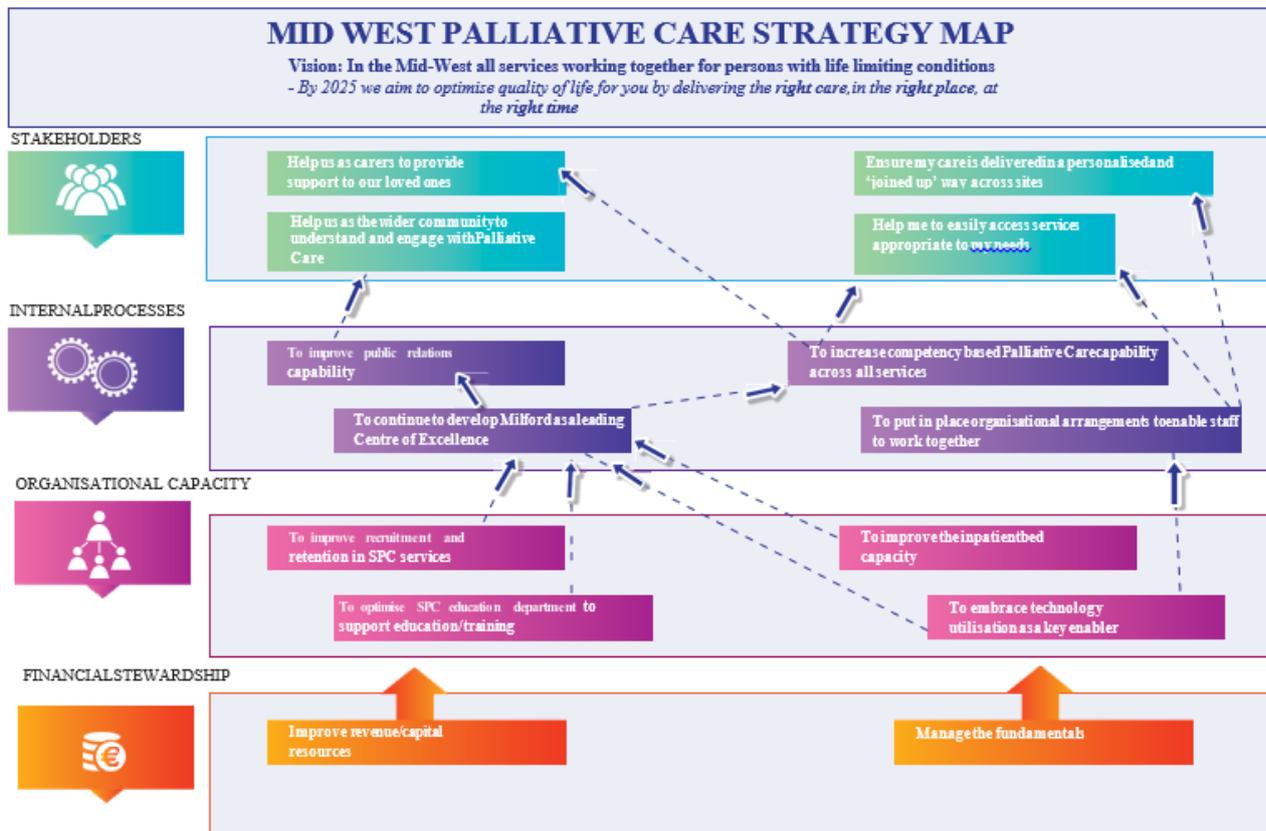
## **Mid-West Palliative Care Strategy (The Plan)**

In the era of knowledge workers, strategy must be performed at all levels of the organisation or across organisations. In that context a change in strategic direction usually requires some form of behavioral change and adopting new ways of doing things. The following approach, by way of developing a Strategy map for Palliative care, allows for a set of ‘cause and effect’ relationships that can be made explicit and testable over time. In a way, it sets out a clear picture (a 1-page strategy) that can be understood by all staff, so there is a common view of how palliative care services in the Mid-West can be further developed. The following generic strategy map is based on that described by Kaplan and Norton and looks at an organisation from 4 key perspectives as described in the figure below. Strategic objectives make strategy actionable across the full extent of an organization(s) and when “linked” together, as a chain of objectives form a Strategy Map for an organisation.



## Palliative Care Strategy Map

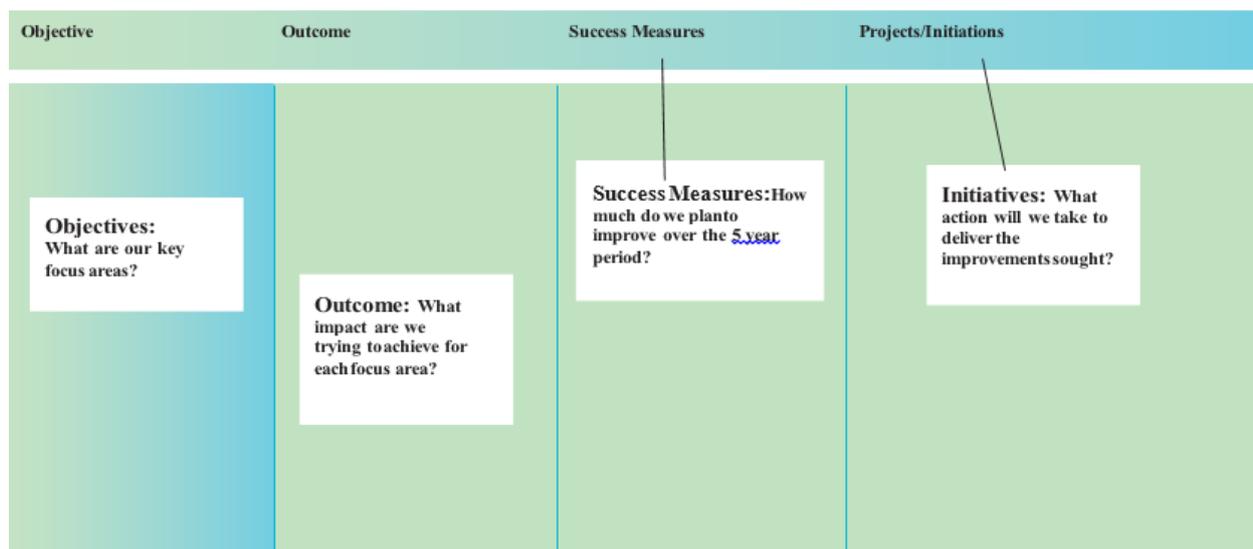
The Palliative Care Strategy Map below highlights the strategic objectives that will deliver on the Palliative Care Vision and become the foundation of the intent of the Strategic Vision/Themes, outlined in the previous section. The strategic objectives are the building blocks for the strategic scorecards, which sets out clear outcome measures of success and actions/initiatives that can be taken forward. The objectives are set out under 4 organisational perspectives as seen in the figure below:



## Palliative Care Scorecards – Outcomes/Measures of success

In developing the required outcomes and measures of success, the Working Group sought to ensure that there was a clear “cause and effect” evidenced based relationship between the strategic objectives and the outcomes selected. This will facilitate a continued assessment of the Palliative Care strategic plan over its 5-year horizon.

The Palliative scorecard (set out below) brings the strategic objectives on the Strategy Map “to life” and allows the identification of targets to be achieved by 2024 and the gap from where services are currently.



The following was considered in the completion of the scorecards.

- For each measure a target indicator for 2021 (starting point) and 2025 (endpoint for plan) was identified, where possible
- Initiatives that may be an appropriate response to closing the ‘gap’ between now and 2025 were suggested
- The measures of success selected were checked to see if they were both necessary (*without the measure would the objective still be met*) and sufficient (*if all the measures were achieved would the objectives still be met*)
- For each such initiative the lead Mid-West service and/or services were identified.

The section below outlines an example of one of the Scorecards, with the commitments and actions required to achieve the intended outcomes. It will serve as a dynamic roadmap to be used to guide and challenge the annual operational plan for each of the key service providers going forward. It will be subject to continual review and adjustment to ensure it meets the emerging need of the public and staff.

The consultative process will continue throughout the implementation phase. The objectives and targets set out in the overall strategy and as exemplified below, while practical and balanced, are ambitious and challenging. A monitoring/tracking process will be developed to provide regular assessment against plans and the effectiveness of the actions. This is discussed further in the Implementation section below.

This plan will be the foundation upon which the implementation process will be based and the learning from the reality of putting the Scorecards into action will be used to inform on an on-

going basis. It is intended that the initiatives set out in the Scorecards will form part of Annual Stakeholder Organisational operational plans.

A scorecard for each of the strategic objectives on the Mid-West Palliative Care Strategy map has been set out in the actual Strategy document itself (available on request) and the following pages set out an example of one of the Objectives from the Strategy Map. The rest of the Scorecards have been set out in a similar way.

### Example of Scorecard

Objective -Help me to easily access services appropriate to my needs

Outcome	Measures	Targets 2021-2025	Initiatives
Appropriate care is provided in a timely fashion	<ul style="list-style-type: none"> <li>% of Aids &amp; Appliances requisitions fulfilled in agreed timeline, following referral for service users with Specialist Palliative care needs and with generalist Palliative care needs</li> <li>% responsiveness to SPC referrals as per National referral guidelines (Inpatient &amp; community services)</li> <li>% Hospitals with designated end of life care room &amp; % hospitals with designated family room</li> </ul>	<ul style="list-style-type: none"> <li>Set baseline in 2021</li> <li>Thereafter &gt; 95% meeting timeline</li> <li>Category 1 – 100% seen within 48 hours</li> <li>Category 2 – 100% seen within 7 days</li> <li>Category 3 – 100% seen within 14 days</li> <li>Complete in UL Hospital by 2021 and set baseline for other hospitals in 2021</li> </ul>	<ul style="list-style-type: none"> <li>Palliative care Proofing of the Aids and Appliances pathway project</li> <li>Ongoing review by MCC management team</li> <li>End of life care room initiative in UL hospitals</li> <li>Roll out End of life care room initiative to other hospitals</li> </ul>

Outcome	Measures	Targets 2021-2025	Initiatives
<p><b>Quicker access to prescribed drugs for Palliative Care service users</b></p> <p><b>Increase in the no. of people spending more time in their preferred home environment</b></p>	<ul style="list-style-type: none"> <li>% of CHNs with a pharmacy arrangement aligned to Palliative Care Pharmacy protocol</li> <li>Availability of SPC registered nurse prescribing practitioners across the Mid-West community health networks</li> <li>% of CHNs with access to fully resourced specialist palliative care community teams as per the model of care</li> <li>% of CHNs with access to SPC satellite bases in the Mid-West</li> <li>Response times for homecare packages for 'end of life'</li> <li>All CHNs have access to Level 2 beds</li> </ul>	<ul style="list-style-type: none"> <li>Availability within all CHNs across the Midwest in 2021</li> <li>Target to be set following Evaluation of pilot initiative in 2023</li> <li>Gap analysis in 2021</li> <li>Satellite bases are fully functioning across all agreed sites by 2025, with baseline waiting times set</li> <li>Set baseline in 2021</li> <li>Thereafter &gt;95% meeting timeline</li> <li>Newcastle west availability in 2023</li> <li>Level 2 beds available to all CHNs by 2025</li> </ul>	<ul style="list-style-type: none"> <li>Community Palliative care pharmacy initiative</li> <li>Registered Nurse prescribing initiative, including evaluation</li> <li>Business case to the National clinical programmes/Sláintecare (note MCC's Health &amp; Social Care professionals WTE levels fall below the norms recommended in the NACPC report 2001 and the Framework report 2017-2019)</li> <li>Satellite Base pilot project</li> <li>Satellite Base full rollout, aligned with CHNs</li> <li>Palliative proofing of home care packages initiative</li> <li>Newcastle west initiative</li> <li>Level 2 bed mapping &amp; review project</li> </ul>

## Implementation Phase

The Strategic Plan described in the previous sections draws on a whole population approach for the Mid-West and develops a sharper focus on the stakeholder and organisational outcomes relating to Palliative Care across a range of settings. The current excellent collaborative culture between the various service providers across the Mid-West will be further consolidated and enhanced over the life of the strategy. The changes inherent in the strategy will require some supported renegotiation to the roles of generalist and specialist providers.

The Strategic intent set out in this document will require executive leadership, oversight and capacity in order to meet the challenges and transitions expected in such an endeavor. Service providers will need to establish processes and mechanisms to manage the implementation stage over this 5-year period.

The key outcomes and the supporting framework of success measures will be used to facilitate oversight of the Strategy. Each of the initiatives listed will only produce positive change if effectively implemented, both collectively and individually, by the relevant service providers and partners. This will require discipline, planning and execution.

Good and realistic implementation planning, followed by a well sustained action is necessary if the key stakeholders are to realise the objectives and associated outcomes in this Strategic plan. Momentum must be established and then maintained over the next 5 years.

The first 3 months is critical to the achievement of the Strategy. Overinvesting in implementation planning in the early months of 2021 will bring clarity to prioritised initiatives and governance. This will commence immediately after the launch of the Strategy.



Key questions for the first 3 months include:

- How should the first wave of initiatives be planned to ensure a strong start that creates energy and create a midterm state?
- What training is required to ensure Sponsors and Project Leads are set up for success?
- How is the Strategy story to be cascaded?
- What is the reporting structure and reporting routine to ensure progress is on track?
- How can the rigor of the strategy be driven through the service providers and not be seen as separate from the “day to day” business?
- How can we ensure there is synergy between the initiatives selected in each phase?
- What is the state of “readiness” across service providers to commence this change?

Answers to the above questions at an early stage by the key stakeholders will help develop an increasingly challenging but achievable roadmap for each implementation phase of the strategy.

Also in the context of Implementation the following are seen as critical to implementation success and requirements are detailed further in the actual Strategy document itself:

- **LEADERSHIP** - *Governance arrangements to oversee implementation*
- **PRIORITISATION** - *Phasing/Prioritisation of initiatives to maximise outcomes*
- **PROGRAMME ASSURANCE** - *Project initiation & reporting methodologies*
- **CHANGE MANAGEMENT** - *Communication*

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  - World Health Organisation on Palliative Care Services, 2014
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## About the Author



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**Seamus Woods**, IPMA-A, PMP is Project/Portfolio Consultant and former Head of Portfolio Management across the Irish Health Services. He is a faculty member of the Irish Institute of Project Management and has over 30 years of experience at Senior Management level within the Health Services and more than 27 years' experience of project/portfolio management and change management as a practitioner, instructor and leader.

Working initially in the former Mid-Western Health Board, he held senior roles at Board, Strategic and operational levels across a range of services. With the advent of the new health Service Executive in 2004 Seamus set up and led a national projects office for the community services sector.

In 2010 he was seconded to Children services as Head of Change Management to programme manage the setting up of a new National Children's Agency (TUSLA) and its associated Reform programme. He returned to the Health Service Executive in 2013 as Head of Portfolio Management for the Health Reform Programme and subsequently was Chair of the National PMO Leads Group overseeing the roll out of local PMO offices.

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