

P-103 RESTRUCTURING INCOME GENERATION IN THE MIDDLE OF A GLOBAL PANDEMICCatherine Butterworth. *St John's Hospice, Lancaster, Lancashire*

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Background Income generation plays a crucial part in funding charities and with only 1/3rd funding received for our hospice, would it be sustainable to still have the current structure with the world in lockdown?

Aim To reevaluate our current structure, implement changes to meet the changing face of fundraising, analysing data to influence and drive our income generation decisions going forwards whilst ensuring our systems and processes digital transformed the way we operate.

Methods May-June 2020: Evaluation of all current roles within Fundraising, Lottery, Grants and Legacies across two sites. August -September 2020: Full consultation with all staff members. October 2020 – staff receive confirmation of roles although still remain on furlough through pandemic; New supporter care team roles advertised and roles begin to work with the digital transformation plan.

Results Cost savings of 100k when income received in to the hospice was uncertain and our fundraising events had been diminished due to lockdown, rising COVID-19 cases and furloughed staff across many industries. Changed direction of resources into new Supporter Care team (SCT) whose aims was to ensure our data was fit for the future and could influence our decisions going forwards. Invested in a standalone role for legacy giving, an income stream that many hospices don't invest enough resource into (Remember A Charity, 2019. UK legacy fundraising market 2019; Remember A Charity, Legacy Foresight, the Institute of Legacy Management, and Smees & Ford).

Conclusion Restructure is working well, new SCT fully trained on database allowing data to become more focused and relevant to our needs therefore subsequent mailings are donor specific allowing us to understand and map our donor journey. Fifteen months later the UK is still not back to full capacity after COVID-19 therefore the reduced fundraising team is currently adequate based on demands and income streams. A surge in wills during last 18 months has already seen an increase in supporter communication and a new legacy strategy is being implemented as a result of this consultation.

P-104 A NOVEL APPROACH TO CARE-GIVING DURING A PANDEMIC: UPSKILLING NON-CLINICAL STAFFSue Griffith, Alison Pegrum, Kaymarie Stabellini, Eva Lew, Alison Stevens. *Farleigh Hospice, Chelmsford, UK*

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Background In early 2020 it became apparent that COVID-19 was going to have a major impact on hospice services. In anticipation of the pressures of giving end-of-life care to COVID-19 positive patients during a pandemic, the decision was made to increase clinical staff resource in the community.

Aim The aim was to upskill non-clinical and allied health professional staff in a very short space of time, to prepare them to give end-of-life care, alongside experienced colleagues.

Method A two-day intensive training course, based on the core attributes identified in a concept analysis of being

prepared for end-of-life care (Griffith, 2018), was devised and delivered to non-clinical staff who volunteered to help. Attendees were relocated into three community teams, and partnered with experienced carers and registered nurses to ensure that they were supported in practice. Supervision and guidance was given by colleagues and managers.

Results Following the teaching sessions, two staff members withdrew from the opportunity to take up a care role; six went ahead and joined the community teams. By the end of the first wave of COVID-19, three members of the fundraising team had returned to their usual roles, having enjoyed and benefitted from the experience, and gained greater insight into the service offered by our hospice. Two members of staff were successfully appointed to permanent roles in the community care team, and an allied professional remains in the role at the present time. The extra team members in the community helped to ensure that a comprehensive service was offered to increased numbers of people dying at home.

Conclusion Using a concept analysis to guide education planning, ensured a robust teaching programme, which successfully prepared non-clinical staff for a clinical role. This also confirms findings from a recent study of how prepared nurses feel a sense of 'fit' with hospice care (Griffith & Gelling, 2021 [in press]).

P-105 HOW DO YOU PLAN IN A PANDEMIC? ONE HOSPICE'S APPROACH TO RECOVERY AND TRANSFORMATIONKate Heaps, Aneta Saunders, Jon Devlin. *Greenwich and Bexley Community Hospice, London, UK*

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Background Having begun to plan for our next three-year strategy in 2019, the pandemic struck and we were faced with unprecedented uncertainty. Overnight we had to change our operations and our charitable income was slashed; we worked together to maintain services and due to hard work in fundraising and the government rescue packages available, our hospice remains in a reasonable financial position.

We didn't just survive, we have seen unprecedented change in our own organisation, across the health and care system and throughout society. Whilst this has been challenging, there are definite opportunities to be exploited to sustain and strengthen our charity and services. To simply return to life as it was pre-COVID-19 would be a missed opportunity and instead we're using the experience as a catalyst for positive change.

The Recovery and Transformation Programme (RTP), was developed to help facilitate our learning and set our future direction.

Aims The presentation will outline the seven main work streams we are focusing on to provide a foundation for our recovery. Work has been conducted during a time of significant residual uncertainty to progress towards achieving our vision, respond to opportunities and become more resilient to future threats; as well as helping us to shape and develop our longer-term strategy.

We will outline our renewed governance structure, established to support the work and to provide the oversight/assurance required as we move forward to the next stage of our development.