

Methods A K&M Hospice Group was formed to gather data from years 2019-2022, which demonstrated cost and activity. The group pursued focussed communication with the CCG leadership team, ensuring ongoing feedback to keep hospice funding as a priority.

Results £1m of additional funding for 2022/3 was achieved for the group and a commitment from the CCG to working to set out a road map for increased, sustainable funding for 23/24 onwards. This enabled each hospice to better manage increased cost pressures during 2022/23 reducing any draw downs on their reserves.

Conclusions Collaboration was key to this project, with all hospices speaking with one expert voice. Building strong relationships with senior CCG leaders was crucial and resilience was needed during periods of disengagement. Working together we were able to pool evidence with data demonstrating the value of hospice services, the wide range of services offered and the impact of these services on reducing inappropriate acute hospital admissions.

How innovative or of interest is the abstract? Sustainable funding has been identified as a key priority for hospices, and COVID-19 highlighted the risks associated with funding essential services via a voluntary model. Despite this, many hospices have reported difficulties in getting commissioners to engage in meaningful discussion. It is hoped this project will provide a template for other hospices to replicate the successful collaboration that was achieved in Kent & Medway.

0-18 HOSTING A DARZI FELLOW – ONE HOSPICE AND ONE FELLOW'S EXPERIENCE

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Background/Aims The Darzi Fellowship is a programme delivered by London South Bank University, designed to develop leaders from multi-professional backgrounds in their ability to undertake complex change initiatives that have a profound impact on them and the organisations they work for. Fellows study for a postgraduate leadership qualification, which involves taking on a challenge that involves leading complex change in systems in real time.

Greenwich & Bexley Community Hospice has hosted a Darzi Fellow, who is part of the Darzi 13 cohort. The hosting arrangement is a collaboration between Greenwich & Bexley Community Hospice; the Health Innovation Network (HIN, who are the Academic Health Science Network for South London); and Guy's & St Thomas' NHS Foundation Trust.

In practice, our Fellow has been splitting her time such that she has been supporting the hospice by working for approximately two days per week, splitting her remaining time between the HIN and the academic requirements of studying for a postgraduate qualification. It is unusual for hospices to be involved in the hosting of a Darzi Fellow and we will give insight into the benefits and potentials of this programme to our hospice now and to other hospices in the future.

Methods/Results/Conclusions We will share reflections and survey results from both our Fellow and from those she has worked with, in order to understand the impact of hosting an academic who is challenging the status quo within our organisation. We will share the benefits this partnership has had on the hospice in terms of providing greater opportunities to work across the local health and social care system, increasing the hospice's profile and understanding of the local population health and care needs. We will discuss how involvement with the Darzi Fellowship has supported opportunities for innovation and collaboration.

0-19 CO-DESIGNING A CAREER DEVELOPMENT AND PROGRESSION FRAMEWORK FOR PALLIATIVE AND END OF LIFE CARE

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Background In 2019 Marie Curie commissioned the co-creation of a national career development and progression framework (CDPF) for Level 2 to Level 8 clinical practitioners across the organisation. This framework provides a clear pathway for career planning, identified learning and development activities alongside succession planning, and recruitment and retention of staff. CDPF aims to facilitate a sense of value, belonging and investment in people who are at the heart of high-quality end of life care provision.

Aims

1. Co-design a CDPF and associated self-assessment tool.
2. Provide a clear holistic framework of capabilities expected across the clinical workforce to provide consistency in education, training, and development to meet increasing needs and challenges within palliative and end of life care.
3. Ensure clarity of language and terminology across the CDPF and integration of this within the organisation.

Methods Realist evaluation research was used to identify strategies that work to maximise opportunities for career development across all levels of practice. The CDPF was co-created with front line practitioners using appreciative inquiry and mixed methods to ensure it reflected lived role experiences. Pilot work has been undertaken in various localities across the UK, to refine the CDPF and explore how the CDPF can be implemented across the organisation.

Results Phase 3 pilot is currently under review, but data indicate that all levels of practitioners value the opportunity to reflect, and to engage in co-creation of the CDPF, and value the organisation investing time and resources to support their personal and professional development.

Conclusion Palliative and end of life care providers value a well-defined CDPF which they have helped co-create, through various phases of this project. The CDPF is valued in terms of enhancing self-assessment of capabilities, individualising learning, and development opportunities, all to ensure the future needs of the service are enhanced by an engaged and committed workforce.