

a standardised clinical induction and education and training programme, promoting a multi-professional approach and utilising blended learning methods (Sue Ryder. Clinical Education Strategy and Framework 2021–2024); ensuring the clinical workforce receives a robust, standardised, and relevant clinical induction. One challenge facing national organisations is providing a consistent local induction, across a disparate clinical workforce.

Induction offers benefits including welcoming and orientating staff to the organisation, opportunities to undertake role-relevant training, that will contribute to safe, effective, and efficient performance. Ensuring excellence in clinical practice facilitates the delivery of safe and effective care, simultaneously addressing nationally-recognised workforce and retention issues. The quality and governance perspective supports the importance of induction.

A quality assurance approach to development was used to create a new robust and standardised national clinical induction programme across the healthcare workforce.

This project focuses on the development and creation of a national resource for Sue Ryder's clinical staff. This will be created centrally with the collaboration of stakeholders at local service level. The process involves scoping, mapping and designing the programme and resources, then piloting the induction locally. The project includes Sue Ryder hospices, neurological centres and bereavement services.

The Plan, Do Study, Act model of improvement is used along with other quality assurance methodologies including process mapping, brainstorming via stakeholder involvement (NHS. Quality, service improvement and redesign. 2020). This approach will allow the development of the induction programme and the creation of learning resources and processes which will be available to use to enable an initial pilot clinically based induction to be delivered. This will then be evaluated, and adjustments made as required prior to a full national roll out. The project demonstrates the importance of using a quality improvement methodology, collaborative working and highlights the value and importance of standardising induction.

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THE CAREER DEVELOPMENT AND PROGRESSION FRAMEWORK: PROCESS LEARNING AND RAPID ADAPTATIONS IN THE EARLY ADOPTER SITES

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Background Marie Curie has invested in its staff by creating a Career Development and Progression Framework. It has been created into an online learning tool for nursing staff. In December 2022 the project entered phase 4 of its project implementation. Two early adopter sites were chosen to implement the framework for Bands 2, 5, 6 & 7. They were supported by two Clinical Facilitators, who supported by helping embed the framework and by evaluating its progress.

Aims Evaluate learning processes and make rapid adaptations where possible to improve user experience of the framework. Produce an evaluation report of the findings.

Method A Plan Do Study Act cycle was used to evaluate implementation. Data collection was obtained through verbal feedback, email correspondence and survey data. Excel reports were used to obtain framework completion rates.

Results 590 total users.

- 34% (198) staff completed the self-assessment tool.
- 8% (49) staff completed the self-assessment tool and personal development plan.
- Manager completion time was reportedly 2–3 hours. This was reduced following a process change.
- IT literacy – peer support role was introduced to provide IT support in practice. Video guides and drop-in sessions were developed to support site navigation and use.
- Senior nurses granted managers access upon request to help completion rates and manage workload.
- A ticket system was created to deal with IT access and login queries.

Conclusion Rapid adaptations enabled user experience to be smoother, time efficient and streamlined. It will require ongoing process reviews and recommendations for the user experience to be improved and governed. Some adaptations required to the site were not possible at this early stage due to design and financial restraints but will be closely monitored in the next stage of implementation.

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EXPERIENCES OF SPECIALTY DOCTORS, STAFF GRADE AND ASSOCIATE SPECIALIST (SAS) DOCTORS ROTATING TO A VARIETY OF PALLIATIVE CARE SETTINGS IN THE NORTH-WEST OF ENGLAND

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Background SAS doctors (specialist, associate specialist, and specialty doctors) are a diverse group of medical professionals (General Medical Council. Survey of specialty and associate specialist and locally employed doctors.). They form a valuable core of the workforce and are essential for a functioning NHS. The SAS charter states there should be opportunities for development for career progression which includes working across different settings (SAS Charter. Joint publication with NHS England, Academy of Royal Medical Colleges and the British Medical Association, 2014). We worked to improve development opportunities for three SAS doctors in the Liverpool region.

Aims To describe the experience of three senior specialty doctors undertaking a job rotation in the North-West of England.

Methods The SAS doctors liaised with a local NHS teaching hospital and two hospices in the region to discuss how a job rotation would enrich their experiences across palliative care services. Honorary contracts were drawn up with the input from medical directors across the different settings, with a plan to rotate across these settings over a six-month period. Each doctor devised a proposed job plan and shared this with their rotating team. Each doctor had a clinical supervisor for each placement, but maintained their base educational supervisor.

Results The six-month rotation has proven to be a positive experience for the SAS doctors involved. They have reported being able to meet career development needs by experiencing palliative care in different settings. Furthermore, the hosting sites have reported that the rotation has been beneficial to the wider multidisciplinary team as there has been evidence of reciprocal learning.