

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.

#### P-245 THE CAREER DEVELOPMENT AND PROGRESSION FRAMEWORK: PROCESS LEARNING AND RAPID ADAPTATIONS IN THE EARLY ADOPTER SITES

Lyndsey Simpson, Laura Briant. *Marie Curie, London, UK*

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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.

#### P-246 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

<sup>1</sup>Mark Mills, <sup>1</sup>Helen Bonwick, <sup>2</sup>Simon Roughneen, <sup>2</sup>Kate Rugen, <sup>1</sup>Sarah Stanley. <sup>1</sup>Marie Curie Hospice, Liverpool, Liverpool, UK; <sup>2</sup>Liverpool University Hospital Foundation Trust, Liverpool, UK

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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.

**Conclusions** We hope this paves the path for development of SAS doctors in the future and can form a blueprint for SAS doctors. SAS doctors have training needs and investment in their careers, enrichment of their experience in palliative care serves to ultimately improve patient experience and quality of care.

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#### PROFICIENCIES FOR PALLIATIVE AND END OF LIFE CARE, A COLLABORATIVE APPROACH TO ENHANCED/ADVANCED PRACTICE

<sup>1</sup>Suzi Graves, <sup>2</sup>AnMarie Channer, <sup>3</sup>Denise Major. <sup>1</sup>Mountbatten Hampshire, Southampton, UK; <sup>2</sup>Rowans Hospice, Portsmouth, UK; <sup>3</sup>Oakhaven Hospice, Lymington, UK

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**Background** A hospice collaborative exists at the CEO level between Mountbatten, Oakhaven, and Rowans Hospices. Although historically staff joined hospices with palliative care experience, as vacancy levels have risen a more diverse workforce has been recruited with little or no palliative care experience. Our collaborative started to discuss the HEE Advanced Practice Framework, and how this relates to palliative and end of life care workforce development.

**Aims** To harmonise staff development across the collaborative and establish uniform standards of palliative and end-of-life care. Ensuring staff moving across the hospices have the same level of proficiencies, building upon succession planning and a skilled workforce into the future with enhanced and advanced level skills.

**Method** Competencies from across the collaborative of hospices were shared and then mapped against the NMC standards of proficiencies for Specialist Practitioner Qualifications. These were further mapped across the HEE framework of the four pillars of advanced practice enabling staff to review individual levels of proficiency achieved and focus their career aspirations. We have purposely called these proficiencies as they sit across Band 5–7 skills and apply to Allied health Professionals and Registered General Nurses equally.

**Results** The number of staff now completing proficiencies up to non-medical prescribing has increased by 34%, supporting system pressures and resulting in better symptom control for patients delivered in their own homes by staff with enhanced skills to undertake this autonomous practice. Staff retention has also improved.

**Conclusion** In the current financial climate access to clinical professional development funding for non-NHS staff is challenging. We have used our limited financial resource utilising the skills of the current specialist workforce to develop the enhanced skills needed for our clinicians new to palliative and end-of-life care. Building stronger resilient clinicians with the enhanced and advanced skills to deliver complex palliative and end-of-life care.

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#### THE VALUE OF A SHARED PRACTICE EDUCATOR ROLE: USING COLLABORATIVE PRACTICE TO IMPROVE CLINICAL STAFF DEVELOPMENT

<sup>1</sup>Carrie McEwan, <sup>2</sup>Trina Perry. <sup>1</sup>St Peter and St James Hospice, North Chailey, UK; <sup>2</sup>St Michael's Hospice (Hastings and Rother), St Leonards on Sea, UK

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**Background** A 2015 report by Health Education England on future education and training of registered nurses and care assistants in England emphasised the importance of assuring predictable and sustainable access to ongoing learning and development (Health Education England. Raising the bar: Shape of Caring: Health Education England's response [Internet] Health Education England, 2015). Collaboration in hospices has been effective in research (Leung, Brigden. *BMJ Support Palliat Care*. 2016;6:397–398), joint mandatory and management learning programmes (Scott-Ralphs, Glackin, Clarke. *BMJ Support Palliat Care*. 2021;11:A4) and delivering external education (Evans, Burden, Moorey, et al. *BMJ Support Palliat Care*. 2022;12:A11). Building on previous collaborative practice, three hospices developed a shared practice educator role focused on clinical practice development.

**Aims** The objectives for the role were to agree a standardised matrix of clinical skills for clinical staff, share best practice and resources and collaborate in the development of shared learning opportunities across three hospices within one region in England.

**Methods** The shared Practice Educator adopted the following framework:

- Identify and agree required skills for clinical staff delivering end-of-life care.
- Develop positive working relationships across hospices.
- Benchmark and gather baseline information across hospices.
- Summarise individual and shared training needs and priorities.
- Develop strategic plan for delivering training programmes.

**Results** The impact of the role has reached beyond agreeing a standardised matrix of skills and identifying the learning needs of the hospices. It has provided an effective link for communicating and sharing information and best practice as well as elevated the profile of practice education. Through sharing resources and experience it has also accelerated the development of individual hospice projects related to competence frameworks, an end of life care passport and preceptorship programme.

**Conclusion** Effective sharing of best practice and standardisation of education across hospices can help streamline processes and reduce repetition of tasks. This shared role has offered the hospices the opportunity to increase the impact of clinical education in a cost-effective way; information and experience has been shared effectively and it has enabled the hospices and the practice educator to begin to influence the learning culture of the organisations.

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#### DEVELOPING A NURSING CAREER DEVELOPMENT PATHWAY FOR A CHILDREN'S HOSPICE WORKFORCE: OUR APPROACH TO ATTRACTING, RECRUITING AND RETAINING REGISTERED NURSES

<sup>1,2</sup>Michael Tatterton, <sup>1</sup>Emma Doughty, <sup>1</sup>Ellie Addison, <sup>1</sup>Kirsty Quibell. <sup>1</sup>Bluebell Wood Children's Hospice, Sheffield, UK; <sup>2</sup>Northumbria University, Newcastle upon Tyne, UK

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**Background** A shortage of skilled and experienced registered nurses across the UK means it is becoming more challenging to attract, recruit and retain nurses into specialist areas, including children's hospices. A shortage of nurses has the potential to impact on the safety, responsiveness and