

**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.

**P-247** **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.

**P-248** **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.

**P-249** **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