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

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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

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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

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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
creating nursing career pathways in palliative care

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Background Services are under pressure, budgets are tighter and like many healthcare providers, the hospice is struggling to fill Band 5 Registered Nurse vacancies. Various exciting new opportunities exist for Palliative Care Assistants (PCAs) and Healthcare Assistants (HCAs) looking to progress in Band 5, to ‘top up’ to become a registered nurse with the guarantee of a nurse post at the hospice on completion.

Aim Recruitment of new Band 5 Nurses and the retention and supported career development of talented and ambitious HCAs.

Method

1. Partnered with local universities to support our non-registered nursing team members into nursing degrees and returning to practice including:
   a. Introducing a Nursing Associate role to bridge the gap between HCA and RNs, to deliver hands on, person-centred care as part of the palliative care Inter Disciplinary Team. This 2-year programme leads to a foundation degree. Graduates are Band 4 and NMC regulated once qualified. The programme combines on the job learning and academic studies. Qualified Nursing Associates may study towards becoming an RN through a shortened nursing degree or by completing a shortened degree-level Nursing Apprenticeship.
   b. Introducing a Nursing Degree Apprenticeship to enable participants to train ‘on the job’ to become a graduate RN through an apprentice route, meaning they are paid whilst training. This 4-year programme leads to a degree in nursing registration. Graduates are Band 5 once qualified and exposed to learning on the job alongside academic studies.
   c. Supporting former RNs back into practice with progression to Band 5 on successful completion of the Return to Practice (RTP) course and an interview.

2. Expanded our PCA role in the community to support the community Inter Disciplinary Team of Registered Professionals.

What are the results so far? The pace of change to develop our healthcare assistant workforce led us to providing the following opportunities in Spring 2023:

- Four hospice HCAs and PCAs offered Nursing Associate Apprenticeships.
- Two hospice HCAs offered Nursing Degree Apprenticeships.
- One RTP Nurse recruited.

Conclusions The introduction of development pathways has had a positive impact on staff recruitment, engagement and retention. It has enabled us to demonstrate a commitment to our registrant workforce and to enhance the care we offer to children and their families.

P-250 CREATING NURSING CAREER PATHWAYS IN PALLIATIVE CARE

P-251 ABSTRACT WITHDRAWN

P-252 HEALTHCARE ASSISTANTS IN PALLIATIVE CARE: A NEW VOICE FOR PALLIATIVE CARE?

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Methods Feedback forms collected from induction sessions between 1/2/2022 and 31/12/2022 were retrospectively analysed. We calculated median score and range for the following questions: 1) ‘How useful did you find the training today?’ (1 – not useful, 10 – very useful); 2) ‘Do you feel the session explained the topics in sufficient detail?’ (1 -disagree, 10 -agree). We conducted thematic analysis of free text responses to generate five themes of the learners ‘take home messages’ and five themes from the learners’