vacancies in our specialist team, which could not be filled locally with experienced CNSs.
Aim To employ fully competent CNSs to work in the CNS team in the first instance, whilst training new CNSs to fill the gap in the long-term.
Methods With more people working remotely through the COVID-19 pandemic, successfully supporting patients, it was decided to create several Virtual CNS (VCNS) roles. Appointing experienced CNSs from across the UK and Europe, to work remotely, triaging, taking and making calls and offering virtual CNS visits through technology, addressed this gap. Alongside this, a trainee programme was devised to train and offer progression for less experienced nurses wanting to advance their careers in palliative care. Four very experienced VCNSs, and five TCNSs were successfully recruited into the team. Whilst the TCNSs undertook a two-year training programme, the VCNSs filled the immediate workforce gap.
Results The hospice experienced a 50% increase in referrals over the last eighteen months. The VCNSs and TCNSs augment the existing team, allowed the hospice to cope with the increased need to triage these referrals and manage a subsequent 25% increase in caseloads. The training of CNSs, alongside the augmentation to the experienced team, means that this increased capacity is set to continue and will help address the predicted increase in future numbers of local people requiring hospice care.
Conclusion Although the problem of an ageing workforce remains, we have found a solution which allows us to address the immediate problem and simultaneously created a career pathway for less experienced nurses.

O-12 HOSPISCARE ESCALATION IN ACTIVITY TOOL (HEAT) – BALANCING SAFE STAFFING WITH PALLIATIVE PATIENT COMPLEXITY

Ann Rhys. *Hospiscare, Exeter, UK*

10.1136/spcare-2023-HUNC.12

Background When the UK went into COVID-19 lockdown, we had no foresight into how our referrals would change in the forthcoming years. Average time on caseload has reduced to eleven days (Hospiscare. 2023. Clinical Quality Presentation Q1) and increases in complexity are evident (All-Party Parliamentary Group. The Lasting impact of COVID-19 on death, dying and bereavement. 2023). This meant increasing concern for patient safety and staff wellbeing.
Aim To identify and design a hospice specific tool that considers safe staffing alongside patient complexity to always ensure clinically safe and effective patient care.
Methods Hospiscare worked with an independent company to develop a risk management framework alongside clinical acumen that triangulates safe staffing, patient complexity, and demand on the service. For the purposes of planning, four levels of RAG escalation were identified. Each team input their staffing levels daily, and dependency data is extrapolated from our EPR. An email is then sent to all clinical staff ensuring an awareness of our organisational level and actions can be taken to mitigate any risk in real time. If a BLACK status is recognised, a prepared statement is utilised by teams to communicate with external colleagues.
Results From commencing the HEAT tool, we have been able to extract data which demonstrates pressure points enabling us to be agile and responsive as a service. This includes:

- Actively managing staffing levels from 70% to 20% in the RED during times of pressure within our clinical service.
- Gaining an understanding of the complexities of our patients on any day. For example, by utilising OACC measurements we identify that 80% of our patients are either unstable or deteriorating within our caseload.
- In addition we can monitor fluctuation in activity levels across our clinical coordination centre, monitor bank usage and understand on a daily basis level of referrals coming into the organisation.

Conclusion By utilising HEAT, we have greater overview and are able to respond quickly to changes in staffing and demand within our service using the data to make evidence-based decisions. By considering information from this tool, we have been able to safely make temporary changes in operational provision and consider future service need through ICB discussions.

Parallel session 4.1 – Insights into inclusivity (Tuesday 7 November 2023, 13:30 – 14:45)

O-13 CO-PRODUCING A TOOLKIT OF APPROACHES AND RESOURCES FOR END-OF-LIFE CARE PLANNING WITH PEOPLE WITH LEARNING DISABILITIES

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10.1136/spcare-2023-HUNC.13

Background Reviews and inquiries into end of life care for people with learning disabilities consistently recommend that services involve them in end of life care planning. However, there is limited evidence on how to do this.
Aims To co-produce a toolkit of end of life care planning approaches and resources that are welcomed by and are useful for people with learning disabilities, and workable within adult social care services.
Methods (a) A scoping review of existing resources and (b) focus groups with key stakeholder groups, including people with learning disabilities, family carers, support staff, learning disabilities service managers, professionals working in learning disabilities and/or palliative care and policy makers (n=55); these informed (c) Six Experience-Based Co-Design workshops including representatives from these stakeholder groups and researchers with and without learning disabilities. Workshops included agreeing on key principles and preferred approaches, assessing existing resources and developing new resources to fill identified gaps.
Results (a) A shortlist of 21 resources included 9 accessible resources to be used with people with learning disabilities. However, most resources were not underpinned by empirical evidence. (b) Stakeholders identified 4 distinct parts of end of life care planning: talking about dying; what matters to me; planning for illness; and after-death/funeral planning. This affected views on when end of life care planning should start, with who, and why. (c) The co-design groups created a