

Compassionate Employers – testing ourselves against a ‘standard’.

Results Early stages so data is not yet available but income generating activities are more integrated in the hospice’s work:

- Shops – space to enable the community to connect to the hospice and with each other.
- Lottery – provide social interaction and signpost people back to the community.
- Fundraisers – community connectors exploring the concept of compassionate fundraising.

Conclusions Building social networks of care that empower people to support each other, break down barriers and build resilience is long term. Working out of an organisation provides a foundation but it can be difficult to align it with traditional models of hospice care. Frameworks, pathways and outcome measurement are important for services, but not more important than social relationships and informal networks of support.

P-213 VOLUNTEERING – ‘THE BIG GIVE BACK’; THE LANDSCAPE IS CHANGING

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Background Not too dissimilar to the ‘Great Re-Engagement’ faced by employers nationally, since emerging from the pandemic, we have clearly recognised the need to re-engage our focus in supporting the recruitment and retention of our volunteers. As a hospice, we recognised that there has never been a more relevant time to ‘blue sky’ think, in providing a progressive strategy that visibly gives back to our volunteer community and, also capitalises on the legacy of ‘The Big Help Out’ introduced by King Charles III.

We have recognised through developing this project that there are specific barriers and complexities affecting why and how people volunteer. By introducing ‘The Great Give Back’ our ambition and commitment is to not only address these issues, but also to future-proof and safeguard our community of volunteers, who are vital to the hospice and its work.

Aim(s) We believe ‘The Great Give Back’ strategy will aim to secure the long-term future and stability of our volunteers. This forward-thinking project will deliver a different perspective, by offering a range of support and wellbeing, enhancing the overall experience and nurturing a true community of volunteers.

Methods April 2022 – March 2023, Volunteer Survey and Skills Audit undertaken, Volunteer Task and Finish Group established, benchmarked through accreditations, developed links with community agencies, developed a recovery plan formulating the need for ‘The Big Give Back’, embedding the project at senior management level, capturing information on our volunteer management reporting, developed and now implementing a Volunteer Recruitment Strategy and standardised mandatory training.

Results Although the project implementation is ongoing, progress has been made, identified through our recent Volunteer Survey highlighting:

- Proud to be a volunteer 99%.
- Feel valued and respected 99%.
- Feel they make a difference 98%.

Moving forward the project will become part of our cultural and operational constant, leading to significant improvements and growth in our volunteer experience.

P-214 INTERNATIONAL ‘ETHICAL’ RECRUITMENT – KERALA, INDIA

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Background In recent years, our local mental health organisation, now in conjunction with the DoH and NHSE and our system partners managed to negotiate the first trial of a major careers festival, India November 2022, after signing a government ethical agreement between both countries, July 2022. Our ICB have since been working with Kerala in support of aiding our clinical vacancies. Our Board agreed to participate in this initial one year’s project, scoping the possibilities of what international recruitment had to offer.

Aims/purpose By taking part in this ground-breaking venture we aimed to:

- Aid the recruitment of clinical staff.
- Understand the palliative care sector in Kerala.

Method Two staff from our organisation went out to Kerala for 8 days – November 2022. The hospice was one of 10 organisations that took part in a 5-day Careers Festival. 794 interviews collectively took place. 568 candidates collectively were offered positions. We personally interviewed 200 candidates. We met with various Palliative care teams – 3 doctors, Care Centre, Government Hospital, Community Outreach, Community Physiotherapy Centre and Hospice.

Results Three registered nurses and a social worker all with palliative care experience were offered positions. We continued to build strong relationships with Palliative Care Team in Kerala.

Returning in May 2023, spending 10 days, attending another Careers Festival and enhanced our relationship with the palliative care doctors – identifying a collaborative approach to training.

Conclusion From our first visit we quickly realised that Kerala had a robust palliative care system, and that future recruitment possibilities existed. We have established an international joint training programme, looking at how we can support and develop and extension of their current training programmes. Our initial scoping works could prove beneficial to other hospices in the UK, in sharing our experiences and knowledge gained from this project.

P-215 SUPPORT LIFE: BUILDING THE KIRKWOOD MOVEMENT THROUGH A REFRESHED IDENTITY

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In our 30th year, The Kirkwood undertook a market research project to test a number of hypotheses about how local people and healthcare professionals viewed the care we offered and our need for support. In many ways, the results were unsurprising and reinforced anecdotal evidence from conversations with our community over many years.

It was clear that beliefs local people held about 'Kirkwood Hospice' were acting as a barrier to people reaching out for care earlier, and a barrier to people supporting aspects of our work they believed were being delivered locally by other charities or organisations. The Kirkwood's vision is of a world where no-one needs to face a life-limiting illness alone, and to achieve that vision we needed to challenge pre-conceived notions about hospice care, increase self-referrals and deliver more income. The solution to all these problems was the same – if people understood what The Kirkwood did, we could encourage more people to reach out and inspire more people to support our cause. That change was the single driving force behind the change in our brand identity – from Kirkwood Hospice, a place where people go at the very end of their life, to The Kirkwood, a movement of people who are passionate about improving quality of life for those affected by a life-limiting illness.

The Kirkwood's refreshed identity is more modern, purposeful and clear about who we are and what we do. Initially launched in the September of the pandemic, The Kirkwood's new approach has supported growth in fundraising and positive responses from clinicians, and our Support Life messaging is opening up conversations with more people than ever. As we continue to activate our brand through new services like 'Connect with The Kirkwood', we are confident we will maintain a balance between additional patients cared for and additional income to support their care.

P-216 DEVELOPING AN ORGANISATIONAL IMPACT FRAMEWORK WITH PEOPLE WITH LIVED EXPERIENCE

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Background Those who access end of life services, as well as those who financially support them, need robust evidence about the difference these services make. To evidence impact, the starting point is to be clear about the difference a service or project intends to make.

Aims This project aimed to develop an Impact Framework to support everyone in our organisation to describe what they do, why it matters and what difference their work makes in a logical and convincing way. This work built on a 2020 project that identified six high-level themes that are important to end of life experience from the perspective of staff and volunteers. This project aimed to assess the extent that the 2020 framework reflected perspectives of people with lived experience.

Methods Step 1: A representative Ipsos telephone omnibus survey (n=921). The focus of the survey was this open-ended question: 'What do you think matters most to people in the last few years of their life?' Responses were thematically coded using NVivo. Step 2: An online workshop with three people with lived experience about what they think is most important to people at end of life, and to discuss their views of the Impact Framework. Participants supported the generation of illustrative statements for each theme.

Results The data supported the six themes identified in the first iteration. The language used to describe each theme was adjusted to better resonate with people with lived experience.

Impact themes:

- Identity, values and beliefs.
- Mental health and emotional wellbeing.

- Physical health and wellbeing.
- Practical, financial and work concerns.
- Relationships and social life.
- Voice, dignity and respect.

Conclusions Using these results, a staff guide has been developed to support colleagues in telling the story about the difference their work makes.

P-217 IS IT POSSIBLE TO MAKE A HOSPICE MORE ENVIRONMENTALLY FRIENDLY?

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Introduction A large hospice in South East London conducted a Quality Improvement project with an aim to reduce inappropriate landfill and incinerator waste and in turn reducing associated financial waste disposal costs at the hospice starting with a trial on one ward.

Aims statement Increase in recycling on one of our three wards by 50%, within three months.

What changes were made A Plan, Do, Study, Act methodology was used and 4 cycles took place, which included increasing the recycling bins, creating educational posters and teaching sessions about waste segregation.

Data collection. Recycling output (kg) data was measured on the ward for ten consecutive days at 16:00 (prior to interventions) to measure a baseline. To monitor the progress, recycling output (kg) was measured at 16:00 for at least ten days after each intervention, and at three months later.

Results The QI project saw that recycling had increased by 244% after three months. The recycling project also saw an increase in staff satisfaction that they were able to recycle items in the clinical room.

Themes Sustainability/Cost of recycling/Working together.

Conclusion The hospice is implementing the changes to the other wards and will reassess after three months. The hospice is forming a sustainability task-force to ensure recycling bins and teaching on waste segregation is consistent across all clinical areas and non-clinical areas.

Financial implications – TBC work out how much money the hospice would save if every ward increased recycling output by 244%). Future areas for development are to explore recycling options for items that cannot be recycled on the ward, in particular donating unused medical supplies which would otherwise be discarded to international charities, thus further reducing medical waste.

P-218 A COLLABORATIVE CHIEF EXECUTIVE OFFICE

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On the resignation of the Chief Executive, and in agreement with the hospice Senior Management Team, the Board took the decision to introduce a new and dynamic leadership structure. The Collaborative Chief Executive Office (CCEO) sees each member of the team retaining their directorate accountability and taking a shared responsibility for operational management alongside progressing the Board's strategic ambitions.