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

Kim Bonnar, Marie Cune, Glasgow, UK

#### 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:

- 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?

Katie Grace, Leonor Facheco, Emma Rawle. St Christopher’s Hospice, London, UK

#### 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

Sharon Batty, Lindsay Hamer. The Prince of Wales Hospice, Pontefract, UK

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.