

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?

Katie Grace, Leonor Pacheco, Emma Rawle. *St Christopher's Hospice, London, UK*

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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

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

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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.

Aims

- To be a truly collaborative organisation in how we work internally and how we collaborate across the wider health and care system.
- To shape our future direction with an inclusive, engaged, safe and high performing culture.
- To further our agile and innovative culture.
- To ensure we always have the right people in the right rooms at the right time – matching internal expertise to external meetings. Sharing these responsibilities ensures someone always attends essential external meetings.
- To maintain existing stability across the organisation.
- To have the financial resource, through the removal of the CCEO post from the structure, to invest in service provision and organisational support roles.

Key results Under the new structure, the increased agility of the senior team has led to great achievements:

- Investing in our infrastructure and ways of working: developing our middle managers; improving our internal processes; strengthening our IT capability and embedding a 'fail fast' culture for innovation.
- Strengthening of our relationship with the ICP and ICB resulting in strong and supportive relationships and additional NHS funding.
- Embedding an agile and innovative culture in line with our hospice values.
- Developing and improving services to patients and increasing accessibility.
- Increasing the number of patients accessing services by ensuring the right care in the right place.

Conclusions The end of the 2022–23 financial year position speak volumes – we have made a significant financial surplus, increased inpatient numbers and launched a new Wellbeing Service.

P-219 HOW TO MAINTAIN OUTSTANDING? ONE HOSPICE'S PLIGHT

Helen Reeves, Katie Burbridge, Toni Flanagan. *St Giles Hospice, Lichfield, UK*

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Background The Ambitions for Palliative and End of Life Care framework (2021) highlighted that the quality and accessibility of palliative care must be a priority. We know that hospices currently only receive a third of the money required to finance their services from the government and that the rest is charitably funded (London Economics. Modelling demand and costs for palliative care services in England. 2021). Having an outstanding Care Quality Commission (CQC) rating therefore is imperative to maintain and try to increase funding and fundraising opportunities to ensure expert specialist palliative care continues to be delivered.

Aims To introduce a CQC conformance document and audit programme to promote continuing to deliver CQC outstanding services.

Methods St Giles Hospice was awarded outstanding status in 2019. After COVID-19 and the reinstatement of CQC monitoring visits, a CQC conformance document was collaboratively produced with leads from clinical services across the hospice. The CQC key lines of enquiries framework for

hospices document was adapted to include RAG rating, actions and progress columns to assure hospice services, and to identify areas that required more attention. This has enabled greater scrutiny of services and has provided greater assurance to the board of trustees and identifies and monitors progress against each key line of enquiry. To continue momentum a CQC conformance working group was established which continues to meet monthly to review progress and celebrate successes.

Results Whilst this is an ongoing project results so far have been:

- Development of CQC preparation folder to celebrate successes and to capture service development.
- Presentation at care home managers' forum with Skills for Care.
- Presentation and dissemination with regional hospices to share learning.

Conclusions By being prepared the hospice hopes to maintain its outstanding rating and continue to deliver excellent care to its population. Work will be ongoing and changes made when CQC release their new single assessment framework for inspections.

P-220 IS THERE A NEED FOR A GOVERNANCE LEAD IN A HOSPICE SETTING?

Rachel McCarty. *Nottinghamshire Hospice, Nottingham, UK*

10.1136/spcare-2023-HUNC.240

Background Nottinghamshire Hospice is a small hospice providing community and bereavement support, wellbeing and therapy services. In 2022 a newly appointed Senior Leadership Team and its trustees appointed a Governance Lead to co-ordinate key aspects of its Quality Assurance programme.

Definition Governance is seen as ensuring the hospice's integrity, rigorous policies and procedures and overseeing regulatory and legal compliance. It includes promoting good relations with stakeholders, staff and volunteers.

Aims To provide a focussed approach on key areas of quality assurance and improvement and recognisable outcomes. Key areas of focus are:

- Structured approach to policies and procedures.
- Implementation of a new patient and carer feedback system.
- Implementation of a data software platform.
- Quality Improvement coordination.
- Implementing the Patient Safety Incident Response Framework.

Results Policies, procedures and Standard Operating Procedures (SOPs):

- 14 policies and SOPs were developed during 2022–2023 and 15 policies reviewed.
- A total of 29 policies were produced during 2021–22.
- 16 policies and SOPs are under development during 2023–2024.

Implementation of patient and carer feedback (I Want Great Care). Online and paper system established, first reviews received.

Implementation of data Software platform (Vantage)