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 PLAGHT
Helen Reeves, Katie Burbridge, Toni Flanagan. St Giles Hospice, Lichfield, UK
10.1136/spcare-2023-HUNC.239

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)
RISKY BUSINESS – A FRESH APPROACH TO MANAGING YOUR RISK REGISTER
Wendy Lancaster. St Michael’s Hospice (Hastings and Rother), St Leonards-on-Sea, UK
10.1136/spcare-2023-HUNC.241

Like many organisations, the hospice found it challenging to stay on top of its risk register and difficult to effectively use it for informing business decisions. In fact, the senior team found that with over 70 discrete risks, with overlapping controls and actions, on an Excel spreadsheet, managing the risk register had become a ‘risk’ or ‘mission impossible’.

In 2022 an external organisation was commissioned to review the governance of the organisation and made a recommendation to adopt a governance assurance framework and move away from a traditional ‘Corporate Risk Register’ at Board level. Sample templates were shared with the senior manager responsible for maintaining the risk register and a new framework was developed and approved for use in March 2023 by the Board.

The new Board Assurance Framework seeks to display ‘a risk on a page’ with sufficient evidence of:

- Risk mitigation, and assurance that the mitigations are effective.
- Data and evidence to quantify and qualify the level of risk and overall score.
- Actions that will aim to reduce the risk to a tolerable or acceptable level.

The first task was to streamline and stratify the risks. The approach taken initially was ‘what keeps the senior team awake at night’ and from this, three risks to our strategic aims were identified:

1. The building.
2. Workforce.
3. Funding.

The successful development of the Board Assurance Framework has led to the concept being adopted for each governance committee, and the safety and clinical governance frameworks are now in development, with ‘people’ and ‘finance’ to follow later in the year. Links between the risks and the frameworks will be embedded to allow for updates to be made in one place and changes propagated through. It is hoped that this fresh approach will make risk management less daunting and support informed decision making.

DEVELOPING TRADING THROUGH STRONG GOVERNANCE
Aneta Saunders, Susan Fox. Greenwich and Bexley Community Hospice, London, UK
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Background Trading is, by its nature, different from the core hospice activities with specific risks and opportunities that require expert assessment. If done right, commercial activities