Key results (as at May 2023):

- Three course meal event serving 120 guests utilising hospice volunteers as waiting staff.
- Provide training day meals to local super league rugby club.
- Provide daily meals to children at a local nursery.
- Supply small buffets and afternoon teas to local businesses.
- Catering for private parties.
- BBQ for corporate events.
- Food offering at local community events.
- 150 coronation teas served.

Conclusions A steady flow of orders over the last 12 months has delivered a turnover of £60,000. We believe this is just the tip of the iceberg. With a re-energised team keen to utilise their skills, the foundations are now in place to take this to the next level. We are excited to see what the next couple of years will bring.

P-226 STANDING OUT AMONGST THE NOISE. THE PLACE OF A HOSPICE AT A MAJOR MUSIC FESTIVAL. BE BOLD, BE INNOVATIVE, RAISE FUNDS
Charlotte Hornblow. Mountbatten, Newport, Isle of Wight
10.1136/spcare-2023-HUNC.246

Background After the most successful year to date fundraising at a well renowned music festival, our organisation was able to gain from the three core benefits of using iconic merchandise to engage with a mass audience who would not usually interact with us, help to change common attitudes about what hospices do and gain additional support from the event organisers for future fundraising initiatives, which is typically seen with large national charities.

Aims To continue to stand out amongst the noise of a festival, being bold and innovative whilst building brand awareness through the sale of iconic merchandise, continuing to reach new donors, offering ad-hoc bereavement support and building stronger relationships with event organisers for future fundraising opportunities.

Method
- Developing an advanced stewardship plan for specific high profile event organisers.
- Expanding our event portfolio, gaining from the depth of high-profile event organisers, which is beneficial for them too.
- Use bright, iconic merchandise as a hook to engage with supporters.
- Focus on emotive ways to engage with new donors.
- Being bold and innovative in the way that we share key hospice messaging.

Results 2014: Festival income £12,854.86. Service delivery: 522 people on our caseload.

Conclusion In 2014 the total income from general donations and through the sales of our iconic merchandise was £12,854.86. We saw a 175% increase in this figure in 2022, with total income reaching £35,363.81. Regardless of the cost-of-living crisis and the predicted impact that would have on charitable donations, we were able to reach a mass audience, raise awareness of hospice care, offer ad-hoc bereavement support, and raise vital charitable funds.

P-227 MINI IN SIZE; MIGHTY IN IMPACT. HOW OUR MINI MARATHON BECAME A HIT COMMUNITY FUNDRAISING EVENT IN 10 YEARS
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10.1136/spcare-2023-HUNC.247

Background Fundraising teams are always looking for something to make their hospice stand out. With hospices having ‘patches’, a good place to start is by looking at local landmarks and what makes your patch unique. In 2013, our Mini Marathon was born when our Fundraising Team saw an opportunity to create our own event using the link of the London Marathon starting in Greenwich. Our event starts at the famous Bandstand, with children running 2.62 miles (a tenth of a marathon) around the park.

Aims To connect with families, schools, community groups and corporates. To develop local partnerships, i.e. Rotary Clubs, running clubs, Cadets.

Methods Offered a fun run aimed at children. Schools assemblies and leaflets. Sponsorship opportunities to businesses. Offering volunteer opportunities to groups.

Results Over the past 10 years’ £500k has been raised through donations and registration fees. Since COVID-19 we are rebuilding the event back up to 2019 levels of support, with 950 signed up in 2023, we expect to raise £50,000.

Conclusions This event has led to engagement from 37 core schools who regularly support the hospice with event promotion and fundraising. Our assemblies help explain what a hospice is to young people and breakdown barriers and misconceptions. The event embodies community spirit with Rotarians, local businesses, Pearly People, police, firefighters, the Navy and Cadets all coming out in force to support. More than £50K has been generated by corporate sponsorship. The whole community gets behind this event with local restaurants support with ‘kids eat free’ vouchers and after the event, Greenwich fills with families celebrating. Hospices could emulate this event in their drawing on their own unique landmark.

P-228 WHERE DO OUR IN MEMORIAM DONATIONS COME FROM? AN EXPLORATION OF CARE’S RELATIONSHIP WITH FUNDRAISING
Ann-Marie Kelly. Heart of Kent Hospice, Maidstone, UK
10.1136/spcare-2023-HUNC.248

Background Between 2017 and 2022 our caseload almost doubled, however, our in memoriam donations did not significantly increase. This piqued our curiosity: What was the relationship between the care we provided, and the in memoriam donations we received? This project supports the development of our next strategic plan (2024+). There is surging demand for the support of our Dementia Team, and increasingly, patients who are presenting with frailty and other more complex conditions. We sought to understand how the change in the profile of our caseload could impact on our future in memoriam fundraising.
Aims To understand the correlation between the patients who had been remembered with in memoriam donations and their personal circumstances/support from us. To identify if in memoriam fundraising could be at risk. To align care ambitions and fundraising potential in our next strategy.

Methodology Donation information from our fundraising database was exported. It was traced back to patient records by a specialist research colleague. They overlaid the donation information with a set of pre-determined patient criteria including age, illness, team contact, time on caseload and place of death. We also looked at the time-period loved-ones donated for, after their loss.

Results We will use this research to:

- Deepen the relationship between our clinical teams and fundraisers.
- Inform our future financial planning, aligning it with anticipated care-need trajectories.
- Invest hospice resources in areas which are likely to support our financial sustainability.

Conclusions Most in memoriam donations are for people who have died from cancer and stayed on our Inpatient Unit. However, the giving behaviour of loved ones who have lost someone to other illnesses is different, they are giving less, for shorter periods. We must incorporate these insights into our future plans.

Results Interview transcripts provide a rich narrative of participants’ direct and indirect experiences. Data analysis is in progress and findings will be presented at the Hospice UK conference.

Conclusions This project develops evidence-based explanations of ‘what worked for whom’ during the first year of implementing the service redesign at Dorothy House Hospice. Improved understanding of the contexts and mechanisms of change within hospices could help to inform future implementation projects.

**P-229 EVALUATING THE IMPLEMENTATION OF THE DOROTHY HOUSE SERVICE REDESIGN**

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10.1136/spcare-2023-HUNC.249

**Background** In 2022, Dorothy House Hospice Care embarked on implementing a comprehensive redesign of services in line with its mission to ensure everyone has access to outstanding end of life care. The services redesign had five specific goals: care for more people; local care, closer to home; earlier support; easier access, and more compassionate communities. With limited evidence available to inform implementation of change in hospices, this research focused on understanding the experiences of people involved in the change process.

**Aims** The study sought to identify what worked well and less well during the implementation of the Dorothy House hospice service redesign, for whom, in what circumstances, to what extent, and why? The focus was on the first year of implementation (April 2022 – April 2023) and aimed to engage with stakeholders to capture learning about how hospices can transform services in line with stated goals.

**Methods** This study is informed by realist evaluation. Thirty-seven semi-structured qualitative interviews were conducted with participants from across the Dorothy House Community (including senior leadership team, staff, and volunteers). The interviews explored participants’ experiences of the implementation and their ideas about how and why it led to the outcomes observed in their teams. Framework analysis will enable the development of context-mechanism-outcomes explanations for how the service changes were implemented.

**P-230 SERVICE AND PATHWAYS DESIGN IN A HOSPICE SETTING**

Konstantina Chatziargyriou, Natalie Carroll-Woods, Sarah Fidler, Megha Jain, Sophia Monastirioti, Andrew Wigley. Princess Alice Hospice, Esher, UK

10.1136/spcare-2023-HUNC.250

**Background** Continuous quality improvement requires commitment to constantly improve operations, processes, and activities (Varkey, Reller, Resar. Mayo Clin Proc. 2007;82(6):735–9). Clinical pathways allow us to reduce variation, improve quality of care, and maximise patient outcomes (Lawal, Rotter, Kinsman, et al. BMC Med. 1016;14, 35). We believe in continuous improvement, and recognise that one of the biggest barriers to delivering even better care and support is the overall design of our frontline services and the processes that deliver those services.

**Aims** To review the design of our service user touch points from the point of referral to the hospice until completion of bereavement support. To deliver service design and pathways that create an optimum, inclusive service user experience fully involving the user to choose their services and support. To optimise the use of resources across the organisation, improving the efficiency of pathways, removing duplication and silo working.


**Results** Development of an Organisational Service Design identified pathways to be reviewed whilst customer engagement work provided context. Three clinical pathways were redesigned: Referral to the Hospice; Bereavement; Pre-bereavement/Carer Support. In-house team was skilled in Lean Principles and tools, service and pathway design.

**Conclusions** Pathways are crucial to our ongoing pursuit for optimal care, seamless navigation and person-centred experience. By linking evidence to practice (Rotter, Kinsman, James, et al. Cochrane Database Syst Rev. 2010 Mar 17(3): CD006632), our approach allowed us to develop the skills and a structured way to continuously review and improve our services.