

Strategy could negate these effects by improving overall wellbeing.

What are we doing As part of our strategy we have developed a free weekly programme of in house workshops called *Wellness for You*. Delivered by a senior complementary therapist the focus is on key elements of wellbeing; using different themes; informal interactive group discussions; practical demonstrations; attendees complete anonymised pre/post evaluations using a likert scale.

Wk	Themes
1	Wellness/wellbeing
2	Resolutions, memories and moments
3	Why little things matter
4	Self-reliance
5	Hand and arm massage
6	Guided visualisation/meditation
7	Not comparing be ourselves
8	Developing a good sleep routine
9	Happiness
10	Grounding techniques
11	5 Senses and I
12	Self-confidence

Objectives To develop a self-care resource for staff support; Improve health and energy; Improve satisfaction in the work-place; Reduce compassion fatigue

Results Early results from weekly evaluations have shown that the programme so far is proving to be a great success in creating an improved sense of wellbeing by reducing stress and improving morale – thus improving overall health in the long term.

Sustainability The workshops offer a rolling programme that can be used across all departments and in other settings. The programme has already shown benefits for staff in the work place even at this early stage. The focus is on supportive tools and strategies for self-care that all staff can benefit from. Developments of the programme may have human resource benefits i.e. reductions in staff turnover and absenteeism, higher morale and a better workplace to attract staff.

P-261 DEVELOPING A RESILIENT WORKFORCE

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Background The last decade has seen considerable changes in end-of-life care, with patients living longer and more complex lives. Palliative care staff have to respond and adapt to these changes. Working in palliative care is associated with the stress of caring for people and organisational life (Hospice UK, 2015). Employers therefore have a role in supporting staff to develop techniques to help them cope (Hill *et al.*, 2016).

Aims To develop supportive services to develop and maintain hospice staff resilience

Method A multidisciplinary wellbeing steering group designed a programme of workshops to identify what clinical and non-clinical staff found stressful about their everyday work life and designed interventions to support them. There were common themes across the whole workforce. Initiatives were developed alongside current supportive services (i.e. clinical supervision). These were:

- A booklet, 'Looking after yourself' supporting a resilient workforce given to all staff and all recruited staff
- A non-clinical staff support forum established
- A week designated as 'Resilience week' with range of workshops offered
- A relaxation CD devised by the therapy team, made available for staff as an MP3 file for free.

Findings 131 attended and 99 individual staff took part in 13 sessions. Of those attending 62% were non-clinical and 38% clinical. Eighty percent of those attending sessions said they would use strategies they learned from the sessions they attended.

Conclusions The engagement and interest during resilience week was extremely positive, we see this as the first of a series of initiatives. Embedding this initiative to safeguard to the mental health and wellbeing is essential and is the start of an ongoing initiative.

Implications for practice To build on the positives outcomes from resilience week more initiatives are required. e.g.

- Mindfulness training
- Working with 'Mind' to provide mental health awareness training.

P-262 FEASIBILITY OF OFFERING LOW DOSE MINDFULNESS TRAINING TO HEALTHCARE ASSISTANTS IN A HOSPICE IN-PATIENT UNIT SETTING

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Building a resilient workforce with a care setting like a hospice, where there are constant demands on staff physically and emotionally is essential if compassion is to be retained and patient focussed care delivered. We decided to pilot a "low dose mindfulness" course to health care assistants, drawn from elements of more established eight-week course.

Nine health care assistants in a hospice have been recruited to attend three × 3 and 1/2 hour mindfulness training sessions over a four week period to see if it was feasible and acceptable to this group of staff who would not normally have access to such training.

Each session is conducted by a trained mindfulness teacher, supported by a second trainer and evaluated by the participants. Between the sessions the participants are encouraged to practice the techniques they had learnt at work and at home.

Full evaluation of the pilot will be presented at the conference. Each participant will have completed a self-compassion scale and an abbreviated Malsch burnout inventory pre and post training as well as participating in a semi structured interview with an independent research practitioner about their experience.

Initial response after the two training sessions that have been completed is that all the participants have enjoyed the sessions and found the training useful, but have struggled to put the training into practice at work, although have completed some of the practices in their own time at home.

It is hoped to run the course again once the pilot has been evaluated to a larger number of healthcare assistants involved in the care of patients approaching the last days of life to see if a "low dose of mindfulness training" can impact on the sense of well-being of staff. It is hoped that if the concept is proved that further research will be able to be conducted into its impact on the care delivered to patients.