

1. Design and implement a research project using a qualitative methodology
2. Present the descriptions of spiritual care from the perspective of staff and volunteers and patients/families in the form of an organisational statement and strategy
3. Identify patterns and subsequent themes which emerge from the staff and volunteer perspective
4. Identify and share relevant findings to support the introduction of the spiritual care champion role
5. Identify and share relevant findings to support the introduction of feedback from patients and their families about their experience
6. Design an introduction to spiritual care for the induction of all staff and volunteers
7. Implement a spiritual care assessment tool for staff
8. Share this research with the wider community through connecting with the multi faith network surrounding a UK Hospice and thus increase (community) engagement via this network
9. Share learning within the hospice movement.

P-150 GATHERING REAL-TIME PATIENT SATISFACTION FEEDBACK USING AN ELECTRONIC TABLET-BASED APPLICATION

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Background Hospices are increasingly expected to collect data from service users in order to demonstrate the quality of the care provided. However, there can be challenges in gathering feedback from patients who may be too ill or fatigued to complete lengthy surveys. Additionally, by the time paper-based surveys are processed, important issues and concerns may have been missed. Many hospitals are now using portable electronic devices to obtain patients' views, but this approach is seldom used in hospices.

Aim To use a short electronic survey to gather feedback from hospice in-patients and day patients.

Method Patients use a tablet computer to rate statements about their care using a standard scale. The statements are based on the National Institute for Health and Care Excellence quality standards for end of life care. Patients complete the survey either by themselves or with assistance, simply touching the screen to indicate their responses. A free text box allows patients to make comments. Results are transmitted wirelessly to a relevant staff member within two minutes of the survey being completed.

Results Between January 2015 and April 2016, 200 in-patients and 46 day patients completed a survey. The results show a generally high level of satisfaction with care. The real-time nature of the feedback allows us to act quickly on any issues – for example, comparing the time and date of any negative feedback about nurse response times with the actual call times and staffing levels for that day. Results are used to inform future planning and contribute to staff training. Patients find the survey easy and quick to complete.

Interpretation and conclusions We continue to gather data using the survey on an ongoing basis. It enables us to continually monitor patient satisfaction, covering a large percentage of our in-patients and day patients, and address problems swiftly.

P-151 THE CHERRY ON THE CAKE: WORK WITH A SERVICE USER GROUP MAKING A REAL DIFFERENCE TO PERSONALISED CARE

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Involving users in the development and evaluation of services is an indispensable way of ensuring quality healthcare provision (Help the Hospices, 2013). Our aim was to create a Service User Group that would become an important resource for the hospice and to try to identify the extra things that would make a difference for our patients' experience.

Over the last 18 months our group has been pivotal in introducing the following new initiatives:

- Just in Case folders – Patients are now discharged home with a folder for district nurses that contains injectable medication, a prescription chart, advice on medication and a satisfaction survey.
- Personalising the bed space – patients asked for a way to personalise their bed space with photos and personal items. A magnetic board is now at each bedside for patients' personal use.
- Patient Information Booklet – a detailed information booklet of who's who and daily hospice life is now at each patient's bedside, this has been written by the user group.
- Mugs – Our hospice mugs for patient and visitors were very plain; we now plan to introduce a variety of styles of mugs.
- A medication chart – is currently under development, to help patients to monitor their medication on discharge.

Our recommendations from working with this group are:

- Start small and build on this, even if you only have one service user their contribution can be invaluable
- The user group needs to be promoted locally via web page, Facebook, Twitter and the local press
- Create a lively useful agenda with speakers
- Ensure actions are taken forward and fed back at the next meeting
- Ensure the group remains in the forefront of colleagues' minds as they create new leaflets or change their services.

P-152 TALK TO US, A PARTNERSHIP APPROACH TO UNDERSTANDING THE EXPERIENCES OF CARE DURING THE LAST YEAR OF LIFE

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The National VOICES survey of bereaved people told us that for many people in Lincolnshire palliative and end-of-life care was not meeting expectations.

In 2012 a bereaved person began conversation with Lincolnshire West Clinical Commissioning Group about the care his wife had received. His insight highlighted how vital a good understanding of patient experience is to informing and influencing system wide change.

An earlier study using St Barnabas volunteers evidenced that the use of volunteers in collecting data, in a peer to peer exchange, provides unprecedentedly rich information.

In November 2014 we drew this learning together to launch the Public and Patient Participation Project, latterly referred to as

“Talk to Us”. Since this time two further CCGs have joined the project.

The principle behind Talk to Us is very simple, patients or bereaved carers who have self-nominated talk to volunteers who record their experiences. The conversation is led by the participant; it really is about their experience. Once the conversation has been concluded the volunteers think about what they have heard and how it relates to the Quality Standards for end of life care for adults (QS13). The role of the volunteers should not be underestimated as it is their careful support that draws out the experiences without the use of questions that might risk influencing the direction of the conversation.

The written account is used by the CCG Quality Lead to inform and influence system wide improvement. The challenge has been to retain the narrative as this is where the impact lies. Sharing the narratives has ignited change where data would have had little impact.

29 recorded experiences which have resulted in action will be discussed at a Stakeholder event in June 2016 prior to the publication of an impact report.

P-153 WHAT DO PATIENTS, CARERS AND FAMILY MEMBERS VALUE FROM HOSPICE SERVICES?

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Background Within the UK, over a quarter of a million people currently receive care from hospices either within hospice care facilities or within their own homes. In a difficult financial climate and uncertain funding support, independent Hospices need to reaffirm their impact and contribution to society. However, there is limited information on what outcomes patients, carers and families view as important. Here, we present findings from a systematic literature review collating the evidence.

Aims A systematic literature review was conducted to explore patients', carers' and family members' experiences and perceptions of hospice services

Methods

• Literature searching

Key terms and Medical Subject Headings were implemented in a range of databases to identify studies and grey literature.

• Study selection

Titles and abstracts were screened against a criteria list and papers were chosen based on relevance to the research question.

• Quality assessment

Papers were assessed for quality using appropriate tools

• Data extraction and collation

Data from each included paper was fully screened, recorded and summarised

Results Pending as review still being undertaken at time of abstract submission

Wider study This review is part of a study funded by Knowledge Economy Skills Scholarship, a major European Convergence programme which offers collaborative research projects linked with

a local company partner. The aim of the research is to explore the social value of hospices in North Wales. The Social Return on Investment framework will be utilised to quantify social and environmental values allowing for an understanding which extends beyond financial values from key stakeholder perspectives. A combination of qualitative narratives and quantitative measurements will be utilised including:

- Semi-structured interviews with staff
- Review of patient feedback
- Analysis of current hospice data
- Searching unit cost and social cost databases to source proxy values for outcomes.

P-154 DEVELOPING A METHODOLOGY TO GATHER FEEDBACK FROM PEOPLE ACCESSING SPECIALIST COMMUNITY PALLIATIVE CARE

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Understanding the experiences of people who use a service is crucial to support quality improvement, however, gathering unbiased feedback is particularly challenging when the service is delivered in the person's own home, when they may be dying or distressed.

The aim of this project was to develop an effective and sustainable approach to gathering feedback from both patients and carers about their experiences accessing a specialist community palliative care service.

Such feedback will i) inform new service development, ii) provide quality assurance to the team, managers and regulators and iii) provide RNs evidence for revalidation of their registration

What is being done and how it is being evaluated

A workshop with key stakeholders explored the purpose of the survey and key measures, based on the Warwick Patient Experience framework (Staniszewska *et al.*, 2014). Questions were prioritised, recognising the link between length of survey and response quality (Cape, 2010). Selecting questions that were validated, or heavily utilised in other healthcare settings, using Likert-style ratings and free text response options and following feedback from our patient and public involvement group, the questions were tested on a sample of patients and carers before rolling out.

Questionnaires are sent both to community patients and to family/carers following their bereavement. Response rate for the first four months was 28% (n = 108).

Overall satisfaction rating is 95%, with the highest response reporting perceived dignity at 98.4% and the lowest around support for whole person, being 89%.

The methodology appears to successfully provide a mechanism for experience of care reporting in this setting. A procedure was developed to follow up negative comment directly with the respondent, or, if anonymous, within a team reflection session, demonstrating a commitment to quality improvement. Positive comments are circulated.

Feedback received thus far demonstrates the effectiveness of the approach, and is proving to be a valuable contribution to quality assurance and service development.