

9 STAFF WELLBEING IN CHILDREN'S HOSPICES (SWICH): A MIXED-METHODS STUDY

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Background Staff shortages in children's palliative care and uncertainty about how to promote the wellbeing of staff who work in the sector are increasing concerns. The SWiCH (Staff Wellbeing in Children's Hospices) study aims to increase understanding about the work-related stressors and rewards experienced by staff working in children's hospices, and identify the staff support systems and organisational practices that offer potential to enhance wellbeing at work.

Methods This mixed methods study has two phases. The first consists of a systematic review to identify factors associated with work-related wellbeing of staff in hospice settings, and the development of work-related stressors and rewards scales for children's hospice staff. The second phase is a cross-sectional survey of UK children's hospice organisations and their care staff.

Results Findings from this ongoing study will be presented. The systematic review included 20 studies that identified personal, role and organisational factors associated with wellbeing. The scale development adapted measures for paediatric oncology through survey feedback, focus groups and cognitive interviews with 60 staff from five children's hospices. New stressor and rewards were identified, including: providing complex medical care; supporting families through end of life and Bereavement; and the challenges of liaising with non-hospice services. The national survey will examine levels of staff wellbeing (including burnout) and use regression models to identify the associated organisational features.

Conclusions This study will provide important evidence about wellbeing and burnout in children's hospice staff, and increase knowledge about organisational and staff support features that enhance wellbeing. The children's hospice sector has welcomed the opportunity to be involved in this research, and the development work has already shed light on the distinct stressors and rewards experienced by staff.

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10 ENHANCED SENIOR 7 DAY SPECIALIST PALLIATIVE CARE SERVICES ACROSS THE HOSPITAL AND COMMUNITY TEAMS IN SALFORD

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Background A 21 month Macmillan Funded Programme has been undertaken to transform weekend and bank holiday Specialist Palliative Care (SPC) provision in Salford. This has tested the proposed APM model, increasing the level of 7 day working staffing from the minimum to Level 1 with elements of Level 2.

Method In addition to the established Senior Clinical Nurse Specialist (SCNS) rotas in hospital and community, new Advanced Clinical Nurse Specialists (ACNS) with enhanced clinical skills have delivered senior SPC face to face reviews across care settings. For 50% of weekends, medical consultant face to face review has also been available. Outcome measures have been developed.

Results Over 600 complex patients have had senior SPC review at the weekend, across care settings in the initial 10 months. Average hospital weekend referrals have increased by 37% (from 16.9 to 23.1) with improvement in hospital weekend response times (81.2% Vs 69.6% seen within 24hrs).

Reduction in symptom and Psychosocial scores has been demonstrated, with patients and carers feel well supported by the responsiveness of the teams. Increase in documented advance care plans from 26% to 67%. Over 70 GP home visits prevented by the community Urgent Response service in 6 months. Demonstrated avoidance of inappropriate hospital admissions and the trend towards reduction in hospital length of stay equate to potential annualised saving of 1,360 bed days or 3.7 beds per year. Improved career pathway for CNSs and support for SCNSs by ACNSs.

ACNSs have delivered service improvement projects:

- One Stop COPD Clinic
- Emergency Assessment Unit and Emergency Department in-reach
- A pioneering '10 in 10' education programme
- 'Urgent Response' community work
- Support to GPs to improve GSF meetings

Conclusion This model has demonstrated patient, carer, staff and cost benefits as well as addressing issues with inequity of service delivery and capacity across care settings.

11 HOW IS ANTICIPATORY PRESCRIBING IN COMMUNITY END OF LIFE CARE GOVERNED IN THE UK? A CONTENT ANALYSIS OF NATIONAL AND LOCAL GUIDANCE DOCUMENTS

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Introduction Anticipatory prescribing (AP) in end of life care is a complex process consisting of at least 5 sequential phases: 1) decision to prescribe, 2) prescribing and dispensing, 3) set-up, storage and monitoring, 4) assessment and administration, and 5) post-death procedures. Little is known about how this process is governed across the UK. We aimed to investigate the scope and content of UK AP governance documents.

Methods Stakeholders from a stratified random sample of 55 CCG areas in England and all health board (or equivalent) areas of Scotland (n=14), Wales (n=7) and Northern Ireland (n=5) were asked to supply their AP governance documents. Qualitative and quantitative content analysis was conducted using the 5 phases of AP as an analytical framework. A typology of approach to AP governance was developed.

Results 49 sets of documents, 5 national (representing all 4 countries) and 44 local (33 English, 11 Scottish) were analysed. Two predominant types of approaches to AP governance were identified. Type 1 'Last Days of Life Care': AP guidance