Results The presentation will present improvements in: service transformation; volunteering; staff wellbeing and development; equality, diversity and inclusion; retail/commercial development; fundraising; and stakeholder engagement.

Conclusions Despite significant difficulties, COVID-19 has presented opportunities to be creative and energetic with our future thinking, expanding the 'art of the possible'. We have used the opportunity positively, bringing staff and board along with us and are a stronger, more confident hospice as a result.

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AN OVERVIEW OF THE DIGITAL HEALTH INTERVENTIONS ADAPTED AT ONE HOSPICE IN RESPONSE TO THE PANDEMIC

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Background Palliative care services have responded rapidly and innovatively to the challenges of the COVID-19 pandemic (Dunleavy, Preston, Bajwah, et al., 2021; Etkind, Bone, Lovell, et al., 2020). Digital health interventions (DHI) have the potential to improve service provision (Finucane, O'Donnell, Lugton, et al., 2021; Bush, Perez, Baum, et al., 2018), with increasing evidence supporting the use of video consultations in palliative care as a safe and effective adjunct to face-to-face patient contact (Sutherland, Strickland, Wee, 2020).

Aim To evaluate the extent to which two digital health interventions were adapted by one hospice in response to the COVID-19 pandemic.

Method An electronic health record system was already in use (SystemOne) at the hospice and these new digital health interventions were incorporated in response to the pandemic:

- Video consultations.
- 'Authority to Administer' (ATA) electronic charts on SystemOne, authorising administration of injectable medications by community nurses for people at end-of-life being cared for at home. These were in addition to paper community drug charts, usually completed by GPs, community or hospice prescribers.

Results

- Video consultations: From none (pre-pandemic) to a monthly average of 68 in early 2020, nearly doubling to an average of 132 in early 2021.
- ATAs increased from a monthly average of five (mid 2020) to 27 (first quarter, 2021).
- 35% of ATAs (49 out of 144 in a 42 week period) were completed at weekends or late evening, with likely patient benefit as delays awaiting completion by urgent care prescribers were potentially avoided.

Conclusion Digital health interventions are firmly embedded in the day to day provision of palliative care services. As well as using NHS approved software such as accuRx for secure video consultations, staff have also innovated in using this technology to communicate more effectively with patients, such as sending clinic letters, symptom assessment questionnaires, patient information leaflets and text summaries of medication changes directly to patient devices. There is huge scope to incorporate digital health interventions further within palliative care to meet the changing needs of local communities.

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EARLIER SPECIALIST PALLIATIVE CARE INPUT ON THE ACUTE ONCOLOGY ASSESSMENT UNIT: IS IT BENEFICIAL?

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Background Emerging evidence suggests early palliative care (PC) is beneficial in the care of patients with cancer (Berman, Mola, Elliott, et al., 2018; Mola, Campbell, Berman, et al., 2018; Temel, Greer J, et al., 2010). Clinicians' views also require consideration as they aim to support and optimise care for these patients (Popescu, Schafer, Califano, et al., 2014).

Aims To evaluate our model of earlier PC on the Oncology Assessment Unit (OAU), assessing the effect on patients and clinicians.

Methods Two PC doctors attended the OAU at a tertiary cancer centre, for 45 sessions. PC intervention consisted of face-to-face review or advice. The number of, and reasons for referrals were recorded. Patient and staff questionnaires provided feedback. Staff responses were independently analysed to identify themes.

Results

- 41 referrals: 32 face-to-face reviews; 9 advice only.
- 16/41 not previously known to PC services.
- Seven patient and 10 staff questionnaires returned.

All patients gave positive feedback and would recommend PC to family/friends. Thematic analysis of staff responses identified three themes:

1. Access to/engagement with PC services: Removing barriers to PC services, providing good links to Community PC Services. *'Discussion with the PC doctor seemed to de-mystify/take away some of the fear associated with PC referral'*
2. Quality of care: Good patient care, efficiency/patient flow, expertise in symptom control. *'It has improved patient care on the two occasions I referred'*
3. Improved outcomes
4. Preferred place of care, advance care planning, education/teaching. *'This was highly beneficial to the patients as they wanted to be at home and we were able to carry out their wish safely'*.

Conclusion Access to palliative care has been widened, quality of care and patient outcomes improved. Patients and staff were positive about early palliative care in this setting. Consideration is required to ascertain if this model of care is (a) the optimal use of resources and (b) transferrable to other settings.

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A LONG TERM VENTILATION (LTV) SERVICE-DEVELOPMENT OF SENIOR CARE ASSISTANTS

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Background The number of children and young people with Long Term Ventilation (LTV) needs accessing hospice services continues to increase. This paper outlines the provision of a