Conclusion The ongoing programme continues to connect and engage with staff – mental health, wellbeing and resilience are part of everyone's conversations. Staff stay connected and reach out – different staff are able to engage with different activities. The offer continues to be collaborative, involving colleagues from spiritual care, fundraising, supportive care and HR, which makes it more sustainable and relevant.

P-188 BURNOUT IN THE UK CHILDREN'S HOSPICE WORKFORCE: FINDINGS FROM THE SWICH STUDY

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10.1136/spcare-2021-Hospice.204

In the UK, the children's hospice sector has become increasingly concerned about levels of work-related stress among its staff. This stems from increasing evidence that staff wellbeing is associated with the quality, cost and safety of patient care, and an acknowledgment of the important role of those working in children's hospices.

The SWiCH study, conducted by the Martin House Research Centre at the University of York, aims to increase understanding about the work-related stressors and rewards experienced by children's hospice care staff, and to identify the staff support systems and organisational practices that offer the most potential to enhance wellbeing at work. This paper will present preliminary findings from the study.

A national survey of UK children's hospice organisations and their care staff was administered between May and November 2020. A total of 583 staff from 32 children's hospices responded.

Initial analysis of the survey shows that 12 percent of respondents were suffering from moderate to severe burnout. Overall, respondents had an average burnout score (on the Copenhagen Burnout Inventory) of 32.5 (n=583), which compares to an average score of 45.7 amongst a small sample (c.2.5%) of NHS staff surveyed during the COVID-19 pandemic. UK children's hospice staff who responded to the survey had an average Job Satisfaction score of 6.9 (n=414), and an average Core Engagement score of 7.5 (n=415), the latter of which compares to the average of 7.0 for NHS staff (2020).

Further data analysis for the study will explore how these outcomes relate to the work-related stressors and rewards of working in a children's hospice, and what staff support systems and organisational practices have an impact on psychological wellbeing.

P-189 'OFF TO WAR WHEN I DIDN'T SIGN UP!', SUPPORTING HOSPICE STAFF MENTAL HEALTH DURING A GLOBAL PANDEMIC

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10.1136/spcare-2021-Hospice.205

Wellbeing and Mental Health initiatives put in place during the pandemic.

The emotional and psychological pressures of working within hospice care are well documented, however, the

addition of a global pandemic plunged hospice workforces into an unknown and uncharted way of working. Suddenly the switch from dealing with the everyday death and dying of patients, changed to having staff's own mortality, fear and anxiety thrust into reality. Unforeseen challenges within the workplace led to many staff experiencing emotions and anxieties that could not have been predicted.

The quick succession of events that changed everyday practice at the beginning of the pandemic gave rise to a number of initiatives implemented to support staff mental health and wellbeing. These have included:

- Wobble room - a designated safe place for staff to visit and relax in.
- Wobble room booklet for those working offsite.
- Gifts of meals and drinks from local companies.
- Mindfulness and relaxation.
- Self-help videos.

The number of Mental Health First Aiders and freedom to speak up guardians has been increased across the workforce. In addition to this, staff were given information and contact details for a multitude of both national and local support avenues such as the Samaritans, NHS, Here for you and MIND, enabling support virtually through websites, webinars, online training and apps. Within the hospice a focus on wellbeing was central to communications on the workplace intranet. This then resulted in the sign up of 15 new workplace health champions who will support ongoing activities throughout the year. The initiatives that have proved successful will continue to be offered and available to staff as we transition away from COVID-19 and maintain a focus on staff wellbeing within the organisation.

P-190 DEVELOPING THE SKILLS OF HOSPICE STAFF TO PROVIDE CLINICAL SUPERVISION

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10.1136/spcare-2021-Hospice.206

There is a strong national driver from the Care Quality Commission and the Nursing & Midwifery Council around the provision of clinical supervision. This has long been recognised as vital in supporting staff in palliative care with the emotional labour of work (Goodrich, Harrison, Cornwell, et al., 2015) and helps develop a learning culture which improves patient safety and care (Francis, 2013). During the pandemic, where high levels of staff stress (Pastrana, De Lima, Pettus, et al., 2021) have led to moral injury and burnout, clinical supervision is all the more important.

With the development of a supervision policy, we recognised certain groups of hospice staff were not accessing clinical supervision regularly and it was mainly provided externally. The project, led by the education department, set out to utilise the skills and experience of existing staff to create additional supervisors and began by running lunch-time workshops to engage interest. Over half the 230 staff at the hospice were clinicians, of which 15 attended two days of training led by the head of family support and consultant clinical psychologist. It included theory, practice,

managing group dynamics and how to facilitate supervision remotely using video conferencing. Staff from different disciplines attended including therapists, nurses, social workers and counsellors. Bi-monthly meetings were arranged to support the group.

It has led to increasing the availability of supervision with seven of those who attended training now offering regular group supervision and drop-in sessions to our inpatient staff, living well team and non-clinical staff who have patient contact. Initial findings from surveying those who offered and received supervision suggest greater inter-disciplinary work and improved staff satisfaction. We discuss the results in terms of the resilience of our workforce in the context of pandemic, potential financial benefits and further opportunities and challenges.

P-191 CARING FOR OUR PEOPLE, A PROGRAMME FOR RESTORATIVE SUPERVISION

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10.1136/spcare-2021-Hospice.207

A programme of Restorative Supervision was introduced in May 2021 in response to the pressures observed on staff working in a hospice setting during a pandemic. Restorative Supervision aimed to bridge the gap between the existing staff support framework and provision for staff welfare. The aim was to maintain and restore collective wellbeing from the roots up by supporting the individual. The offer was directed to all patient-facing staff.

We researched different models including 'The Restorative Resilience Model of Supervision' developed by Dr Sonia Wallbank. The family support team including our spiritual care lead, bereavement lead and social workers were then trained to deliver the programme.

One of the staff groups experiencing significant stress during the pandemic were the Housekeeping Team. Their workload had increased significantly as they worked with the increasing pressure to maintain the safety of everyone else in the building. This put them under great physical and emotional stress. We identified housekeeping as our pilot group and began the roll out. We discussed the aim of the programme with the Head of the Department and ensured everyone was given a protected hour to attend a restorative session. We explained that the aim was to enable staff to protect their capacity to think and care for themselves and others.

In order to measure the quality and outcomes of the sessions we used two forms; a wellbeing questionnaire and a feedback form. The evidence so far suggests that staff welcomed the opportunity to talk in confidence and have felt 'listened to' in a safe and confidential space. We are now moving to the inpatient unit staff including nursing and care teams and will continue to collect evidence.

P-192 THE DEVELOPMENT OF 'WALK AND TALK' SUPERVISION FOR CLINICAL STAFF WITHIN A HOSPICE WORKING THROUGHOUT THE PANDEMIC

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10.1136/spcare-2021-Hospice.208

The Kirkwood multidisciplinary team (MDT) have embraced clinical supervision across all clinical departments and thus the clinical teams have felt supported and sustained whilst working through the pandemic.

The Kirkwood counselling team have provided supervision to MDT colleagues both in mixed groups and individually to staff. The concept of 'Walk and Talk' supervision was expressly developed as it was identified that sections of clinical staff felt increasingly isolated as they continued working remotely, from home. Staff who attended work on-site also felt equally isolated from colleagues as they felt a loss of and lack of sustaining contact with colleagues. All staff had to change their usual manner of working with attendant discomfort of routines.

Initially supervision was facilitated via video calls, however, not all staff had camera-enabled computers and this loss of visual contact was a huge barrier to engagement at depth. As this proved unsustainable, the idea of integrating nature focused, walking supervision took shape.

Counsellors took the NHS 'Steps to Mental Wellbeing' and adapted these to include:

- Connecting with others.
- A focus on being physically active.
- A commitment to learn new skills.
- A focus on gratitude.
- Integrating mindfulness and paying attention the present moment.

By walking alongside colleagues, the supervisor created an environment where threat was minimised which enhanced maximum engagement. Colleagues felt that this activity resulted in them feeling less exposed and reported that they felt less self-conscious reporting material. The message on the NHS website was re-enforced within the supervision space by direct human presence and contact so that colleagues were not required to 'rely on technology or social media alone to build relationships'.

P-193 'YOU'RE ON MUTE!': SCHWARTZ IN A GLOBAL PANDEMIC

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10.1136/spcare-2021-Hospice.209

Background Hospice staff encounter distress, physical and psychological pain every day (Pauly, Varcoe, Storch, 2012). Schwartz Centre Rounds (SCR) promote compassionate care and its link to patient experience (Point of Care Foundation). But who cares for the carer? SCR provide space for reflection, and shared experiences (Cullen, 2012) and during COVID-19 this is more vital than ever (Newcomb, 2021); our hospice Schwartz Steering Group was keen to continue SCR online to support colleagues. 'Reflection helps manage our responses and lives can be enhanced by cultivating compassion in our practice' (Sansó, Galiana, Oliver et al., 2015).

Aims

- Launch and sustain virtual monthly SCR for staff/volunteers to reflect and connect.
- Obtain feedback on virtual format through survey.
- Identify future SCR topics.
- Help decision making with SCR future facilitation.