triangulated approach to the annual setting and reviewing of ward establishments/staffing by applying professional judgement to review patient and staff outcomes in conjunction with an appropriate evidence-based decision support tool. The Safer Nursing Care Tool (SNCT) is an evidence based decision support tool validated for use in NHS Trusts to calculate clinical staffing establishments according to patient need. Currently, there is no clearly endorsed tool for use in hospice in-patient units (IPU). However, the principles that underpin the SNCT have been applied and studied in over 80 hospice care units in England (Roberts & Hurst, 2013. Palliat Med. 27:123), which later informed the Hurst Palliative Care Staffing Tool (HPCST) development.

**Method** A month pilot was conducted using the HPCST in 5 hospice IPUs during April 2021. Work was undertaken with an independent consultant who is also employed by NHSE/I to implement a triangulated approach to setting and reviewing staffing establishments in those IPUs.

Post pilot, two months' acuity and dependency data were collected in August and October 2021. Additionally, staff and patient surveys were conducted and patient outcome data collated for the same timeframe. The data were analysed, triangulated and inputted into reports. The findings were presented during hospice dissemination meetings. Staff were given time to digest the information and questions were emailed to ward managers to ascertain additional factors impacting on services and gather their professional judgment of the findings.

**Conclusion** A solid baseline was established and some reassuring findings that the total staffing numbers of Bands 1-8 in the IPU were close to what the tool recommended. The skill mix did, however, require adjustment and it was reassuring that this finding supported the professional judgement of nursing staff at all levels of the organisation.

## P-154 ST CHRISTOPHER'S NURSING HUDDLES

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Nursing handovers are widely established within the field of palliative care nursing, playing a pivotal role in the continuity of patient care (Smith, Gale, Glynn, et al., 2012. BMJ Support Palliat Care. 2:A81). Studies have shown, when done properly, they can increase the quality of information being exchanged at these meetings with a greater focus on patient care and patient outcomes (Eggins & Slade, 2015. J Public Health Res. 4:666).

The St Christopher's Nursing Huddle focuses on introducing an opportunity for a shared professional space, where openness, togetherness and connectedness aim to bring greater safety and efficiency to patient care. The World Health Organization defines patient safety 'as the absence of preventable harm to a patient during the process of health care' (WHO. Conceptual framework for international classification for patient safety. Version 1:1. Final Technical Report January 2009). Common examples of risks to patient safety include patients not identified as at risk of falling, inadequate nursing documentation and poor medication administration practices (Delamont, 2013).

The St Christopher's nursing huddles were introduced as part of a quality improvement training initiative. The aims of the huddles are on improving: (1) communication amongst teams; (2) enhancing the provision of quality care across the palliative care setting; (3) the implementation of safety strategies (4) collaborative multi-disciplinary working; (5) education and training opportunities that build on creating a culture of togetherness where all members feel supported. Lamming and colleagues strongly advocate the use of safety huddles as the benefits are seen in refining patient safety risks and developing teamwork (Lamming, Montague, Crosswaite, et al., 2021. BMC Health Serv Res. 21:1038).

A month after implementing, a follow-up survey identified that 61% (N=8) of staff found sharing of patient information to have improved. This corresponds with the work of Goldenhar and colleagues (2013), which identified that staff found huddles enhanced the quality of information sharing and created a positive culture for collaboration (Goldenhar, Brady, Sutcliffe et al, 2013. BMJ Qual Saf. 22:899). To support the development of this project, feedback is crucial. A mid-project survey is planned to help successfully steer the project further adding improvements as appropriate. A training video has been created to further engage others to expand the pilot to the two other wards.

## P-155 AN ORGANISATIONAL SYSTEMATIC APPROACH TO QUALITY IMPROVEMENT

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**Background** In the Summer of 2018, a hospice undertook a cultural survey, known as CREATE 2020. One theme for improvement emerging from the survey focused around the management of projects and how services are developed. Staff reported the need for a standardised organisational approach, a range of appropriate tools/techniques and engagement of staff at all levels in change.

**Aim** To develop a bespoke Quality Improvement (QI) programme to support staff to deliver the hospice's organisational strategy. It aims to be practically focused and develop capacity and capability of QI skills across the whole organisation. Staff will attain the skills and confidence to apply QI techniques in everyday practice which will result in them being able to continuously, systematically and effectively improve everything we do for the benefit of patients, families and carers (Batalden & Davidoff, 2007. BMJ Qual Saf. 16:2).

**Methods** September 2019 – February 2020: review the organisation's project and change management processes, CREATE 2020 feedback, design bespoke QI organisational programme based on literature review (Ross & Naylor, 2017), best practice (Ham, 2016) and staff consultation (Langley, et al., 2009).

April 2020 to March 2022: Staff recruitment, develop and test QI programme, evaluate cohort one staff survey results, refine programme delivery.

**Results** Two programmes delivered. 18 staff attended - 5 clinical/13 organisational-wide non-clinical; a broad range of staff groups were represented from administration to director level. Evaluation demonstrated extremely positive feedback and support for the programme. Involvement from Board to floor demonstrated organisational commitment, supported by role modelling from the Director which had a positive impact and sense of shared purpose (Bevan, 2013. Health Service Journal Nov 4). Programme outcomes include: improved patient