

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.

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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 (Eggs & 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.

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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

safety, increased retail Gift Aid, paperless HR systems, piloting nurse led beds, lottery telecanvassing, and improved patient information.

Conclusion Explore options for embedding the Quality Improvement approach to ensure long term sustainability and capturing continuous improvement. Develop central portal for sharing, learning, celebrate success, establish QI champions and future training programme.

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GOING FOR GOLD – IMPLEMENTING A WARD EXEMPLAR PROGRAMME IN A HOSPICE IPU

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Background Ward exemplar programmes are associated with better patient outcomes and increased staff retention and are common place within the NHS. Whilst hospices are familiar with audits there is little written about ward exemplars within a hospice setting and the benefit that they can have. Ward exemplars aim to set out five key pillars: Quality and safety; Efficiency; Patient experience; Staff experience; Improving.

Aims To evaluate the implementation of a ward exemplar programme within a specialist palliative care in-patient unit, the benefits to patients and staff and the impact on culture.

Method A working group was set up in 2021 that included senior nurses, matron, ward manager and administration support. Time was spent looking at the current audit programme within the hospice and how the ward exemplar could support service and quality improvement. A project plan was devised that looked at implementation and staff required to ensure the ward exemplar was embedded into practice. It is acknowledged that engaged staff help sustain changes to practice and promote a culture of continuous improvement. With the changes to CQC inspections in hospices, time was also taken to ensure the ward exemplar was linked to the key lines of enquiry.

Results The ward exemplar programme continues to be embedded and modules added. It has enabled greater focus on patient outcomes including personalised care review.

Results that will be evaluated are

- Staff engagement and culture.
- Patient outcomes and satisfaction.
- Staff retention.
- Use of resources.
- Ability to evidence practice improved and increased readiness for CQC inspections.

Conclusion Embedding of the ward exemplar has led to increased staff engagement and ownership of the programme. Readiness for CQC inspections improved and culture is now more focused on service and quality improvement.

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DEVELOPMENT OF THE ROWANS HOSPICE CLINICAL COORDINATION HUB: A QUALITY IMPROVEMENT PROJECT FOCUSED ON ENHANCING THE COORDINATION OF PATIENTS' CARE

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Background The Rowans Hospice is a charitable organisation which provides specialist palliative care to the population of Portsmouth City and South East Hampshire. Hospice services include a multi-disciplinary in-patient unit (IPU), out-patient services and a Hospice at Home team. The hospice works alongside local NHS hospital and community palliative care teams.

Issues The hospice has traditionally relied on volunteers to answer all telephone calls. However, as clinical services have expanded, volunteers are unable to easily identify which service a patient requires. This can lead to calls being transferred incorrectly, which is dissatisfying and time consuming for the caller and hospice staff. If a clinician is required, they must be interrupted in their duties to give advice.

Solutions A new telephone system automatically directs all clinical calls to the 'Clinical Coordination Hub'.

The hub is jointly staffed by a trained administrator and a senior clinician. Here, calls are either re-directed to the appropriate department or dealt with immediately. All referrals to the IPU or Hospice at Home are processed in the Hub.

Outcomes The Clinical Coordination Hub has been running since April 2020 and is now felt to be an invaluable part of the service the hospice provides.

- Calls are immediately transferred to the correct department or the caller signposted as necessary.
- Callers (whether patients or healthcare professionals) have immediate access to advice from a senior clinician – providing a thorough, specialist response.
- Immediate triage of referrals and communication with the referrer.
- Trained administrative staff offer advice on a wide range of queries.
- Improved caller, volunteer and staff satisfaction in the way phone calls are handled.
- Prevention of unnecessary interruptions for already busy teams.

Next steps We are collaborating with our NHS community and hospital partners to develop the hub as a locality single point of specialist palliative care advice and referral.

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SLEEP WELL: A QUALITY IMPROVEMENT PROJECT TO ASSESS AND IMPROVE THE QUALITY OF SLEEP FOR HOSPICE IN-PATIENTS

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Background Sleeping well in healthcare settings is notoriously difficult. Hospices can be noisy, uncomfortable and unfamiliar and patients themselves are often going through incredibly difficult periods in their lives. Consequently for hospice patients, good quality sleep is as important as it is difficult to obtain.

The estimated prevalence of insomnia in the palliative care population as a whole is up to 60%. We are well versed in the range of physical and psychological benefits that are endowed on patients by good quality sleep. What are less clear, especially within palliative care, are the specific causes of poor sleep and, crucially, the best ways to tackle them.

Aims The aim of this project is to understand the scale and specific causes of poor sleep within the hospice in order to