

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

Helen Reeves, Jane Mogford, Katie Burbridge. *St Giles Hospice, Whittington, UK*

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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

Natalie Davies. *Rowans Hospice, Portsmouth, UK*

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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

Andy Jackson. *Saint Francis Hospice, Havering-atte-Bower (Romford), UK*

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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