

P-24 SHARE AND LEARN NETWORK – A PILOT PROJECT TO DEVELOP A COLLABORATIVE NETWORK FOR CARE HOMES IN SURREY

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Background People in the UK are living longer and if this trend continues, it is estimated that 160,000 more people in the UK will require palliative input by 2040 (Etkind, Bone, Gomes, et al. *BMC Med.* 2017;15: 102). Nearly 500,000 people live in care homes across the UK (Michas. *Care home population in the UK 2020.* Statista. 2021 June 01) with the care home population projected to rise by 127% over the next 20 years (Kingston, Comas-Herrera, Jagger. *Lancet Public Health* 2018,3: 447–55) and suggestions that care homes will be the most common place of death by 2040 (Bone, Gomes, Etkind, et al. *Palliat Med.* 2018;32(2):329–33).

Aim The Share and Learn Network aims to:

- Facilitate the exchanging of palliative care knowledge and resources with input from the hospice.
- Offer a platform where care home staff can offer support, and share ideas and knowledge with colleagues in other care homes.

Method Jan. 2022. Steering group (two care home managers, members of the Hospice Education & Research and Marketing teams, lay expert by experience and trustee) met to plan implementation of the project:

- 6 weekly 1-hour sessions offered online: session topics chosen by care homes; open to ALL care home staff.
- Access to five e-learning courses for relevant staff members.
- Invitations to networking events with other care homes.
- Collection of quantitative and qualitative data for evaluation purposes.

The cost of the network was set at £300 per care home per year, including access to the network for ALL staff and a 10% discount to other specified hospice programmes.

Results The first session was held in September 2022. Feedback from attendees was positive, especially by non-care staff such as housekeepers and catering staff, who rarely receive end of life care training. Attendees noted that sharing of practical aspects of care such as oral care products at the end of life was helpful for everyday practice.

Conclusion Both direct care and non-care staff value a network where they can learn and share aspects of palliative care practice.

P-25 A COLLABORATIVE APPROACH TO SUPPORTING WINTER PRESSURES

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Background More than 13,000 beds were occupied by patients who did not meet the criteria to be in hospital in December 2022 (NHS England, 2022) and this number is a quarter higher than the data from the year previously. The Office for National Statistics (2023) reports that due to winter pressures patients are waiting longer for treatments and that this had a negative impact on their life. St Giles Hospice were

approached by a local Integrated Care Board (ICB) to provide extra bed capacity to the system for patients to either be stepped up from home or stepped down from hospital to assist with winter pressures.

Aims To review and evaluate the use of hospice beds provided for winter pressures within the local health economy.

Methods St Giles Hospice opened two extra winter pressure beds at the beginning of January 2023. This was a collaborative venture with a local ICB to increase bed capacity and release pressure from local acute trusts. To ensure efficient bed flow to maximise output and utilisation, a set referral was produced with partners. St Giles joined the local urgent and emergency care daily calls to identify any potential patients that may require bed support and weekly meetings were held to discuss progress and identify any issues.

Results Results from this collaborative project include: Six patients admitted into beds – admissions ranged from treatment for infections and longer term placement. All referrals admitted on the same day. Two referrals were for longer term care and opened up access to other hospice services that would not have been available previously. Presented success at Urgent and Emergency Care Board.

Conclusions Discussions are progressing to identify how St Giles can support the wider health care system for the winter 2023/2024.

P-26 I AM NOT DEAD YET! BUILDING BRIDGES TO PROMOTE INTEGRATED WORK BETWEEN HOSPICE CARE AND ADULT AND CHILDREN'S SOCIAL WORK BASED ON PATIENT EXPERIENCE

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We are developing a model of integrated palliative work with adults' and children's social work and between the hospice. This currently involves a local authority and hospice alongside schools and children's therapeutic services. Research acknowledges (supported by feedback at a local level), that social workers do not feel equipped to support people who are dying or bereaved. The reality is that often practitioners have not thought of their own mortality despite increasingly supporting service users who are end of life. In response to this, and with the assistance of the Palliative Social Worker and Matron at the hospice, we have set up a monthly Palliative Hub for adult social care workers. In addition, we have opened monthly opportunities for adult social workers to attend the inpatient unit multi-disciplinary hospice team.

There are several desired outcomes, one of which is to secure funding from the ICB to facilitate health and social care joint work. Both disciplines have skills and expertise that need to be joined up to effectively meet the needs of our service users and families. There currently exists a gap in social work training when a parent presents with a life-limiting condition. This does not sit easily with eligibility into statutory children's services. We are observing repeated themes around lack of clarity from social services in response to the parent dying and the implications on who will have legal responsibility for the children. These concerns are shared by schools and organisations providing therapeutic services for children. The significance of this is that it creates an avoidable barrier in promoting a good death for the dying parent. Their

need is for a timely streamlined service to promote peace of mind. A palliative single parent shared “*I am not dead yet*” in response to a lack of her voice being heard by the social worker.

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THE BIG C: BUILDING SUCCESSFUL PROFESSIONAL COLLABORATIONS WITH A HOSPICE SETTING

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Background Hospice teams provide care to terminally ill patients, bereaved people and their families. Care teams are comprised of health and non-health professionals from a range of differing disciplines. Within the modern healthcare arena, we are seeing people with ever increasing complexities (Keeble, Scobie & Hutchings. Support at the end of life: The role of hospice services across the UK. 2022). With a view to tailoring services that meet the needs and preferences of those who use them, it is essential to incorporate community-based agencies. Community-based provision offers expertise, additional support and improves working relations (Care Quality Commission, 2022). Fostering collaborative approaches helps facilitate quality care (Gittell, Godfrey, Thistlethwaite. *J Interprof Care*. 2013;27(3):210–3).

Aims By the integration of collaborative support from the local community, new services have been allowed to develop and grow. Consequently, this has complemented the existing provision for people that better supports their needs. Understanding the benefits of integrated support is creating a culture for continuous improvement.

Methods A thematic analysis was produced from previous collaborative work covering the past three years (Vaismoradi, Jones, Turunen, et al. *J Nurs Educ Pract*. 2016;6(5): 100–110). Those involved in this work were from external agencies, other charities, local hospitals, specialist community teams.

Results Themes identified: Connection, Control, Choice, Celebration, Community, and Communication.

Conclusion It has been widely noted that these collaborative partnerships have created a positive effect given the high number of people attending and positive feedback. Adopting contemporary approaches, embracing the input of expertise, knowledge and skills, and embracing collaborative partnerships can create a culture that encourages cohesion (Karam, Brault, Van Durme, et al. *Int J Nurs Stud*. 2018; 79(March): 70–83). These results will enable planning toward future collaborative successes.

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HOSPICE SUSTAINABLE ENVIRONMENTAL CATERING INITIATIVES INVOLVING THE LOCAL COMMUNITY

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The catering department is an essential part of hospice care contributing to high quality care. Understanding their organisational needs are important to identify more sustainable and cost-effective ways of providing healthy and nutritious meals for patients, staff and visitors. One group of hospices in south-east England are always looking for new ways to bring

fresh, tasty food to the plate as cost-effectively and creatively as possible. Initiatives include:

- Creating kitchen gardens, that will provide fresh, seasonal produce throughout the year.
- Working closely with local community organisations and groups – from suppliers to colleges – to support hospice catering.

The creation of the kitchen gardens supported by volunteer kitchen gardeners means we are able to grow vegetables, fruits and herbs that will be enjoyed year-round. Local business and successful grant applications have supported this project. Working with local colleges we offer work placements for students in our hospice kitchens and various volunteering opportunities throughout the year. We have food donations coming in from various sources, these being from supermarkets and also food producers. The kitchen garden has been a great success. It's so nice to be able to tell patients that some of the food on their plates has been grown right outside, in the hospice gardens. Working with the community has increased the amount of food donations that come in. You can see the students grow in confidence after the work placements are completed and these students sometimes stay on as volunteers.

Hospices working with their local community (volunteers, local groups and colleges) can enable cost-effective ways to provide nutritious meals for their service users. The success of the kitchen garden prompted a grant application to the Kent Community Foundation for a second kitchen, which has been approved. We have also now secured funding for a third garden.

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BRINGING SCHOOLS AND HOSPICE CARE TOGETHER – A TEN YEAR SERVICE EVALUATION

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Background A key aim for our hospice strategy is serving our local community, involving all ages. To fulfil this aim, an educational initiative designed to change attitudes to death and bring schools and hospice care together, was developed. In 2022 we wanted to evaluate if this project still fulfilled its original purpose and what learning we could extract through our reflection.

Aim To undertake a service evaluation of the existing schools project and identify if it still met its original objectives and what learning we may gain to share.

Method Action Research informed our evaluation process because it provides measurable, practical benefits for the organisation, as well as a period of reflection. Our field work included data from a range of sources. Qualitative data from evaluations of previous projects, including examining letters and email feedback from schoolteachers. Narratives and stories were gathered following conversations with staff involved in the project. A comparative process looking for pattern matching was made with the National Curriculum Key Stage 1,2 and 3 learning objectives and the project objectives. There was a recognition that the project required to be aligned more closely to the National Curriculum, structured by measurable learning objectives, evaluations and to share feedback with schools and teachers.