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.

**P-27** THE BIG C: BUILDING SUCCESSFUL PROFESSIONAL COLLABORATIONS WITH A HOSPICE SETTING

Ali Jordan, Julie Waite. Treetops Hospice, Ruislip, UK 10.1136/spcare-2023-HUNC.48

**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 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.

**P-28** HOSPICE SUSTAINABLE ENVIRONMENTAL CATERING INITIATIVES INVOLVING THE LOCAL COMMUNITY

Ian Ashton, Jon Sillet. Pilgrims Hospice, Canterbury. UK 10.1136/spcare-2023-HUNC.49

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.

**P-29** BRINGING SCHOOLS AND HOSPICE CARE TOGETHER – A TEN YEAR SERVICE EVALUATION

Sadie Cox, Jane Askham. Oakhaven Hospice Trust, Lymington, UK 10.1136/spcare-2023-HUNC.50

**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.