Results Patient and carer feedback was collated using satisfaction surveys. Feedback highlighted the lack of psychosocial support in community. For participants with communication issues, the Zoom format did not work. Participants reported that hour long sessions with SaLT, dietetics, physiotherapy was not necessary as they had access to these services in the community; what was beneficial was therapeutic services such as art and music therapy, complementary therapy and psychosocial services.

Conclusions As a result of feedback provided, the programme was adapted, adopting a holistic approach. A five-week face-to-face programme was developed with a focus on providing psychosocial and spiritual intervention, peer group support and familiarising the patient group with hospice care. This was in line with the hospice-wide approach, shifting to a rehabilitative palliative care model with focussed therapeutic intervention and individualised goal setting. Feedback continues to be collected to evolve the programme.

P-65  POSITIVE IMPACT OF THE CHILDREN’S HOSPICE NURSE IN-REACH ROLE WITHIN THE ACUTE SETTING: CREATING A SEAMLESS APPROACH TO PALLIATIVE CARE
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Aims To educate and provide specialist palliative care in the acute hospital setting. Acute hospitals often have minimal understanding of the range of holistic palliative care services available to children, their families, and the wider professional network. To identify children who meet criteria for referral when they access acute services and support existing service users throughout acute admissions. Educate and support acute staff on the care of children with complex health needs to develop confidence and skills to improve the patient experience.

Methods Placement of a nurse within the acute paediatric ward one day a week, with an honorary contract and access to clinical utilities. Presence at core meetings to understand the needs of the acute staff and services. Deliver bespoke training to the acute team. Educate on referral criteria and services available to children and families. Provide respite for the caregivers during a child’s admission. Promote the hospice services on the wards. Be recognised as a member of the multidisciplinary team so that children and families are introduced to the concept of hospice services at the beginning of their journey, addressing myths and anxieties. Regular meetings with Matrons to continually review the service. Reciprocated education: Nurse to have opportunities to update acute clinical competencies.

Results Hospice care becoming embedded within the multidisciplinary team. Children and families being identified and referred earlier, improving their experience and journey. A change in the perception of what palliative care can offer. Increase in referrals, reaching more children who can benefit from the services. Collaborative working to provide seamless, holistic care to families. Breaking down barriers and addressing myths surrounding the word hospice. Supporting acute staff to provide quality care.

Conclusion Children being referred earlier. Established a strong link with one acute NHS trust, now developing this model with other NHS trusts that cover the hospice’s geographical areas.

P-66  SUPPORTING FAMILIES BEYOND NURSING CARE: THE IMPLEMENTATION OF A PRACTICAL SUPPORT SERVICE
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Background Completing everyday tasks such as gardening, cleaning or painting may not be a focus for families who have a child with a life-limited or life-threatening condition. The hospice strategy (2016 – 2021) set out to provide much more supportive care in the child or young person’s own home. The outcome of this project was to place trained volunteers in families’ homes to support with everyday household tasks. A pilot project assessed participants’ perception, identified immediate and long-term impact and monitored activities undertaken.