

vacancies in our specialist team, which could not be filled locally with experienced CNSs.

**Aim** To employ fully competent CNSs to work in the CNS team in the first instance, whilst training new CNSs to fill the gap in the long-term.

**Methods** With more people working remotely through the COVID-19 pandemic, successfully supporting patients, it was decided to create several Virtual CNS (VCNS) roles. Appointing experienced CNSs from across the UK and Europe, to work remotely, triaging, taking and making calls and offering virtual CNS visits through technology, addressed this gap. Alongside this, a trainee programme was devised to train and offer progression for less experienced nurses wanting to advance their careers in palliative care. Four very experienced VCNSs, and five TCNSs were successfully recruited into the team. Whilst the TCNSs undertook a two-year training programme, the VCNSs filled the immediate workforce gap.

**Results** The hospice experienced a 50% increase in referrals over the last eighteen months. The VCNSs and TCNSs augment the existing team, allowed the hospice to cope with the increased need to triage these referrals and manage a subsequent 25% increase in caseloads. The training of CNSs, alongside the augmentation to the experienced team, means that this increased capacity is set to continue and will help address the predicted increase in future numbers of local people requiring hospice care.

**Conclusion** Although the problem of an ageing workforce remains, we have found a solution which allows us to address the immediate problem and simultaneously created a career pathway for less experienced nurses.

0-12

### HOSPISCARE ESCALATION IN ACTIVITY TOOL (HEAT) – BALANCING SAFE STAFFING WITH PALLIATIVE PATIENT COMPLEXITY

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10.1136/spcare-2023-HUNC.12

**Background** When the UK went into COVID-19 lockdown, we had no foresight into how our referrals would change in the forthcoming years. Average time on caseload has reduced to eleven days (Hospiscare. 2023. Clinical Quality Presentation Q1) and increases in complexity are evident (All-Party Parliamentary Group. The Lasting impact of COVID-19 on death, dying and bereavement. 2023). This meant increasing concern for patient safety and staff wellbeing.

**Aim** To identify and design a hospice specific tool that considers safe staffing alongside patient complexity to always ensure clinically safe and effective patient care.

**Methods** Hospiscare worked with an independent company to develop a risk management framework alongside clinical acumen that triangulates safe staffing, patient complexity, and demand on the service. For the purposes of planning, four levels of RAG escalation were identified. Each team input their staffing levels daily, and dependency data is extrapolated from our EPR. An email is then sent to all clinical staff ensuring an awareness of our organisational level and actions can be taken to mitigate any risk in real time. If a BLACK status is recognised, a prepared statement is utilised by teams to communicate with external colleagues.

**Results** From commencing the HEAT tool, we have been able to extract data which demonstrates pressure points enabling us to be agile and responsive as a service. This includes:

- Actively managing staffing levels from 70% to 20% in the RED during times of pressure within our clinical service.
- Gaining an understanding of the complexities of our patients on any day. For example, by utilising OACC measurements we identify that 80% of our patients are either unstable or deteriorating within our caseload.
- In addition we can monitor fluctuation in activity levels across our clinical coordination centre, monitor bank usage and understand on a daily basis level of referrals coming into the organisation.

**Conclusion** By utilising HEAT, we have greater overview and are able to respond quickly to changes in staffing and demand within our service using the data to make evidence-based decisions. By considering information from this tool, we have been able to safely make temporary changes in operational provision and consider future service need through ICB discussions.

## Parallel session 4.1 – Insights into inclusivity (Tuesday 7 November 2023, 13:30 – 14:45)

0-13

### CO-PRODUCING A TOOLKIT OF APPROACHES AND RESOURCES FOR END-OF-LIFE CARE PLANNING WITH PEOPLE WITH LEARNING DISABILITIES

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10.1136/spcare-2023-HUNC.13

**Background** Reviews and inquiries into end of life care for people with learning disabilities consistently recommend that services involve them in end of life care planning. However, there is limited evidence on how to do this.

**Aims** To co-produce a toolkit of end of life care planning approaches and resources that are welcomed by and are useful for people with learning disabilities, and workable within adult social care services.

**Methods** (a) A scoping review of existing resources and (b) focus groups with key stakeholder groups, including people with learning disabilities, family carers, support staff, learning disabilities service managers, professionals working in learning disabilities and/or palliative care and policy makers (n=55); these informed (c) Six Experience-Based Co-Design workshops including representatives from these stakeholder groups and researchers with and without learning disabilities. Workshops included agreeing on key principles and preferred approaches, assessing existing resources and developing new resources to fill identified gaps.

**Results** (a) A shortlist of 21 resources included 9 accessible resources to be used with people with learning disabilities. However, most resources were not underpinned by empirical evidence. (b) Stakeholders identified 4 distinct parts of end of life care planning: talking about dying; what matters to me; planning for illness; and after-death/funeral planning. This affected views on when end of life care planning should start, with who, and why. (c) The co-design groups created a

preliminary end of life care planning toolkit with separate resources for 'illness planning' and 'funeral planning', consisting of conversation pictures, pictorial choice cards and staff guidance. These will be trialled within learning disabilities services in autumn 2023.

**Conclusion** The active involvement of stakeholders, including 24 people with learning disabilities, was crucial to developing sensitive, appropriate and useful end of life care planning resources and guidance.

O-14

#### PIECING IT TOGETHER: WORKSHOPS EXPLORING WHY DYING MATTERS WITH YOUNG, ETHNICALLY DIVERSE PEOPLE

<sup>1</sup>Christina Faull, <sup>1</sup>Helen Cullinan, <sup>1</sup>Jackie McBlain, <sup>1</sup>Zoebia Islam, <sup>2</sup>Vijay Umrao. <sup>1</sup>LOROS Hospice, Leicester, UK; <sup>2</sup>EAVA FM, Leicester, UK

10.1136/spcare-2023-HUNC.14

**Background** Our research has found that young people may have a pivotal role in helping their family navigate unfamiliar systems and many act as interpreters but often feel excluded from any discussion of the impact of serious illness and death in their family. People in diverse ethnic communities often have little understanding about palliative care and hospices and consequently experience inequity of access to services and outcomes in end of life.

**Aims** We wanted to open up the conversation with young people about dying, including the concept of palliative care and what a hospice does.

**Methods** Two hour workshops were conducted in partnership with a community youth worker and a visual artist. Recruitment focussed in areas of Leicester and Loughborough with low white British population density. Participants shared and developed visual representation of their thoughts in response to 'why does dying matter to me?'

**Findings** Forty-nine 13–25 year olds attended 9 workshops held in schools, the hospice and youth education project venues. The art they produced was of great diversity and focus including images of nature, fantasy, coffins, monuments, time and religion. Participants used vibrant colours to contrast with the black of death. Most students completed the evaluation form indicating they found the workshop useful and enjoyable. For some the workshop gave them more understanding of a hospice, and empowered them to voice their opinions and think more about life and death. The artwork, developed into pieces of a jigsaw, was pieced together and displayed at a public celebratory launch in Dying Matters Week 2023.

**Conclusions** Art-based workshops are a useful way to engage with young people and empower them to discuss their experiences and thoughts about dying and potentially enable a great community dialogue and understanding of access to hospice care.

O-15

#### MAKING END OF LIFE PLANNING ACCESSIBLE – EVALUATING TALKING MATS TO SUPPORT ADVANCE CARE PLANNING WITH PEOPLE LIVING WITH NEUROLOGICAL CONDITIONS

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10.1136/spcare-2023-HUNC.15

**Background** People with neurological conditions can find it difficult to communicate effectively through speech, and some have cognitive difficulties that make it challenging to process complex issues. A range of resources are available for developing Advance Care Plans (Healthcare Improvement Scotland. Anticipatory care planning toolkit; What Matters Conversations. What matters most charter; Planning ahead tool – hosted on Hospice UK website). Many of these require literacy and an ability to talk about and consider emotive issues through words. Talking Mats is a visual communication tool that can support these conversations in an accessible way (Stans, Dalemans, de Witte, et al. *Tech. Disab.* 2019; 30 (4):153–76).

**Aim** To find out to how the 'Thinking ahead' Talking Mats resource can be used to support people with neurological conditions to have conversations about future plans.

**Methods** We trained 18 people to use Talking Mats through a foundation session, then a face-to-face simulation day using the 'Thinking ahead' resource. Sessions were planned with people with neurological conditions, and covered issues they prioritised. Participants were asked to have three Talking Mats conversations and provide feedback. They were invited to attend a focus group exploring the barriers and facilitators to using Talking Mats. Care Measures (Mercer, McConnachie, Maxwell, et al. *Fam Pract.* 2005;22(3):328–34) were completed after each session.

**Results** To date, 26 reflections have been returned. Care Measure results show high levels of engagement and involvement. Talking Mats (card or digital) has enabled people to see what they need to do in relation to planning ahead. Though emotional, this is useful and powerful. Barriers include professional gatekeeping around who should have these conversations (e.g. care and treatment). Further work is needed to explore the best ways to introduce Talking Mats.

**Conclusions** Initial feedback suggests that people with neurological conditions benefitted from using Talking Mats to plan ahead. Training is required to ensure professionals can use Talking Mats and hand over control to the person and their family.

O-16

#### INTERSECTIONALITY AND PALLIATIVE CARE – A RAPID REVIEW

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10.1136/spcare-2023-HUNC.16

**Background** Intersectionality is a concept that recognises the interconnected disadvantage and marginalisation based on a person's multiple characteristics and identities (Crenshaw. *University of Chicago Legal Forum.* 1989;1989(1); Hankivsky, Grace, Hunting, et al. *Int J Equity Health.* 2014;13(119)). We know that inequities in palliative care exist (Tobin, Rogers, Winterburn, et al. *BMJ Support Palliat Care.* 2022; 12(2), 142–151). Intersectionality provides an informative lens through which to explore how the multiple characteristics of a person may influence experiences towards the end of life (Estupiñán Fdez de Mesa, Marcu, Ream, et al. *BMJ Open.* 2023;13:e066637).

**Aim** To examine and map the type and focus of research exploring intersectionality and access to palliative care,