desire to be more actively involved in research and innovation, to improve the care of patients and their families. Why did we do it? Whilst the hospice had been involved in research, this had historically been fragmented, with limited strategic or focused direction. We had a desire to improve and recognize that this would only be achieved by bringing together expertise and collaboration. The importance of research and innovation to the improvement in care and experience of patients and families, is unquestioned, and is a core component of the hospice’s five-year plan.

What have we achieved?
- A quarterly research and innovation subcommittee chaired by the Pro-Vice Chancellor from our local university, has been established.
- A robust governance framework has been developed.
- A research and innovation three-year strategy has been agreed.
- The subcommittee has overseen the delivery of the hospice’s Equity of Access project, funded by Hospice UK and the Masonic Charitable Foundation.
- The hospice has been selected as a recruitment site for an NIHR portfolio study.
- A collaborative PhD, between the hospice and university has been developed and commenced, focused on how technology can support patient care.
- Agreed to support a PhD student undertaking a project exploring biophilic design.
- Confirmed support for a service evaluation project examining patient/carer/family feedback in palliative and end of life care.
- Monitoring of research related budgets.

What are our plans for the future? The subcommittee is a formal part of the hospice governance structure. We will continue to progress the research agenda to deliver our strategy including developing a research dashboard, exploring opportunity for further doctoral students and developing our research infrastructure.

### P-111 DEVELOPING A RESEARCH CULTURE WITHIN A HOSPICE ORGANISATION

Elizabeth Jenkins. The Myton Hospices, Coventry and Warwickshire, UK

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**Background** The Myton Hospices were given opportunity to recruit a permanent research nurse for the first time in their then 39-year history of providing palliative care to patients in Warwickshire. It was necessary to have a clear plan as to how to develop a research culture and foster a keen willingness from staff to participate in research activity.

**Aim** To develop a research culture within the organisation from the grassroots level in order to cultivate an attitude toward research that both values its importance and actively seeks to promote its occurrence.

**Methods** Undertake internal questionnaires to ascertain staff attitudes toward research activity, their knowledge of what it involves and past experiences of research within healthcare. To begin a monthly multidisciplinary journal club to engage staff with current literature and enhance critical appraisal skills. To set up monthly publication stands highlighting contemporary literature for staff to access in environments such as the clinical team office; making literature accessible; motivating staff to read it and entice interest in clinical research of relevance to them. To develop and maintain a Research Bulletin for staff, volunteers, patients and public to read about the research activity within the hospice and how they might be involved. To set up Research Interest Groups to gather individuals who have an interest in the subject to share ideas and promote continued activity. Encourage postgraduate research activity and begin to network with other hospices and the acute sector in regards to participating in research trials at Myton.

**Results** Staff became more engaged. Literature was being actively sought and read. Members of the team contributed to the journal clubs and interest groups and finally we began to participate in a variety of clinical trials and research projects.

**Conclusion** Developing a research culture is a gradual but rewarding process and one that glean many benefits to both patients and staff.

### P-112 CONDUCTING A PHASE III CLINICAL TRIAL IN A HOSPICE ENVIRONMENT

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**Background** Clinical trials are considered the gold-standard for the evaluation of interventions in healthcare (Thomas, Atkken, Antonelli et al. Postgrad Med J. 2020;96(1139):564–569; Sibbald, Roland. BMJ. 1998;316:201). However, there is a lack of literature on clinical trials within hospice environments, despite evidence that describes multiple benefits reported by trial participants with advanced disease (Middlemiss, Lloyd-Williams, Laird, et al. J Pain Symptom Manage. 2015; 50 (3):642–649.e1). Here, we report our experience, including barriers and facilitators, of conducting a clinical trial in two hospices with different research infrastructures.

**Aims** To describe the setup and local implementation of a multi-centre phase III clinical trial within two Marie Curie hospices.

**Methods** Nov 2022 – Jan 2023: Detailed protocol review, including resource requirements and identifying key roles within the clinical and research teams. Central Marie Curie research governance approval and local approval at each site. Communication with key members of the clinical team to define roles and responsibilities. Jan 2023 – Present: Finalising site-specific trial documentation. Site Initiation Visits (SIVs) by the sponsor to meet local clinical and research staff. Preparation of education/training sessions for the local clinical teams. Recruitment of trial specific research staff to coordinate the trial, oversee recruitment and data management.

**Results** Preliminary data highlight barriers and facilitators in the following themes: 1) the safety of participants and staff; 2) staff training; 3) communication between research and clinical teams; 4) trial management and 5) solutions required to deal with differences in research resources, including staffing constraints, at both sites. Key timelines: March 2023 – First site opened to recruitment with three patients recruited in first month; June 2023 – Second site due to open.

**Conclusion** Here, using a coordinated team approach with careful and considered planning, it has been possible to conduct a clinical trial within two different hospices. Good communication from an early stage between research and clinical...