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 focussed direction. We had a desire to improve and recognised 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 opportunities 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**

10.1136/spcare-2023-HUNC.132

**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 enticing 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 gleams many benefits to both patients and staff.

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

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10.1136/spcare-2023-HUNC.133

**Background** Clinical trials are considered the gold-standard for the evaluation of interventions in healthcare (Thomas, Attken, 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 (5):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
Abstracts

DEVELOPING A WARD BASED RESEARCH HUB IN A HOSPICE; IMPROVING RESEARCHER ENGAGEMENT WITH STAFF IN THE HOSPICE ENVIRONMENT TO PROMOTE RESEARCH ENGAGEMENT AND ACTIVITY

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Background Clinical research is important to ensure evidence-based care that improves terminal illness outcomes (Higginson. BMJ Support Palliat Care. 2016; 6(1): 2–4). Research in hospices can be challenging due to lack of time, support and research awareness amongst staff (Payne, Preston, Turner, et al. Research in palliative care – can hospices afford not to be involved? Help the Hospices, 2013). Closer working relationships with researchers in the clinical environment could increase visibility of research, help researchers to engage with staff and support clinicians to develop skills and competency.

Aims To create a research space in the clinical environment of a UK hospice, to enable researchers to be more visible and accessible to patients, caregivers and staff. Methods Short term development works at the hospice has created the opportunity to re-purpose some clinical space on a temporary basis for a variety of projects. Through this initiative the research team converted a clinical room to a space for researchers to work in the clinical environment and engage with staff. The research hub was used for a number of activities such as displaying research work, carrying out interviews and providing a creative space for the development of the 12 month ‘designer in residence’ programme. Plans to evaluate the research hub are in progress.

Results Increased visibility of researchers has helped to promote a research culture in our hospice. The project has led to increased engagement from patients, caregivers, clinical and non-clinical staff. Hospice staff have increased participation in research activities such as abstract writing, conference attendance, grant applications and participating in journal club.

Conclusions Creating a research space in a clinical environment can provide opportunities for better engagement between researchers, patients, caregivers and staff. We are exploring opportunities to make the research hub a permanent feature in the hospice. Evaluation of the research hub is in progress to determine its success to explore potential for translation to other hospices.

A DESCRIPTIVE CASE STUDY OF WIDENING PARTICIPATION IN A HOSPICE JOURNAL CLUB

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Background We found that members of the non-clinical hospice team did not routinely access Journal Club meetings.

Aim To ensure our Journal Club is relevant and inclusive to all staff working at our hospice.

Activities We chose to discuss at our weekly Journal Club the article, ‘Tidying rooms/tending hearts’, which explored the important role of the housekeeping staff. Five members of the housekeeping team attended, along with healthcare professionals from a range of hospice services. Our Journal Club is held in a hybrid format. The meeting was recorded with consent and subsequently other members of staff have listened to the recording.

Outcomes Attendees were engaged with the topic and the housekeeping team reported that:

- They took an overwhelming sense of pride in their role and of the high standards they strive for, which are evident in their excellent infection control audit results.
- Being with patients is an important and fulfilling part of their role.
- Conversations with patients often revolved around casual topics, but patients also discussed their illness and, occasionally, thoughts regarding death with them.
- The housekeeping team sometimes felt uncomfortable and helpless and did not feel they knew what to say or do when patients talked about death.
- Often, they would not know what to expect when they entered a patient’s room.

Implications for practice After the Journal Club meeting we met with the Senior leadership Team to discuss the outcomes and learning opportunities. This resulted in changes to practice aimed at providing palliative and end of life care training and improving pastoral support for the housekeeping team.

Conclusion Widening participation in the Journal Club had several unexpected benefits: for the participants, who felt more included in the hospice team; and, for patient care, as hospice clinicians were able to further recognise the important daily contact and support the housekeeping team provide to patients.

Establishing a hospice-based public and community involvement and engagement (PCIE) group

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Aims To describe the establishment of a hospice PCIE group formed for a NIHR ARC-funded qualitative interview study and the group’s impact on the hospice’s research.

Methods The hospice advertised for PCIE members and reached out to local community organisations. Best practice was identified through guidance from the NIHR and national Patient and Public Involvement groups.

Results Founding members of the hospice PCIE group collaborated on developing member roles, research activities, terms of