Conclusion Implementation of the RUN PC tool utilising the patients' IPOS scores demonstrates that patients are waiting on the hospice waiting list for a shorter period of time. The RUN-PC allows us to identify the patients with the greatest urgency and we can respond accordingly to their need.

P-144 TO ADMIT OR NOT TO ADMIT, THAT IS THE QUESTION – DEVELOPING A HOSPICE INPATIENT UNIT NURSING ACUITY SCORE TO GUIDE SAFER ADMISSION DECISIONS

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10.1136/spcare-2023-HUNC.165

Background Twice daily admissions meetings at 9am and 3pm are held between the inpatient, community nursing and medical teams at our hospice. To date, the decision to admit is based on bed availability alongside staffing numbers. However, the complexity of the current inpatients is not always objectively considered, and on occasion challenges relationships between the teams. A literature search was carried out to explore current use of acuity/dependency scores and identified an Australasian hospice nursing acuity tool. This was subsequently adapted for our unit.
Aims To create a tool which gives an objective view of the complexity of the patients in a hospice inpatient unit. To use this tool in admissions meetings to aid communication and decision making around capacity to admit. To evaluate the use of this tool after a pilot. To review our inpatient admission guidelines accordingly.
Method Each morning before 9am and each afternoon before 3pm, the complexity score will be calculated by the nurse in charge of the inpatient unit using the acuity tool. This score will then be shared in the admissions meeting, alongside bed and staffing status. It is anticipated that this score will be most useful in the decision of whether or not to admit emergency same day inpatient requests, which understandably cause heightened concern amongst staff. The complexity score will be an objective measure of whether the admission can be achieved safely.

After three months of using this in the admissions meeting, a survey will be sent to staff members involved in the admissions process to understand whether this has been helpful in understanding the ward complexities and aiding decision making in admissions meetings.
Results Interim informal feedback from staff is positive.

P-145 SAFE STAFFING IN A HOSPICE INPATIENT UNIT

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10.1136/spcare-2023-HUNC.166

Background Despite the NHS having safe staffing reporting requirements in place since 2014 (NHS England. How to ensure the right people, with the right skills, are in the right place at the right time: a guide to nursing, midwifery and care staffing capacity and capability [Internet] 2013; Francis. The Mid Staffordshire NHS Foundation Trust Public Inquiry [Internet] 2013), this has not been applied to hospices. There are also no specific staffing standards for hospice inpatient units.
Aims To provide quality assurance on staffing levels within the hospice inpatient unit. To obtain intelligence on bed occupancy, demand, and capacity, and our ability to support the wider health and care system in relation to specialist palliative and end-of-life care.
Method A retrospective audit was performed over 6 months (Nov. 2022 to Mar. 2023) collecting actual nursing and health care assistant staffing numbers against planned staffing levels. This was reviewed against numbers of patients and the standard calculation for Care Hours Per Patient Day (CHPPD) was applied.
Results We were safely staffed within our budgeted staffing establishment for registered and unregistered workforce, and expectations on hours filled. Nights were better staffed than days due to more set patterns of working for that group of staff. There was an average of 16 CHPPD received by patients and their families. Lower staffing levels aligned with lower bed occupancy, suggesting we flexed our staffing to meet clinical need and demand on services. There was no impact on our ability to achieve other deliverables, including time from referral to admission.

Staffing levels demonstrate that we could have potentially taken more admissions on occasions, had the demand for inpatient beds been present showing we can support the systems in which we operate.
Discussion We recognise that safe staffing is only a tool, and for it to be fully effective (Royal College of Nursing. Impact of staffing levels on safe and effective patient care: literature review [Internet] 2023), it needs to be reviewed alongside additional information such as adapted dependency tools (NHS England. Safer nursing care tool [Internet] (no date)) and capacity and demand information. We have committed to continuing to review this information, including an annual report, and will adapt other national tools for our use as they become available.

P-146 RELEASING TIME TO CARE IN A PALLIATIVE CARE TEAM: A TIME AND MOTION STUDY

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10.1136/spcare-2023-HUNC.167

Background Like many areas, COVID-19 had a heavy impact on our inpatient and community services (Cross Party Group on Hospice and Palliative Care. Inquiry: Experiences of palliative and end of life care in the community during the COVID-19 pandemic. 2023). With increasing numbers of referrals, complex patients and recruitment challenges we needed to consider how we could work effectively and to release time to care and be fit for the future (Warren. The health and care workforce: planning for a sustainable future. King's Fund. [Internet]; [posted 2023 November 24].
Aims To understand how the hospice palliative care multidisciplinary teams utilise their clinical time with a focus on identifying any inefficiencies and to evaluate time currently spent on direct patient care.
Methods Activities were self-reported by members of the clinical teams either manually or electronically using a Paper Time Study Worksheet (Institute for Healthcare Improvement. Paper Time Study Workshop [Internet]). Data was collated and themes analysed by the Clinical Quality Team.

Results Over a seven day period 70% of the working clinical team participated in the study, documenting in total a period of 3,133 hours of activity. Activities were categorised into ten distinct areas with subsections to identify the elements of our specialist roles. On average Clinical Teams spent 25% of time on administration (this includes answering work related emails and entering data onto the electronic patient system (EPS)), 20% communicating (both internally and externally) and 17% on management duties including 1:1 sessions/staff support.
Conclusions A large amount of working time is spent on administration, communication and management duties, which may be improved by analysing systems within the service to reduce duplication of work and inefficient processes. A digitalisation strategy is being introduced to consider the use of virtual and AI approaches to care, alongside a LEAN group to focus on email management This work is ongoing but provides valuable information to allow us to further explore and re-evaluate current roles, releasing time to care including utilising volunteers and considering more non-traditional roles within our MDT.

P-147 ADVANCED ASSISTANCE IMPROVING THE QUALITY OF CARE

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10.1136/spcare-2023-HUNC.168

Patient feedback in 2018 highlighted the value of therapeutic intervention for patients accessing inpatient services in supporting timelier, more innovative symptom management and safer discharges home and a requirement for equitable access to therapy provision across the hospice, seven-days a week. A bespoke 18-month intensive competency based learning and training programme was created to develop healthcare assistants to deliver therapeutic interventions inclusive of non-complex physiotherapy, occupational therapy, complementary therapy and lymphoedema care. A blend of practical and theory based learning to evidence practice of extended knowledge, skills and expertise.

This interdisciplinary approach has strengthened collaborative working with patients, their relatives/carers to support them to achieve their personal goals and priorities. The responsiveness to patients resulted in a reduction of waiting times and a flexible person-centred treatment plan enables confidence building in performing daily living. A patient described how adopting a pacing approach taught by an Advanced Assistant has influenced significantly on her fatigue levels and on her mood as she feels less guilty and is able to enjoy more activities with her family. The significant impact of the roles have been captured through quantitative and qualitative data. Activity data supports that they are now already able to offer Reiki and Slow Stroke Massage across seven days, which in some cases, has resulted in patients not requiring pain medication due to non-pharmacological symptom relief.

A year into the training programme, the Advanced Assistants are ahead of the envisioned timescale of learning and development. They are able to optimise people's function and wellbeing to enable them to live as independently and fully as possible, with choice and autonomy, within the limitations of advancing disease.

P-148 'JOYFUL, SWEET TIME TOGETHER'- HOSPICE'S CATERING TEAM ROLE IN CREATING LASTING MEMORIES FOR PATIENTS AND FAMILIES

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10.1136/spcare-2023-HUNC.169

Background Holistic hospice care considers the entire person with their physical, emotional, spiritual and social needs, involves all members of the multidisciplinary team and requires a person-centred approach (McCormack, McCance. (eds.) Person-centred practice in nursing and health care: theory and practice. 2016; O'Connor, Aranda. (eds.) Palliative care nursing: a guide to practice. 2003). In Marie Curie Hospice, Belfast the catering team plays a vital role in improving quality of life for patients and their families. Yet, the catering team contribution, like other non-clinical teams' sometimes remains invisible (Jors, Tietgen, Xander, et al. Palliat Med. 2017; 31(1): 63–71).
Aim(s) To support people living with terminal illness to celebrate special occasions in their lives by organising individually designed person-centred events to meet the needs and preferences of the people they support and creating memories into bereavement.
Methods The catering team build close relationships with hospice inpatients as a key part of their holistic care (e.g., getting to know their favourite foods/special dietary requirements etc.). They are supported by the hospice multidisciplinary team to organise celebratory events and create lasting memories of special occasions for both patients and families. An example of such special events is a surprise date night for a patient staying in the hospice, who was missing spending quality time with his wife. Working together with the patient, the team came up with a 3-course meal of their favourite dishes prepared by the head chef, flowers from the hospice garden and all the romance they could ask for.
Results Feedback from special events frequently organised within the hospice, has repeatedly shown the importance of celebrating big life events involving delicious, good quality food. These events create an opportunity for patients and those important to them to come together and regain some sense of normality, while leaving family members with special memories to cherish after their loved one's death.
Conclusions The role of the catering team is invaluable in providing holistic care and improving quality of life of patients and their families.

P-149 ASSESSMENT AND DOCUMENTATION OF SPIRITUAL NEEDS OF HOSPICE INPATIENTS

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10.1136/spcare-2023-HUNC.170

Background Spiritual care is a fundamental domain of palliative and end-of-life care. Addressing spiritual care empowers patients to take ownership of what is important to them. All healthcare professionals should feel confident to address patients' spiritual needs and provide tailored individual care and support.
Aims To demonstrate that a concise educational intervention improves healthcare professionals' confidence for undertaking