

**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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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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**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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**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

assessment and providing spiritual care for every hospice inpatient.

**Methods** A retrospective audit of spiritual assessments within patient electronic records, from January to March 2022, was conducted against agreed audit standards. An evaluation of healthcare professionals' confidence in dealing with spiritual assessment was obtained from hospice inpatient unit clinicians using an anonymous survey. An educational session was created and delivered in response to survey results. Finally, the re-audit was undertaken from September 2022 to November 2022 and a post-educational session anonymous survey used to evaluate confidence in dealing with spiritual assessment.

**Results** Healthcare professionals' confidence when addressing spiritual care needs, following an educational session, which 35/39 (90%) staff attended, demonstrates a significant increase in clinicians' confidence when assessing spiritual needs from 11/37 (30%) to 29/35 (83%) and in providing spiritual care from 5/37 (14%) to 32/35 (86%). The documentation audit findings demonstrate a meaningful increase from 4/30 (14%) to 34/56 (60%) for spiritual needs care plan being developed and documented within patient electronic records to improve quality care for every hospice inpatient.

**Conclusion** Educated and confident staff are more likely to address patients' spiritual needs. Spiritual awareness and its importance for patients' quality of life at the end-of-life empowers healthcare professionals to make changes in the way they deliver care to patients. Educated and confident staff are more likely to assess and document spiritual needs and care information within patient electronic records, to improve quality care for every hospice inpatient.

**P-150 THE WELLBEING PROJECT: THE EFFECT OF MEANINGFUL ACTIVITY ON PATIENTS' WELLBEING DURING AN INPATIENT STAY**

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**Background** Evidence suggests that there are five key factors which can promote positive mental health and wellbeing; connecting, being active, taking notice, keep learning and giving (NHS England. 5 Steps to mental wellbeing (2022) [Internet]). Patients on the inpatient unit (IPU) are at risk of deconditioning (Bynon, Wilding, Eyres. *Aus Occupational Ther J.* 2007; 54(3): 225–227), affecting their engagement in meaningful activities. We explored and evaluated engaging patients in meaningful occupations to provide a positive sense of wellbeing whilst an inpatient.

**Aims** To promote quality of life by engaging patients on the IPU in meaningful activities that provide a sense of purpose, pleasure and togetherness, whilst monitoring the impact of the individual's mental wellbeing. The activities chosen are specific to the 5 pillars of wellbeing, ensuring that they are enjoyable and mentally and physically stimulating.

**Method** (Dec. 2021 – Dec. 2022): Diarised two interventions a week, facilitated by two out of seven specifically trained volunteers. Feedback collated after each session from the participants via feedback form.

**Results** 95% of participants felt an improved sense of wellbeing after engaging with the project, influenced by spending

time out of their room and with others and trying something new. Patients experienced a sense of achievement, relaxation and positivity following the sessions.

**Conclusion** We believe that engaging in meaningful activity during the wellbeing project contributes to a positive sense of wellbeing to patients and their families, providing social interaction, an outlet for creativity and a change of environment.

**P-151 ENHANCING SUPPORT TO HOSPICE INPATIENTS WITH VOLUNTEER SUPPORT. THE NIGHT OWLS PROJECT**

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10.1136/spcare-2023-HUNC.172

**Background** Anxiety is common in advanced disease (Spencer, Nilsson, Wright, et al. *Cancer.* 2010;116:1810–9). Our hospice inpatient unit often supports individuals who are anxious, frightened, or confused and who need extra support and a reassuring presence. The wish is to give every inpatient time and care, particularly in the late evenings and at night when visitors have left. Anecdotally, we found staff struggled to balance the need to sit and offer comfort and reassurance with competing ward duties.

**Aim** The aim was to enrich our support to patients. Our evening/night team felt that the one-to-one support they needed for their patients might not always require qualified clinicians. We have a volunteer service, OrangeLine, that provides telephone help and support and a proposal that some of these experienced volunteers could help was put forward.

**Method** A role description was designed and a small team of six volunteers available in the evenings and overnight was recruited. We created an induction schedule and a training programme and called the project 'The Night Owls'. Night Owls were requested to volunteer using the model of bank workers.

**Results** Preliminary data shows frequency of use of the Night Owls over a time period of six months, and the circumstances in which they were used. Sixteen visits recorded. Next steps will gather qualitative data to capture the experience of the volunteers to inform further redesign of training and support of the role together with further scope and development. Data will be presented on the poster.

**Conclusion** Night Owls have provided 1:1 support and reassurance but also provided additional awareness to alert staff when the patient may require further intervention. The project is proving to be a success, with positive feedback from the Owls and from staff.

**P-152 THE BENEFITS OF EVENING COMPLEMENTARY THERAPY TO PATIENTS IN A HOSPICE INPATIENT SETTING**

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**Background** This project saw evening complementary therapies offered to patients and carers at the Ayrshire Hospice. User feedback demonstrated demand for a service prior to bedtime maximising the benefits of the quieter evening environment.

**Aim** The team aimed to provide a minimum of six sessions per week for the pilot period (n=62). Measures were