

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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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