

Method To introduce ‘The Macmillan Wellbeing Programme’ funded by Macmillan Cancer Support, to develop, coordinate and deliver, over two years, a range of wellbeing and psychosocial programmes, giving great peer support, empowering better management of health and facilitating earlier access to hospice services. Impact is measured through an increase in the number of outpatients, referrals from non-Trinity professionals and outpatient volunteers.

Results Number of patients seen: 2013/2014: 286 2015/2016: 319 **Target increase:** 3% **Actual increase:** 12%

Referrals from non-Trinity professionals: 2013/2014: 108 2015/2016: 263 **Target increase:** 20% **Actual increase:** 144%

Number of outpatient volunteers: 2013/2014: 28 2015/2016: 39 **Target increase:** 20% **Actual increase:** 39%

Conclusion Launched in September 2015, the Wellbeing Programme has exponentially grown over the past year significantly exceeding the targets given. The introduction of the programme has results in establishing a community within Royal Trinity Hospice for patients, carers and families to become part of and feel supported through their individual journeys.

P-51 THE LIVING WELL GROUP: ENCOURAGING WELLBEING THROUGH SELF-MANAGEMENT AND SOCIALISATION

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Background Within the development of out-patient services in collaboration with the Macmillan Wellbeing programme at the hospice, the occupational therapy department established and assisted in the development of a Living Well Group.

Self-management of symptoms can allow patients and carers effected by life-limiting illness autonomy and improved quality of life and group sessions can facilitate socialisation and peer support.

Aims

- Provide a multidisciplinary programme teaching self-management techniques for a wide range of symptoms
- Provide a space for socialisation and peer support
- Identify potential need for referral to specialist services
- Include outpatients, carers and inpatients
- Improve general wellbeing.

Method A seven-week rolling programme was designed, each week covers a different topic and is led by a different professional, and a volunteer is also present for additional support.

Subject of Session	Facilitated by
Fatigue and sleep	Occupational therapy
Anxiety and stress	Patient and Family Support Team
Breathlessness	Physiotherapy
Open nurse session	Outpatient nurse
Complementary therapy	Complementary therapy
Spiritual care	Spiritual Care Lead
Open session and benefits advice	Occupational Therapy and Welfare Advisor

Each session lasts 1.5 hours including; one hour focusing on teaching and advice for self-management related to the subject, encouraging active participation, discussion and peer support. 30 minutes break when socialisation between participants is encour-

aged, cake and refreshments funded by Macmillan further encourage a relaxed environment.

Results Three cycles of the group are complete with a total of 25 attendees; 19 outpatients, three carers and three inpatients. Using an informal referral process has made it easy for external services to refer into the group thus broadening outreach and supporting partnerships with our communities.

A patient satisfaction survey was completed at the end of each session which provided the following feedback:

User comments	Potential wider context
"I find it difficult to trust...But I have formed valuable friendships due to this group"	Improved quality of life and wellbeing, peer support and socialisation Better self-management of symptoms,
"I always take one thing away with me"	interactive learning, improved quality of life and wellbeing
"I wish the group was longer"	Enjoyment and improved quality of life, further involvement with outpatient services.
"I enjoy listening to others"	Peer support, shared learning, socialisation

Following on from the group four were then referred to other services where they could access more detailed and specialist support.

Conclusion The next cycle will commence July 2016, with the addition of dietary advice session. With ongoing advertising and partnerships with our local communities there is potential for the group to grow and remain a feature of the hospice outpatient service, it is clear that self-management techniques, socialisation and peer support are valued by participants.

With ongoing evidence supporting self-management of symptoms in palliative care and socialisation for improved wellbeing, groups such as the ‘Living Well Group’ are significantly relevant and could further support hospice care.

P-52 OUR LIVING WALL – ART, FUN, STORIES AND FEELING CONNECTED

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Our Living Wall (OLW) is a communal art wall at the heart of a children’s hospice. We wanted to see whether a wall like this could impact on the happiness of children who visit.

We created a huge wall made of large removable jigsaw pieces. Children and their families, with staff help, take a piece and make it their own, through paint, stickers, images, etc., before putting it back on the wall. All pieces are photographed; next to the wall and online is a rolling exhibition of past pieces. When the wall is full, the child/family can take their piece home or it can be recycled.

We are acutely aware of the challenges faced by these children (limited chances to play, lack of control, low self-esteem, limited social connexion) and wanted to respond to these in a fun and creative way. The intention is for OLW to be as inclusive as possible, accessible to all children (0–18) with life-limiting conditions, regardless of age, ability, illness or background.

Our Living Wall has been up and running since April 2015, with over 100 pieces created so far.

We have tested the logistics of OLW, the best ways to create, exhibit and share works, learning a lot about practicalities (materials), as well as processes (photography, storage, consent).

We also tested the impact of OLW through observation, group reflection, feedback cards and interviews. Initial findings suggest OLW had a positive impact, enabling children to have fun, build positive relationships and develop a sense of self and belonging. We also saw a powerful impact on families, including bereaved families.

We learnt a lot about happiness (and sadness), and about all kinds of connexions. OLW changes all the time, as children take it in new and exciting directions. We feel that OLW is transferrable to other settings.

Generating Research, Knowledge and Outcomes

P-53 HOW WE MADE AUDIT WORK FOR US – THE ROLE OF THE NON-CLINICIAN

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Audit is a crucial tool for evaluating how well any organisation is doing; it specifically asks if we are meeting an expected standard. If the standard is met we can be assured that, as a team, good practice is being maintained, if not met, recommendations from the audit need to be implemented through an agreed action plan. Whatever the outcome of any audit it is vital to demonstrate reflective practice and continued commitment to, or improvement in, those standards which underpin the overall delivery of services.

At our hospice, audit was important, but it had always been the 'domain' of the clinicians. Moreover, we were struggling to engage busy clinicians in driving forward our refreshed, comprehensive audit programme and its associated process. We therefore needed to think differently.

Working on our hospice-wide quality agenda through shared learning sessions, it became clear that non-clinical colleagues were eager to help especially as everyone recognised the central value of audit and could see how becoming involved would build their understanding of key clinical areas. Managers from all our other departments (fundraising, trading, support etc) were invited to volunteer to improve their understanding of some of the challenges of patient care by supporting clinicians with audit completion. To demystify the work we ran education sessions to introduce the importance of audit and it was a boon that our non-clinical managers were quickly inspired by the sessions and readily seized the opportunity to work together in a closely collaborative initiative with clinical colleagues.

Key audits were allocated and a clinical lead agreed. The feedback was overwhelmingly positive and participants reported enjoying working to drive meaningful improvement, learning new things and building greater team cohesion. Thanks to this initiative our audit plan was fully successful and is now an embedded, shared practice.

P-54 A PROPOSAL FOR HOSPICES TO COLLABORATE ON INFORMATION AND KNOWLEDGE SUPPORT

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Background and aims Hospice libraries are often small with limited budgets. Most employ one part-time staff member or are run solely by volunteers, however, demand for information support in organisations that strive for evidence-based practice is high. Hospice clinicians need to identify relevant research and appraise it effectively. Hospice librarians need to provide the right support to their users to facilitate the required outcome of highly skilled healthcare professionals that stay current, appraise research appropriately and drive evidence-based practice.

Changes in copyright law and advances in technology mean that it has never been easier to share resources and communicate nationally. While the healthcare sector struggles with increased demand and static financial support, hospice libraries will be required to leverage their resources as much as possible.

Methods and results By working together, hospices could maintain their knowledge and information services at an acceptable level and within budgetary constraints. It is proposed that hospices collaborate and share: journal articles; current awareness services; acquisitions lists; online information skills training; and journal club support. A range of resources have already been produced by a large hospice and additional information and tools from participating hospices could be pooled in an online information hub. Email and phone support could be coordinated by the initiating hospice, with particular emphasis placed on supporting the hospice library staff and volunteers already in place all around the country.

Service evaluation and impact would be monitored using website usage reports and statistics on the type and number of phone and email enquiries received. A whole sample online survey would further evaluate the service proposition. Usage statistics and online survey responses would be analysed annually to further develop the service.

P-55 HOSPICE LIBRARY SERVICES: MUCH MORE THAN A LIBRARY SPACE

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Background Within Health Education England, Library and Knowledge Services are acknowledged as a 'powerhouse for education, lifelong learning, research and evidence-based practice. An annual quality assurance framework benchmarks services nationally, providing evidence of input to improving patient care, supporting research activity, workforce development and innovation.

Provision, access and use of hospice library services throughout the UK is largely unknown. A report for the Commission into the Future of Hospice Care – 'Research in palliative care'