looks like for them individually. The project aims to utilise a collaborative, interdisciplinary, and whole team approach.

**Approach Used**
The project has taken a multi-faceted approach:
- **Leadership**
  - Appoint a project lead
  - Set up a multi-professional task and finish group
  - Champion and role model a different way of thinking.
- **Training**
  - Delivery of training sessions from ward to Board
  - Develop core enabling and rehabilitation competencies for assistant staff
  - Incorporate rehabilitation and enablement approach into staff and volunteer induction.
- **Service development**
  - Implementation of a programme of circuit exercise in the gym
  - Development of ‘What Matters to Me’ documentation
  - Implementation of a self-management ‘Positive Steps to Well-being’ programme
  - Development of a visual manual handling plan for patients on the Inpatient Unit
  - Pilot mirroring package of care on the Inpatient Unit prior to discharge home
  - Development of a new volunteer community enablement assistant role.
- **Organisational structure and process**
  - Staff job descriptions/volunteer role profiles to reflect rehabilitation and enablement
  - Incorporate reflection and evidence of rehabilitative palliative care practice in the appraisal process
  - New healthcare assistants shadow the Allied Health Professions team to learn rehabilitation skills in practice.

**Outcomes**
On completion of the project, the hospice aims to increase our total rehabilitative palliative care score to over 80/111 from 29/111 in August 2015 and 51/111 in August 2016 (Tiberini & Richardson, 2015).

**Conclusion**
Effective implementation of an enabling approach has required a stepped approach, an understanding of organisational readiness, and key cultural barriers.

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**P-145 LIVING WELL WITH HEART FAILURE: A CREATIVE PARTNERSHIP APPROACH**

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**Background**
One in 15 people aged 75–84 in the UK have some degree of heart failure. Longfield working collaboratively with the Heart Failure Clinical Nurse Specialist team developed and piloted a six-week rehabilitative heart failure programme.

**Aims**
To develop, pilot and evaluate a heart failure programme. The programme used a combined clinical and creative approach, bringing together the skills of Heart Failure CNS and Creative Therapists. The objectives of the programme were to increase exercise tolerance, knowledge and understanding of heart failure, improve feelings of well-being and support patients to achieve better health outcomes, such as decrease in medical interventions.

**Methods**
The six-week programme had three main components: clinical, creative therapy and exercise in the form of Tai Chi.

Topics covered during the programme included managing breathlessness and fatigue, advance care planning, nutrition, weight loss, medication, mood, and stress management. Sessions concluded with an exercise session to which carers and participants were invited, to give them an overview of the programme. Qualitative and quantitative patient feedback was gathered at the beginning and at the end of both programmes. Feedback was positive with respondents feeling more able to engage in exercise and increased confidence in managing symptoms and medication. In the second pilot