

of spiritual care has been little explored. Whilst silence lends itself to spiritual and existential dimensions of care, unfamiliarity with the phenomenon can lead to anxiety or avoidance. Greater understanding could support caregiving practice.

Aim To gain deeper understanding of silence as an element of palliative spiritual caregiving.

Methods A two-phase phenomenological approach, using heuristic inquiry and hermeneutic phenomenology. Data were gathered through self-inquiry and unstructured interviews with 15 palliative care chaplains. A descriptive and hermeneutic analysis facilitated explication of the lived experience to produce an interpretation of the nature, meaning and value of silence in end-of-life care.

Results 'Spiritual caregiving silence' emerged as a way of being with another person, complementary to speech and non-verbal communication, in which the caregiver takes both an active and participative role. This demands engagement and commitment. It evokes a sense of companionship and connexion and creates accompanied space that allows the other person to be with themselves in a way that they may not be able to be alone. It provides a means of and a medium for communication that is beyond the capacity of words and a supportive environment when words fail. Silence has the potential to enable change by creating opportunity for acknowledgment, expression and articulation of truth. Chaplains observed outcomes of acceptance, restoration and peace.

Conclusions Spiritual caregiving silence is a person-centred phenomenon that supports the wellbeing of patients at the end of life and their family members. Understanding has been deepened through the interpretive and reflexive phenomenological process drawing upon cross-disciplinary knowledge and specialist experience. Findings may find resonance with other caregivers, to stimulate further reflection and discussion and support clinical practice.

P-155 SILENT VOICES: BARRIERS AND SOLUTIONS TO MEN ENGAGING IN PALLIATIVE CARE GROUP SUPPORT

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The hospice supports patients and families through a variety of group work programmes. However, engaging men in groups has proved challenging. A common trend was that males were uncomfortable and unwilling to participate in support if they felt under pressure to talk about their thoughts and feelings.

To increase male engagement, a gardening group was set up at the hospice in partnership with Prostate Cancer UK. Male patients met weekly in the hospice gardens, participating in light gardening whilst taking time out and sharing their experiences.

The group has grown and evolved over two years to twenty-five men attending weekly. They have developed a close bond, an ethos of care and support and a sense of fun, humour and enjoyment. One member described the group as 'my opportunity to be with my friends, I can share anything, laugh, cry, be silent, be silly, we understand each other.' The group evolved to include trips out, guest speakers and recently members have visited other groups and organisations sharing their experience of their group. A day is planned for the

summer for men with life-limiting illnesses, encouraging new members to engage in palliative care group support.

The success of this men's group has led the hospice to consider why it has succeeded where others have not. Interviews and questionnaires with the members of this group, has enabled a greater understanding of barriers and concerns preventing men from engaging in group support. The group is self-directed and passionate; these men are articulate and passionate, willing to speak at national level to encourage others to participate in group support. They are determined to ensure longevity for the men who come after them, to be a voice for and to encourage 'the silent men', offering opportunity and durability for male groups such as theirs.

P-156 DEVELOPMENTS IN PRESSURE ULCER MANAGEMENT AND PREVENTION

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Despite the risk assessment and care planning systems and processes in place on our In Patient Unit (IPU) pressure damage is the cause of approximately 53% of incidents reported each month.

National benchmarking data suggests we may admit more patients with pressure ulcers and also acquire more pressure ulcers than other hospices of a similar size, but this observation warrants further investigation. It is possible we admit more patients for end of life care than other similar sized hospices and this would make patients more susceptible to the development of pressure ulcers.

The majority of acquired pressure ulcers are categorised as unavoidable.

Aims

- Ensure best practice is followed
- Ensure comprehensive implementation of recommendations arising from root cause analysis investigations
- Eliminate the incidence of avoidable acquired pressure ulcers on IPU.

Approach Since March 2016 we have improved oversight and reporting of pressure ulcers and recognised that this area of practice required improvement. In January 2017 we recruited a senior registered nurse to work two days a week on IPU as Tissue Viability Nurse. His priorities are to:

- mentor the IPU team
- develop links with tissue viability nurses in the community
- undertake baseline pressure ulcer management audit using Hospice UK tool.

Evaluation Results from the baseline audit indicate good levels of compliance with the existing risk assessment and care planning processes, but scope for development in terms of the assessment of risk factors relating to nutrition, cognitive impairment and sensory loss. There is also a need for an appropriate patient information leaflet.

Conclusion Review and analysis of pressure ulcer incidents will continue on a monthly basis. The Tissue Viability Nurse will develop the risk assessment process further and design and introduce an appropriate patient leaflet.

The Hospice UK audit will be repeated in Spring 2018 in order to monitor progress.

P-157 IMPROVING THE PATIENT EXPERIENCE OF WOUND/PRESSURE ULCER CARE IN A HOSPICE SETTING

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Background Holistic patient-centred care is an essential part of palliative care, and wound and pressure ulcer management is no exception. Previously, patients were kept waiting for a competent nurse to assess and treat their wound/pressure ulcer. This practice resulted in delayed healing and exacerbation of disease symptoms. Relatives' visits were interrupted, which reduced the valuable time spent with loved ones. Nurses lacked knowledge and confidence to assess and treat complex wounds/pressure ulcers, and felt that their practice was not evidence based and current.

Aim To improve the patient and relative experience, by introducing a training programme which would ensure that all staff were competent and confident to implement evidence based and current best practice.

Methods We reviewed the old system of provision of wound/pressure ulcer prevention and management, and discussed how it could be improved. We designed a new strategy of wound/pressure ulcer provision, which included an education and ward-based training programme for all staff, which we felt would resolve those issues which staff felt did not facilitate the best patient and relative experience. The programme consisted of a full day mandatory training educational day for all registered nurses and healthcare assistants, mandatory ward based competencies, and annual updates. The results of this strategy have been evaluated through a research study which has formed the dissertation of one of the authors MSc in wound healing and tissue repair.

Results

- Staff of all grades are now able to provide a gold standard wound/pressure ulcer service
- Patient experience has improved
- Relatives' experience has improved
- Documentation has improved
- Efficiency on the ward has improved.

Conclusions We believe that the implementation of this new strategy has improved the patient and relative experience, and improved service provision. We also believe that this strategy could be tested and duplicated in other settings.

P-158 COLLABORATIVE WORKING WITH HEALTH AND SOCIAL CARE AGENCIES TO REDUCE AVOIDABLE PRESSURE ULCERS

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10.1136/bmjspcare-2017-hospice.183

Background Patients being cared for palliatively are at increased risk of developing pressure ulcers due to multiple intrinsic and extrinsic risk factors, therefore a robust process for preventing pressure ulcers is a crucial aspect of providing safe patient care to this patient group.

Aim To work collaboratively with local partners in health and social care and commissioners to increase the profile of pressure ulcer prevention to health and social care staff, patients, carers and the general public.

Method A strategic group including Clinical Leaders and Tissue Viability Nurses from each sector met monthly to discuss how to empower health and social care staff, patients, carers and the general public to reduce the risk of pressure ulcer development. This resulted in the development and implementation of the following;

The development of a standardised education package regarding identifying, preventing and treating pressure ulcers which was delivered to social and healthcare staff throughout Leicestershire. This package was supplied to all local nursing agencies and delivered face to face to the agency used by the Unit.

Monthly figures for each organisation were shared at each meeting and geographical areas of concern noted, with action plans made to address these.

A leaflet was developed to alert patients and carers to early signs of pressure damage to encourage them to seek help. This was used to educate patients and carers throughout the organisations.

Results Positive working relationships have been developed between the sectors. This has enhanced care for patients as they now receive more consistent care between the settings as the staff are receiving the same training and share appropriate information. For LOROS the incidence of hospice acquired pressure ulcers has reduced by 19% in comparison with the last financial year and sharing good practice has facilitated the development of robust assessment, implementation and documentation of pressure ulcer prevention, identification and treatment strategies.

P-159 USING APPRECIATIVE INQUIRY TO EXPLORE AND FACILITATE CONVERSATIONS OF ACQUIRED GRADE 2 PRESSURE ULCERS

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Background Appreciative Inquiry (AI) is a way of looking at organisational change which focuses on identifying and doing more of what is already working, rather than looking for problems and trying to fix them. AI may be used to facilitate workforce engagement, and promote organisational learning and positive organisational change in the health care context (Trajkovski et al., 2013). Pressure ulcers were seen as a way of exploring the use of AI and its potential impact in culture change.

Aims

- To provide a safe space and facilitate engagement with teams when exploring case studies
- To explore learning from the case studies and how this was being shared/disseminated
- To develop a culture of honesty, openness and trust ensuring Duty of Candour.

Methods Grade 2 pressure ulcers were flagged on our reporting systems and the Director of Nursing was notified. The team was then extended an invitation to present this case study to the Director and her team to explore this scenario and any learning that has come from it.