

hospices who are interested in developing their carers' support services and have shared the course content and experiences with them.

**P-249 BARRIERS AND FACILITATORS TO IMPLEMENTING THE CSNAT IN A COMMUNITY PALLIATIVE CARE SETTING**

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**Background** Family carers play a central role in community-based palliative care. However, caring for a terminally ill person puts the carer at increased risk of physical and mental morbidity, which is detrimental for both carer and patient (Williams & McCorkle, 2011). The validated Carer Support Needs Assessment Tool (CSNAT) provides a comprehensive measure of carer support needs and is intended for use in community palliative care (Ewing & Grande 2013). The CSNAT creates an opportunity for carers to discuss their needs with healthcare professionals, facilitating the provision of appropriate support. A recent audit demonstrated poor use of the CSNAT in a Scottish community specialist palliative care service despite training and support.

**Aims** To identify barriers and facilitators to implementation of the CSNAT in a community specialist palliative care service.

**Methods** A qualitative study was undertaken, involving interviews with 12 palliative care nurse specialists from two community nursing teams in Lothian, Scotland. Data was audio-recorded, transcribed and thematically analysed using a framework approach.

**Results** Data analysis is in progress. The results will identify factors which enable and prevent the use of the CSNAT in a community palliative care setting. Recommendations for improving the acceptability of the CSNAT will be developed.

**Conclusion** Findings from this study have the potential to enhance engagement with the CSNAT, make it more congruent with current nursing practice, and improve the experience of carers of people approaching the end-of-life.

**P-250 MOMENTS TREE – CELEBRATING COMPASSION**

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**Background** Specialist palliative care is provided in a challenging environment, where professionals and volunteers often have to deal with death and dying, compassion is an integral part of the care provision. In order to look after the well-being of staff and volunteers, in preventing compassion fatigue there is a need to acknowledge it.

**Aim(s)** For individuals to share moments of compassion seen, witnessed or told about that have made a difference to another human being. Acknowledging the compassion by recognition, recording and celebrating as it deserves.

**Methods** Staff and volunteers were asked to reflect and record their moments which were collected and displayed on leaves. A tree transfer on the wall created a backdrop for the leaves to be displayed and shared. External senior staff were requested to nominate best team moment and best person-centred moment. The hospice team voted for their best moment.

Certificates and prizes were awarded as part of the celebration afternoon held in the hospice for all staff and volunteers.

**Results** Thirty-nine moments were recorded.

All departments were represented at least once. Initial feedback included: 'the quotes were all inspiring'; 'it was hard to nominate one as they were all so good'; 'Thank you for the privilege of reading them all.' Everyone was a winner as each moment was unique.

**Conclusions** The introduction of a permanent tree that is refreshed and leaves changed with the seasons will be established. Recognition of the importance of celebrating those moments of compassion that would otherwise go unseen providing support to our hospice team.

**P-251 THE JOURNEY FROM A CARING HOSPICE TO A COMPASSIONATE HOSPICE**

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**Background** Compassion can be defined as the sensitivity to distress of self and others with a commitment to try and do something about it and prevent it. Compassionate care can positively influence staff efficiency, communication and patient and staff satisfaction by promoting person centred care. A compassionate workforce is vitally important to ensure that innovative practice and quality improvements succeed in meeting the challenges of modern healthcare (West et al., 2017). West et al. (2017) identify that compassionate leadership enhances the intrinsic motivation of staff and reinforces their fundamental values. It has been recognised that compassion within the workforce also creates a sense of safety and also develops a sense of empowerment and support. A key component of delivering compassionate care is empathy. Cole-King and Gilbert (2011) identified that a personal quality that influences someone's capacity for empathy is self-compassion.

**Methods** With this in mind, the leadership team at the Marie Curie Hospice, West Midlands focussed their efforts upon how best the workforce could be supported to facilitate compassionate care. A scoping exercise was carried out to build upon existing areas of good practice such as clinical supervision, morning debrief sessions for the night staff and Schwartz Rounds, and to make them robust. A gap analysis revealed that there were additional practices and skills that staff could apply to help build up their levels of self-compassion. The hospice is now working towards a weekly mindfulness session for staff, a weekly lunch time walking group, three minute mindfulness sessions before the start of meetings and the introduction of compassion circles. The latter has been adopted by other the local service providers, with the vision of developing a compassionate caring community.

**P-252 ACHIEVING SUCCESS THROUGH HOSPICE EDUCATION**

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**Background** Prospect Hospice's vision is Excellence and Choice in End-of-Life Care, both through the provision of care and by influencing and enhancing the care others give through education and community engagement. Education has