

Conclusion Evaluation of the ‘This is Me’ boards demonstrates a dynamic approach to patient-centred care where individual wishes and goals are communicated to all staff, and relatives in a meaningful patient-led approach.

P-129 WHAT'S IMPORTANT TO ME

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Background Patients want to be viewed as an individual with dignity and respect. In the busy day-to-day of caring for people it was identified that staff were focusing on tasks of care rather than on what was meaningful for the people in their care.

The project began with a desire to involve patients in their care by identifying what is important to them. Utilising time in a different way to engage people in conversations giving them permission to tell us what is important to them; enabling the person to be truly involved in decisions about their care and informing their choices.

A team from the ward including a staff nurse as psychoanalyst, the practice development facilitator and Matron led the project. It became apparent that it was not going to be straightforward to integrate the project into everyday practice as it was identified that staff felt uncomfortable instigating conversations, referring to patients by room numbers or diagnosis. The culture on the ward had to be influenced and changed.

Aims To positively influence culture change on the ward. To focus the team's attention on the individual and what is important to them. To role model and support how conversations can be facilitated.

Methods Introduction of a new role led by the nurse psychoanalyst, to support team facilitation of meaningful conversations with patients. White boards installed in rooms to enable patients' families to write what is important to them. Handovers discuss patient communication and notations on the white boards to influence care.

Results The new nurse psychoanalyst role is positively impacting on the team practice. Improved documentation regarding patient family conversations demonstrates the culture of reticence to engage is changing. Patients' families are actively engaging in writing what is important to them on the white boards influencing their care.

P-130 THE PALLIATIVE PATIENT'S ONGOING EXERCISE BEHAVIOURS POST HOSPICE GYM INPUT

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Background With research demonstrating the benefit of exercise therapy in palliative care there is the need for exercise behaviours to continue ongoing in order to sustain the benefits long term. It is imperative hospices understand the palliative patient's self-managed exercise behaviours once they have completed gym programmes in order to best facilitate a positive uptake. Research exploring these behaviours in healthy populations and in those with a non-palliative diagnosis have

found there are internal and external barriers to active uptake of exercise. These include patient understanding, education, motivation, health status, previous exercise behaviours and access to appropriate facilities or equipment.

Aim To explore the effects that participation in a hospice gym-based exercise programme has on ongoing exercise habits.

Methods Qualitative study – focus group.

Results Findings demonstrated there was low uptake of ongoing exercise behaviours despite patients feeling the ability to stay independent gave meaning to their lives and identified exercise as a way of achieving this. Barriers included poor education on why ongoing exercise was important, poor motivation to do exercises at home, and practical issues such as access to transport and equipment. A pertinent finding was the patient's belief that the hospice staff were the only ones who were capable of managing their needs compared to other services. Coming to the hospice filled a void in their life and they formed a strong bond with their local centre.

Conclusions There were similar findings for the barriers to ongoing exercise behaviours in palliative patients and those with a non-terminal diagnosis. However, there are added complexities with palliative patients and the bond they develop with their hospice which can hinder active uptake of exercise in the community. More research is needed to clarify findings and explore facilitators of self-managed exercise in this patient group.

P-131 HEALTHCARE PROFESSIONALS' VIEWS OF REHABILITATIVE PALLIATIVE CARE

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Background As people in the UK are living longer with incurable diseases, it has been acknowledged that hospices need to review their provision of care (Calanzani, Higginson & Gomes, 2013). The adoption of a rehabilitative palliative care approach is recommended, which aims to optimise people's function, wellbeing and independence within the limitations of an advancing illness (Tiberini & Richardson, 2015). There is limited research examining the perspective of healthcare professionals (HCPs) working in hospices regarding rehabilitative palliative care (Wosahlo & Maddocks, 2015).

Aims To explore the views and experiences of HCPs working in hospice in-patient settings of rehabilitative palliative care to inform practice in hospice in-patient units.

Methods Jan-March 2017: Literature review and ethics application. April-June 2017: recruitment from two hospices. Qualitative approach: semi-structured interviews with HCPs working in hospice in-patient settings. Topic guide and field notes used. June-Sept 2017: interview audio-recordings transcribed verbatim, systematically analysed using Iterative Categorization (Neale, 2016) and themes developed from the data.

Results 18 interviews conducted: nine nurses, three healthcare assistants, two doctors, two physiotherapists and two occupational therapists. Themes identified included a shared common understanding of rehabilitative palliative care and highlighted that aspects of this approach were practised within hospices. Barriers and enablers to rehabilitative palliative care were identified, including multidisciplinary team work and communication, the concept of ‘tucking up’ patients, the patient and family, and external perceptions of hospices. Healthcare

assistants' understanding of other HCPs' roles highlighted the need for further education in this area.

Conclusions Whilst rehabilitation is not new to palliative care, the findings suggest this approach is going through a developmental and formalisation process. Increased interdisciplinary team working and further training in rehabilitative palliative care for hospice staff would be beneficial to embedding this approach in hospices. The findings show that healthcare assistants, who provide a large proportion of patient 'hands on care', would particularly benefit from additional training to incorporate rehabilitative palliative care into their practice.

P-132 LET'S FOCUS ON REHABILITATION

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Our inpatient unit has had physiotherapy skills for over 10 years, however, we wanted to expand our services from 4.5 days to a seven day service, to assist the rehabilitation of our patients, to promote independence and to enable patients to increase confidence leading to reduced length of stay and facilitating safer discharges.

An opportunity arose from the departure of our OT to review the clinical team make-up of our inpatient team and the services they can provide. Our health care assistants (who hold an NVQ3 in care) wanted to develop themselves and learn new skills, so we developed the NVQ3 rotation programme in partnership with our physiotherapist. A three-month rotation is offered in which the staff learn new skills around assessment of mobility, choice and use of equipment, rehabilitation exercises, facilitate an exercise group and undertake a prescribed exercise regime. The rotation covers the inpatient unit and day therapy suite to develop the skill set of the staff. During the programme the staff have a comprehensive workbook to complete which tests their understanding and skill set.

All of our NVQ3 staff have completed the rotation, enabling joint partnerships with our physiotherapist, patients and families. The physiotherapist provides a detailed management plan that our NVQ3 assistants can invoke; this has moved the service over to seven days and has facilitated greater understanding, enhanced assessments, joint working externally to enable our physiotherapist to develop relationships with community occupational therapist, greater access and reduced waiting times.

P-133 IS A THERAPY LED REHABILITATION FOR WELLBEING SERVICE APPROPRIATE WITHIN A HOSPICE SETTING?

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Background Physical function and independence are important for patients with advanced illness and evidence suggests that maintaining autonomy, dignity, control and a sense of normality are priorities for them (Tiberini & Richardson, 2015).

Aims A recent benchmarking exercise demonstrated that our hospice needed to develop an earlier approach to

rehabilitation (Tiberini & Richardson, 2015). Therefore, a Rehabilitation for Wellbeing Project was developed at Dove House Hospice in Hull aiming to:

- Identify patients earlier in their palliative pathway, raise awareness and improve accessibility to hospice care
- Demonstrate a rehabilitative approach that promotes physical function, confidence, independence and psychological well-being
- To show benefits to patients' and carers' wellbeing through audit
- Educate staff on the benefits of a rehabilitative approach to personalised patient care.

Method The group operates twice weekly for six weeks, offering educational and physical activities and is delivered by an experienced therapy team, assisted by volunteers. Educational topics include fatigue, breathlessness, mindfulness, nutrition and the benefits of exercise. Patients identify personal goals and share their experiences. Validated tools have been used to record outcomes, e.g. MYCAW (Measure Yourself Concerns and Wellbeing) and NRS (Numeric Rating Scale).

Results Referrals have been received from all health professionals and self-referrals were also accepted. Participants so far have given fantastic feedback with improvements in confidence, self-esteem, mood, physical function and quality of life.

Conclusion This innovative project has rejuvenated rehabilitation in palliative care within the hospice.

Future plans The group has evaluated exceptionally well so far and Dove House Hospice will continue to fund the rehabilitation for wellbeing project after the original project funding has ceased.

P-134 DEVELOPING AND EVALUATING PALLIATIVE REHABILITATION IN AN IN-PATIENT UNIT (IPU) SETTING

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Background There is a large body of evidence demonstrating the benefits of palliative rehabilitation for hospice patients. Physical function and independence are high priorities for patients living with advanced illness enabling them to maintain their autonomy, control and dignity (Tiberini & Richardson, 2015). As well as benefitting patients, a rehabilitative approach also offers health economic benefits for the organisation (Tiberini & Richardson, 2015). This approach is well established within our outpatient setting but the multi-disciplinary approach on the in-patient unit (IPU) was recognised as being less focussed on patients' goals and priorities. The benchmarking document (Hospice UK, 2015) was subsequently used to help identify areas for short and long term development on the IPU.

Aim To evaluate the introduction of a more integrated rehabilitative approach to patient care on an In-patient unit.

Methods Between April – June 2017, activities included a literature review, service mapping, benchmarking, training of nursing and medical staff on rehabilitative techniques, and the Rehabilitation Team on new processes for initial patient assessments.

From July 2017- June 2018, 'quick fix' operational changes were implemented and there was liaison with the leadership team to consider future strategies for rehabilitation. Supporting