

Conclusion All people using a service should be cared for with dignity and respect in a safe and clean environment. Striving to maintain and improve our standards via PLACE will continue to enhance the quality of our service being provided.

P-254 **TRANSFORMING A HOSPICE GARDEN: FROM 'SEA OF GREEN' TO NORDIC WALKING**

Helen Parkinson. *Wirral Hospice St John's, Wirral, UK*

10.1136/bmjspcare-2019-HUKNC.276

Background In 2015 the staff at Wirral Hospice St John's had identified that the hospice garden was an uninspiring 'sea of green' that patients and families gained little from. Whilst patients enjoyed garden views from their beds, there was a lack of interaction with the outside world and very few areas for quiet reflection.

Aim The hospice undertook a three-year project to transform the garden into an inviting and reflective sanctuary for patients, families and staff. The garden will enable enhanced interaction and increased rehabilitation potential through the range of new activities provided.

Method Over four open days, staff, volunteers and patients transformed the garden into a beautiful landscape of flowers, trees and modern art. This also required the engagement of the wider public in the form of individuals, community groups and corporate teams. There was much positive media attention surrounding this work and the garden will be opened by Dame Patricia Routledge in June 2019 over the course of a two day open garden weekend.

Expected results The feedback from those patients who volunteered to help in the transformation has been overwhelmingly positive, providing them with feelings of empowerment and ownership. This has been recognised by BBC North West Today who awarded the hospice the Dianne Oxberry Sunshine Garden prize from Tatton Park Flower Show 2019.

Conclusion The hospice now has a wonderful space that all can enjoy.

Innovation/of interest As a result of this transformation, patients can partake in a range of activities including Nordic walking, golf and working in the communal vegetable patch.

P-255 **SUPPORTING HOSPICE TRUSTEES TO CARRY OUT THEIR ROLE**

Mary Northrop. *St Helena, Colchester, UK*

10.1136/bmjspcare-2019-HUKNC.277

Background The role of a trustee for a hospice can be daunting and carries a high level of responsibility. Following discussions with other trustees at the hospice and at the Hospice UK Trustee Conference, a survey was devised to ask hospice trustees about their experiences. A literature review found only two examples of surveys for charity trustees - Hospice UK (2018), who canvassed trustees as to how they could support them and Vincent, Harrow and Palmer (1998) who looked at trustee decision making in small UK charities.

Aim The aim of the survey was to discover how trustees can be supported to carry out their role in relation to the three legal duties set out by The Charity Commission:

- Act in your charity's best interest;
- Manage your charity's resources responsibly;
- Act with reasonable care and skill (Charity Commission May 2018).

Method A survey using Survey Monkey was sent out to hospice trustees via the CEO of St Helena to other CEOs and via the Hospice UK Chairs Forum.

Results The survey is currently still (at time of writing) open for responses. Initial responses (n=13) suggest that reasons for becoming a trustee included; family member being cared for by the hospice, being asked due to background and wanting to contribute to society. Two thirds of respondents had inductions and further training. A number of trustees contribute to the hospice in additional roles to that of trustee. Trustees commented on the need to keep up to date and have some understanding of the NHS and healthcare provision to carry out the role.

Conclusions Early conclusions suggest the need for training in relation to roles and responsibilities. Good practice includes new trustees having a 'buddy', a good administrator, regular updates regarding new documents, national policies and opportunities to interact with other trustees.

P-256 **ESTABLISHING AN ETHICS ADVISORY COMMITTEE IN A HOSPICE SETTING**

Paul Marriott. *St Cuthbert's Hospice, Durham, UK*

10.1136/bmjspcare-2019-HUKNC.278

There is little research into the extent to which Hospice Ethics Committees exist or how they operate (Ballentine & Dalinis, 2014). In the wider health system clinical and research Ethics Committees are more commonplace. In some countries other than the UK, Hospice Ethics Committees are more common. The role of an advisory ethics committee is one that has emerged, particularly in the USA. However, other than in relation to research, there is little evidence of the emergence of Ethics Committees in the UK.

The aim of the project was to establish an Ethics Advisory Committee and identify if it could add value to staff, patients and family members.

An Ethics Advisory Committee was established through open recruitment. Terms of reference and an induction programme were developed. Committee members have considered ethical issues relating to clinical service, fundraising, purchasing and the use of volunteers. In order to raise awareness of its existence, the Committee initiated an online survey with hospice staff who were asked to identify the ethical issues they faced. In order to 'launch' the Committee, a seminar was held on 'The Ethics of Hospice Admissions' attended by staff members, external partners (referrers) and patient/carer representatives.

The online survey was completed by 11 members of the clinical team. This confirmed that clinical staff (across the hospice: in-patient care, day care, and community work) are facing ethical dilemmas at least once a month. The evaluation of the ethics seminar showed that staff and external stakeholders valued the access to an Ethics Committee created by the hospice.

The project suggests that hospices should consider establishing an Ethics Advisory Committee to support the resilience of staff and add value to key stakeholders.