

Findings We have used the software with nine patients including a young man with Motor Neurone Disease who has two young children and a number of family members living abroad. Initial evaluation with staff, patients and families suggests that it provides an opportunity for conversations about memories, wishes, hopes and fears. We believe the intervention enables rapport to be built and has been reported as being therapeutic in its own right.

Implications We are working with the software designers to develop additional language capabilities to enable it to be used with different cultural identities. We intend to develop robust evaluation measures, such as patient perceptions, the impact of the MyLife content on bereaved family members, and enhancing staff understanding of existing networks.

0-12 GETTING THE WORD OUT THERE – ONE HOSPICE'S INTERNAL COMMUNICATIONS JOURNEY WITH AN INTRANET

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Background With 24 shops, over 400 volunteers and 150 shift workers with little access to a computer, internal communication was a perennial challenge cited in staff surveys. Combined with a burgeoning shared drive and multifarious emails pinging around inboxes, we looked for a user-friendly solution that would balance a Facebook style community with well governed data sharing.

Aims

- Engage hard-to-reach staff and volunteers working off site, on shifts and on the bank
- Create dynamic content relevant to the audience
- Empower users to blog, write content and comment
- Move relevant data off a shared drive within an information governance framework.

Methods As runners up in an Interact Intranet competition in 2015, we received a year's free intranet for all staff and volunteers; cloud based for remote access. A pan-hospice working group decided on structure and content as the model had to be built from scratch. Launch date coincided with our Christmas party, allowing staff to upload and view photos thereby providing the perfect logon hook.

Results Six months in and overall staff feedback has been positive:

- A recent intranet survey revealed that 90% of respondents found it easy to find information
- Governance groups now upload minutes and papers onto the intranet
- Teams are slowly building their own spaces to share news and views
- Images tell a thousand words: our intranet captures this perfectly.

Interpretation and conclusions Our intranet is now the go-to place for internal communications. Engagement takes time and persistence though. Investing in training to build up confidence in usage is paramount, as is keeping content fresh and relevant. Our volunteers are reluctant users so we will revisit this as a worthwhile channel of communication with them when we look to paying for our second year. However, as we look towards the end of our first intranet year it looks like there is no going back to the old-fashioned staff newsletter.

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0-13 EXPLORE AN INTERVENTION FOR OPTIMISING END-OF-LIFE CARE AND TREATMENT IN ANY SETTING

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Background It is a 'wicked problem' that the gold standards of care created within the hospice setting are not always effectively influencing national, regional or local policy. This struggle is something which the public health sector has successfully contended with. In particular an approach known as Health in All Policies (HiAP) has been developed to lay down the rules of engagement and guide the exchange between organisations from all sectors. This synergy allows for an exploration of the possibilities of utilising HiAP within end-of-life care. In particular, this study will look at how the HiAP can be adapted to better integrate end-of-life care throughout the population.

Objectives

- To investigate HiAP as an intervention
- To develop a framework for implementing a HiAP approach to end-of-life care
- To evaluate the possible impacts of changing the manner in which end-of-life care integrates within England.

Method

Systematic review The utilisation of HiAP in healthcare and specifically in end-of-life care.

Ethnographic study A study of the stakeholders within end-of-life care which will aim to understand the problem surrounding influence and policy translation in end-of-life care.

Action research HiAP will be unpicked into a framework which is transposable to end-of-life care. Utilising this, a study will be designed to analyse its applicability to end-of-life care and the possibilities moving forward.

Relevance Increasing death rates, more complex co-morbidities and evidence of unmet need, signals a future where the demand for end-of-life care will increase. Hospice care can be exceptional but will only touch a fraction of those who will die. We need to be able to effectively share what we know with others, now more than ever before, to support tomorrow's patients.

0-14 HOW A CARE COORDINATION CENTRE DELIVERED IN PARTNERSHIP HAS IMPROVED END-OF-LIFE CARE IN THE COMMUNITY

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Background In Wandsworth, end-of-life care (EOLC) is provided by a range of organisations from health, social care and voluntary sectors. Feedback used to be that patients, carers and professionals were sometimes unsure who to contact during a crisis, which resulted in unnecessary hospital admissions. In 2014, the CCG commissioned us to set-up an End of Life Care Coordination Centre with Marie Curie and St George's NHS Foundation Trust as a two-year pilot to address these issues.

Aims The aims of the pilot were to:

- Improve the quality of EOLC for patients and their families
- Free up clinical time for professionals
- Increase number of people able to die at home.