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.

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

Sarah Gray. *Royal Trinity Hospice, London, UK*

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

Emily Dobson. *Saint Michael's Hospice, Harrogate, UK*

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

a. To investigate HiAP as an intervention
b. To develop a framework for implementing a HiAP approach to end-of-life care
c. 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.

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

Megan Veronesi, Cathy Maylin. *Royal Trinity Hospice, London, UK*

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 Endof 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.

Methods A nurse-led coordination team based at the hospice arranges rapid packages of care and equipment and acts as a helpline for patients, families and professionals. An end of life community nurse provides face-to-face support to patients and families and a link to community nurses. Marie Curie health and personal care assistants offer specialised care. OPM have been commissioned to evaluate the model.

Results The service supported over 400 patients in its first year. The independent evaluation found patients and families felt supported to stay at home, and professionals noticed an improvement in the quality of care and the speed of organising care packages. Professionals report they have saved time on administration. Challenges included achieving buy-in from other providers and a lack of capacity to deliver care packages among care agencies.

Conclusions The care coordination model has improved the quality of care in the CCG and enabled more people to die at home. There is evidence admissions are being avoided and hospital discharges are faster. Now in our second year of the pilot, we are working with partners using evidence captured in the evaluation to shape the future model and hopefully secure ongoing funding.

O-15 VOLUNTEER BEFRIENDING SERVICES: LESSONS FROM A RANDOMISED CONTROLLED TRIAL ON WHO ACCESSES THESE SERVICES AND HOW TO MAXIMISE SERVICE IMPACT

[1]Catherine Walshe, [1]Steven Dodd, [1]Guillermo Perez Algorta, [2]Matthew Hill, [2]Nick Ockenden, [1]Sheila Payne, [1]Nancy Preston. [1]*International Observatory on End of Life Care, Lancaster, UK*; [2]*Institute for Volunteering Research, NCVO, London, UK*

Background Volunteer provided befriending or good neighbour services are an increasingly common element of hospice provision. However little is known about who accesses such services, nor their impact. The ELSA study is a large trial of volunteer befriending services across England, with an aim of evaluating the effectiveness of receiving care.

Aim To report data on who was referred to and used the befriending services provided as part of this trial.

Methods A wait-list controlled trial (ELSA) with nested qualitative case studies, with patients randomly allocated to intervention (immediate receipt of volunteering intervention) or wait list arm (four week wait for intervention). Patients (estimated to be in their last year of life) referred to volunteer befriending services across 11 end of life care providers in England. Trial data were collected at baseline, 4, 8 (12) weeks to explore quality of life as our primary outcome, with loneliness and social support as secondary outcomes. Baseline data were collected on personal characteristics and social networks. Trial registered: ISRCTN 12929812

Results Service referrals (n = 369) resulted in 195 people entering the study. Patients mean age 72 years, 61% female, 84% retired, 58% living alone, 90% white ethnicity, 50% with cancer. No significant differences on quality of life at baseline were observed between genders, but as age increases, scores on social, psychological and environmental sub scales worsen ($ps. < 0.01$). Age and living alone were significant predictors of lower environment scores ($ps. < 0.01$). Quality of life scores were lower than those of comparator populations.

Conclusion This study is the first to examine volunteer befriending in a trial context, and describe the characteristics of those receiving care. Services appear appropriately targeted to vulnerable older adults who live alone, and potentially accessed by a wider range of people than other hospice services. Funded by the UK Cabinet Office. See also poster presentation #205.

O-16 DEVELOPMENT OF A MOCK PEER REVIEW MODEL

[1]Judith Park, [1]Mark Harrington, [2]Ruth Gretton. [1]*St Luke's Hospice, Sheffield, UK*; [2]*Dorothy House Hospice Care, Bradford on Avon, UK*

Background Following one hospice sharing their experiences of piloting the Care Quality Commission's (CQC) new inspection model, two hospices have been working in partnership to increase awareness and understanding about what CQC inspections entail, to better prepare hospices for an inspection. Their discussions led to the decision that undertaking peer reviews could be beneficial.

Aim To develop and undertake a peer review of another hospice's services to increase staff awareness and understanding about what CQC inspections entail and add value to their practices.

Methods To ensure the visit generated useful information it followed the style of a real life inspection and considered the five key lines of enquiry.

The visiting team undertook a review of available information on the hospice and developed structured question sets.

An unannounced visit was undertaken to test all hospice procedures and gain an overview of standards. The team held discussions with executives, managers, staff, volunteers, patients, carers and relatives, observed practices both on site and out in the community, and assessed documentation.

A report summarising the findings and suggestions for improvements was also produced.

Results Both hospices felt the experience was extremely valuable and rewarding and it increased staff understanding and awareness of what CQC inspections entail to ensure better preparation about what to expect.

The visit highlighted areas not currently on the hospice's radar and provided the opportunity to implement changes before an inspection. It also enabled the hospices to share experiences, good practices, tools and documents.

Interpretation/conclusions Mock peer review visits are a positive opportunity to describe and demonstrate staff and hospice strengths and development plans, and implementing a regional peer review programme would better prepare hospices for CQC inspections, enable identification of potential issues and encourage sharing of working practices that could improve both safety and effectiveness of end-of-life care.

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O-17 INVESTING IN THE FUTURE OF HOSPICE CARE

Julia O'Neill. *Hospice Care for Burnley and Pendle, Burnley, UK*

Pendleside Hospice is keen to support young people in our community, in order to promote accessibility and to advance our workforce strategy. We recognise that young people are effective ambassadors for the hospice.

In 2015/16 we introduced;