at initial and follow up consultation. Most striking was the significant degree of psychological distress reported by 85% of the patients and cited as the main reason for referral. This was reflected in higher ESAS scores in the psychological domain and an impact on wellbeing scores.

P-207 ADVANCING PERSON CENTRED PALLIATIVE CARE: DEVELOPMENT OF A SEVEN DAY THERAPY SERVICE

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Background Both the NHS Five Year Forward View (2014) and Ambitions for Palliative and End of Life Care (2015) advocate developing models of care organised around the needs of patients emphasising personalised care planning, fair access, collaborative working and care coordination. The hospice had an established team of therapists, however, it was recognised that there were gaps in service provision. The existing therapy service was reviewed in 2015 alongside NHS Improving Quality and adapted to provide a seven day service.

Aims

- Avoid unwanted admissions and facilitate patient's choices and preferred place of care
- Provide ongoing rehabilitation, preventing loss of function and maintaining independence
- Facilitate discharge over seven days
- Provide moving and handling assessments to reduce falls risk
- Increase collaborative working with our seven day community nurse specialist service and health and social care providers.

Method Following the service review, funding for two WTE therapists was secured from our CCG and charity corporate partner to pilot a revised service. This enabled cover to start from January 2016 for weekends and bank holidays and increased response times. Therapists assess and treat patients in both inpatient and community settings and possess core skills and specialist skills specific to each profession.

Results At the three month interim review an improvement in services and outcomes for patients was demonstrated. Most referrals were for urgent community visits to maintain patients at home or for falls prevention on the inpatient unit.

Conclusion Seven day rehabilitation helps to reduce falls and maintains occupational skills. Rapid intervention facilitates discharge planning for end-of-life care at home and supports a person to remain there through provision of equipment and education of patient/carers. Enhancing partnerships with community services provides inclusive care for patients with palliative needs.

P-208 THE VALUE OF TRAINING VOLUNTEERS IN ENABLING COMMUNITIES: MINDFULNESS AND COMPLEMENTARY THERAPY GROUP

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In 2013 one of our volunteers (Jenny) voiced concerns that hospice clients attending a MS seated exercise class were finding the session less useful due to disease progression. Their weekly visit had proved to be invaluable to their wellbeing. Since becoming a volunteer with the hospice Jenny had done some basic complementary therapy training – reiki, "M" technique and chair massage. In conjunction with colleagues Jenny developed a 12 week programme for both clients and carers. The hour's session started and finished with a relaxation/visualisation 10 minutes – and the middle section offered a different therapy each week. Jenny recruited trained therapists to gift their time and deliver a range of therapies. For example; massage, reiki, mindfulness, sound baths, reflexology etc.

From the outset the volunteers and therapists involved with the group were encouraged to facilitate a rehabilitative and enabling approach "to actively support patients to integrate self-management behaviours into their daily lives". (Tiberini, Richardson Pg. 32) Group members evaluated their pain, mobility, general wellbeing and concentration. Also the effect of the session, both immediately and whether it had a longer lasting effect and helped them during the week.

The group has evolved into a sustainable cost effective programme. Every second week Jenny offers a therapy, either with or without additional therapists. On the alternate weeks the group focusses on mindfulness, either with Jenny of if she is unavailable one of the group puts on a mindfulness CD and the group runs itself.

Mindfulness was particularly popular and the Spiritual Co-ordinator has piloted an eight-week programme. Group members have discovered for themselves what therapies they benefit from and therefore might incorporate into their lives. Three group members went onto enrol on a complementary therapy course. Clients say the group experience generates fantastic positive "energy".

Social Media, Communication and Technology

P-209 COMMUNICATION – HOW TO MAKE IT CLEARER

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The Issue We needed cost effective in-house communication skills education to suit all levels of staff and volunteers to ensure they had the knowledge, skills and confidence to communicate effectively with patients, their families and with each other.

Why it is important All of our staff and volunteers will at some time be supporting people in distress. Clinical staff often have 'big' conversations with their patients – breaking bad news etc. They can only do this if they have the right communication skills and the confidence to use them.

What was done We developed a three- tier programme of interactive communication skills workshops called CLEARER.

Communication
CARE A two-hour workshop at an introductory level to develop basic skills for communicating compassionately and sensitively with others.
CLEAR A four-hour workshop at a foundation level to develop skills to hold clear, sensitive and honest conversations about care options, explore patient experiences, needs, priorities and choices.
CLEAREST A full day workshop at an intermediate level aimed at qualified clinical staff that develops skills reflecting, analysing and applying communication strategies to ensure effective compassionate conversations in challenging circumstances.

Workshops have been delivered regularly since 2013.
Evaluation Participants completed post workshop evaluations and were observed in practice using their skills.
Outcomes Staff reported increased confidence in having 'big' conversations and supporting people in distress. Feedback form patients and their families indicates staff and volunteers do communicate effectively and compassionately.
Future The demand for workshops from outside the hospice exceeded the capacity to provide them. To address this issue we have worked with our Clinical Commissioning Groups (CCGs) who were looking to provide communication skills education to people working in health and social care. The CCGs are adopting our CLEARER Communication Programme and supporting the training of facilitators to deliver the workshops.

P-210 CLEARER COMMUNICATION COLLABORATION

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The issue The need for high-quality, flexible, cost effective communication skills education for all groups of staff and all levels of experience was identified by the Clinical Commissioning Groups (CCGs) in our locality. In our hospice we deliver our own communication skills education programme (CLEARER Communication) with three levels of workshops – CARE, CLEAR and CLEAREST. These are very well evaluated and fitted the identified need. However, there was not enough capacity to meet the demand.
Why it is important We can provide excellent care when staff have knowledge, skills and confidence to communicate effectively and compassionately with patients, their families and each other. Education at the right level to achieve this must be readily accessible.
What is being done Working with the CCGs, we identified 10 workshop facilitators from partner organisations and planned their training. We successfully bid for funding from the Multi-Professional Education and Training (MPET) budget held by the CCGs to train facilitators, fund administrative support and deliver the workshops. The new facilitators will also build confidence by co-facilitating the CARE, CLEAR and CLEAREST workshops with the programme lead. Then they will each deliver all three workshops each quarter. Evaluation will be via pre and post course questionnaires, evaluation forms and impact assessments.
Expected outcomes Workshop places will increase from 100 per year to 2000. We expect to see an increase in knowledge, skill and confidence of participants. Ways of assessing impact on patient care are under development. Consistency and quality will be monitored by the programme lead.
Sustainability MPET Funding will allow the programme to be delivered free to staff of partner organisations until end 2018. Charging staff from other organisations will provide an income stream to support ongoing provision.

P-211 WHAT DO DOCTORS AND NURSES IDENTIFY AS THE BARRIERS TO STARTING END OF LIFE CONVERSATIONS IN HOSPITALS? A REVIEW

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Introduction Improving end-of-life care is a national priority. Unsatisfactory care persists in acute hospitals, where there is a lack of communication and advance care planning. Although other reviews focus on the patient's perspective or different settings, this is the first systematic review that explores why doctors and nurses in acute hospitals avoid initiating end-of-life conversations with patients.
Method Six electronic databases were searched for evidence published between 2008 and March 2015. Studies were included if they reported on barriers to discussing end-of-life with families or patients, as described by doctors or nurses in acute hospitals, excluding critical care. Study quality was assessed using recognised tools.
Results 12 studies were included in the review. Although there is limited high-quality evidence available, several recurrent barriers were identified: a lack of education and training; uncertain prognosis; cultural differences and institutional restraints such as time and resource; insufficient communication and coherence between healthcare teams; and perceived reluctance of the patient or family.
Conclusions The reviewers recommend a board-level commitment in acute trusts to implement policies and protocols concerning appropriate initiation of end-of-life communication; the integration of the multi-disciplinary team across specialities, particularly empowering nursing staff, and communication training which addresses:

Individual issues: practitioner personal beliefs and managing emotions.

Team issues: shared decision-making and patient-centred communication.

- Practical tools to enable effective communication.

Organisational issues: creating a culture which facilitates communication about end of life care issues.
Further work Health Education Yorkshire and Humber are using the findings to inform commissioning of communication skills training. Further research will be undertaken to understand the barriers to advance care planning within haematology services.