

Over a year this has developed into a comprehensive but easily accessible practice guide that staff know is easily available on their desktops and in paper format in a ward folder. As new policies are updated a 'quick reference' guide is created and added to the resource.

This change has been supported by education as each topic is added so all staff are aware of changes to clinical practice and how to access the most up to date information.

P-246 NEW METHOD FOR CLINICAL RISK MANAGEMENT

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Background We recently reviewed and revised our methodology for risk management. The existing process was not intuitive or informative; did not demonstrate the seriousness of some risks or how much work had been invested in mitigating them. Critically, risks faced and the levels at which they were being managed were not well understood or appreciated by the Board of Trustees.

Aim To revise the methodology and format for recording clinical risks and controls, so allowing an improved understanding of the risks and enhance clarity around existing controls. To augment identification of areas where controls require enhancement and record the actions taken to allow this.

Method After agreeing the new format for the risk register and risk presentation, all existing risks were reviewed. This produced a clearer understanding of the new terms of 'gross risk', defining the level of risk with no controls in place and 'net risk', defining the level of risk with mitigation actions in place. The register additionally documented the controls in place to mitigate risks and the probability and potential impact of each risk.

Results Key risks were accurately and clearly highlighted, based on causes and consequences, to both the clinical team and Board of Trustees. This resulted in a better understanding of organisational risk appetite. The effect of existing controls was clearly evidenced and areas where further controls were required was demonstrated.

Conclusion This process has significantly enhanced our understanding of the risks faced by the hospice clinical team, clarified the work already undertaken to mitigate risks and identified areas where further controls are required. Improving our risk management process has put us in a better position to justify future investments. As a consequence of success with this new clinical risk management approach, all other institutional risks registers are to be put into this format.

P-247 HOW CAN FUNDRAISERS FUNDRAISE EFFECTIVELY IF THEY DON'T KNOW WHAT WE DO?

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Background Fundraisers are key to the livelihood of our hospices. Their voice within the community represents the work that we do and the patients that we care for. The fundraising team at our hospice have become actively involved in Schwartz rounds, both as panellists and audience members. As

a facilitator responsible for preparing panellists, it became apparent that the fundraisers did not have a clear idea of the work that the clinicians were involved in.

Methods Following discussion with the Fundraising manager, a programme of immersion in clinical activities for the fundraising team was planned. This included attending the in-patient unit and day services during the induction period as well as established fundraisers attending ward rounds and day services to understand the complex care that is being delivered by our staff.

Results 90% of the fundraising team have now attended a ward round. The result has been incredibly positive:

- They have felt enlightened on the extent of care being delivered
- They feel more connected with the clinical team
- Increased connexion with patients
- It has been very emotional and at times difficult for them but still wholeheartedly welcomed
- They feel that they are able to give a much clearer and emotive description of the care we are providing while out in the community.
- We plan to continue this programme and extend to attending day services.

P-248 CARE TOWARDS THE END OF LIFE COURSE FOR CARERS 'HOW PEOPLE DIE REMAINS IN THE MEMORY OF THOSE WHO LIVE ON', DAME CICELY SAUNDERS

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Background It has been evidenced 'By improving communication about the medical, practical, psychosocial, and religious/spiritual issues that surround death and dying will lead to caregivers being better prepared for the death and, as a result, improve their well-being' Herbert RS et al. (2009). Locally from completing the Carer Support Needs Assessment Tool (CSNAT) (Ewing & Grande, 2013), we are finding that the most common domain identified by carers and needing additional support is 'knowing what to expect in the future.' Therefore, in collaboration with carers in Hertfordshire and the Peace Hospice in 2013 the 'Care towards the End of Life Course for Carers' was developed to be run across both hospices.

The Aim of the Course To provide a safe forum to educate carers and provide support for those in a similar position. To share experiences and build on their confidence, particularly in having difficult conversations.

Methods A six-week programme is delivered twice a year covering a range of relevant topics, each one developed further from feedback. We aim to have 12 people attend.

Results Forty-nine carers have attended the courses. 92% of carers were very satisfied with the content and delivery. Carers' feedback: 'The knowledge of understanding of what's to come'; 'That it is never too early but can be too late'; 'Reaffirmed that I am doing the right things and planning correctly.'

Conclusions The impact of the carer journey can significantly influence the bereavement process. The feedback supports the need of the course in providing information and support to carers who are who are caring for a person who is approaching their end of life. We have been contacted by other

hospices who are interested in developing their carers' support services and have shared the course content and experiences with them.

P-249 BARRIERS AND FACILITATORS TO IMPLEMENTING THE CSNAT IN A COMMUNITY PALLIATIVE CARE SETTING

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Background Family carers play a central role in community-based palliative care. However, caring for a terminally ill person puts the carer at increased risk of physical and mental morbidity, which is detrimental for both carer and patient (Williams & McCorkle, 2011). The validated Carer Support Needs Assessment Tool (CSNAT) provides a comprehensive measure of carer support needs and is intended for use in community palliative care (Ewing & Grande 2013). The CSNAT creates an opportunity for carers to discuss their needs with healthcare professionals, facilitating the provision of appropriate support. A recent audit demonstrated poor use of the CSNAT in a Scottish community specialist palliative care service despite training and support.

Aims To identify barriers and facilitators to implementation of the CSNAT in a community specialist palliative care service.

Methods A qualitative study was undertaken, involving interviews with 12 palliative care nurse specialists from two community nursing teams in Lothian, Scotland. Data was audio-recorded, transcribed and thematically analysed using a framework approach.

Results Data analysis is in progress. The results will identify factors which enable and prevent the use of the CSNAT in a community palliative care setting. Recommendations for improving the acceptability of the CSNAT will be developed.

Conclusion Findings from this study have the potential to enhance engagement with the CSNAT, make it more congruent with current nursing practice, and improve the experience of carers of people approaching the end-of-life.

P-250 MOMENTS TREE – CELEBRATING COMPASSION

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Background Specialist palliative care is provided in a challenging environment, where professionals and volunteers often have to deal with death and dying, compassion is an integral part of the care provision. In order to look after the well-being of staff and volunteers, in preventing compassion fatigue there is a need to acknowledge it.

Aim(s) For individuals to share moments of compassion seen, witnessed or told about that have made a difference to another human being. Acknowledging the compassion by recognition, recording and celebrating as it deserves.

Methods Staff and volunteers were asked to reflect and record their moments which were collected and displayed on leaves. A tree transfer on the wall created a backdrop for the leaves to be displayed and shared. External senior staff were requested to nominate best team moment and best person-centred moment. The hospice team voted for their best moment.

Certificates and prizes were awarded as part of the celebration afternoon held in the hospice for all staff and volunteers.

Results Thirty-nine moments were recorded.

All departments were represented at least once. Initial feedback included: 'the quotes were all inspiring'; 'it was hard to nominate one as they were all so good'; 'Thank you for the privilege of reading them all.' Everyone was a winner as each moment was unique.

Conclusions The introduction of a permanent tree that is refreshed and leaves changed with the seasons will be established. Recognition of the importance of celebrating those moments of compassion that would otherwise go unseen providing support to our hospice team.

P-251 THE JOURNEY FROM A CARING HOSPICE TO A COMPASSIONATE HOSPICE

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Background Compassion can be defined as the sensitivity to distress of self and others with a commitment to try and do something about it and prevent it. Compassionate care can positively influence staff efficiency, communication and patient and staff satisfaction by promoting person centred care. A compassionate workforce is vitally important to ensure that innovative practice and quality improvements succeed in meeting the challenges of modern healthcare (West et al., 2017). West et al. (2017) identify that compassionate leadership enhances the intrinsic motivation of staff and reinforces their fundamental values. It has been recognised that compassion within the workforce also creates a sense of safety and also develops a sense of empowerment and support. A key component of delivering compassionate care is empathy. Cole-King and Gilbert (2011) identified that a personal quality that influences someone's capacity for empathy is self-compassion.

Methods With this in mind, the leadership team at the Marie Curie Hospice, West Midlands focussed their efforts upon how best the workforce could be supported to facilitate compassionate care. A scoping exercise was carried out to build upon existing areas of good practice such as clinical supervision, morning debrief sessions for the night staff and Schwartz Rounds, and to make them robust. A gap analysis revealed that there were additional practices and skills that staff could apply to help build up their levels of self-compassion. The hospice is now working towards a weekly mindfulness session for staff, a weekly lunch time walking group, three minute mindfulness sessions before the start of meetings and the introduction of compassion circles. The latter has been adopted by other the local service providers, with the vision of developing a compassionate caring community.

P-252 ACHIEVING SUCCESS THROUGH HOSPICE EDUCATION

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Background Prospect Hospice's vision is Excellence and Choice in End-of-Life Care, both through the provision of care and by influencing and enhancing the care others give through education and community engagement. Education has