

soon visited the hospice for an induction afternoon and a tour of the hospice.

Activities

- Inpatients. Students were the link between the kitchen and the patients, taking meal orders, delivering drinks and meals to them, and learning some basic cooking skills.
- Wellbeing. Students joined a weekly patient check-in and chat session, engaging with the patients, and joining in existing activity sessions and leading some such as Gym Ball Drumming.

Results Students had a positive enriching experience gaining a greater understanding of palliative care, they developed in confidence in speaking with patients and staff supporting them to make informed career decisions. These young ambassadors are armed to spread the positive word in school and with their families of the work of the hospice.

Conclusion This programme was successful due to cross-team support from within the hospice.

We benefited from over 200 hours of volunteer time, some students are continuing to volunteer and fundraise. Following evaluation we have a programme model that with minimal adjustments can be repeated with further students.

P-33 CO-PRODUCING A NEW MODEL OF CARE – DEVELOPING THE TRANSFORM PROGRAMME

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Background In January 2022 the hospice launched a five-year strategy to meet all unmet need across the catchment. Estimates suggest that the hospice reaches 46% of potential beneficiaries of its care. Central to the strategy is a new clinical model to create a sustainable foundation for patients/carers and meet increases in demand and complexity.

Aims To reach all who could benefit from our services through an inclusive and collaborative approach, while maintaining quality and financial balance.

Methodology Our five-phase programme for the new model: (1) Review current model and collaboratively articulate vision for new model: the clinical hub. (2) Establish working groups to develop elements of the clinical hub, comprising management and 'on the ground' clinicians. (3) Begin phased roll-out of new services. (4) Evaluation. (5) Handover to business as usual, review lessons.

We identified that the clinical hub would deliver requirements for a single point of access and centralised admin/coordination of care.

Through new and expanded services it will: Create a central admin team coordinating all services; create new services (including virtual hospice ward, 24/7 rapid response, patient ambulance, Compassionate Neighbours befriending project); expand our award-winning care coordination service catchment-wide; relaunch an enhanced outpatient and bereavement programme. The clinical hub will reduce waiting times, freeing up capacity to reach more people.

Results Outpatient and enhanced bereavement service launched May 2023. Compassionate Neighbours launched Jan 2023 (14 referrals, 6 matches, 28 volunteers trained to

date). Roll-outs planned: Care Coordination Service (July 2023); Rapid Response (Sept. 2023); Virtual Hospice Ward (Nov. 2023).

Conclusion Working collaboratively with staff at all levels has resulted in a streamlined and focussed vision to transform care. We have prioritised efficiency and quality at all stages of staff consultation. Phase 4 will be critical in ensuring that the clinical hub is sustainable for future growth of demand and complexity.

P-34 CENTRE FOR AWARENESS AND RESPONSE TO END OF LIFE (CARE) AT ST. CHRISTOPHER'S HOSPICE: A NEW WAY OF IMPROVING THE EXPERIENCE OF END OF LIFE THROUGH SPACE AND CONVERSATION

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St.Christopher's Hospice, built in the 1960s has always delivered professional education alongside services. In 2017 architects, hospice experts and brand leaders collaborated to design and open a new facility to transform learning opportunities, and place discussion and dissemination of best practice in end-of-life care at the heart of the local community. Our ambitions were two-fold – to find every opportunity to increase knowledge and confidence around end of life across professionals; then to extend and integrate learning available to the public, drawing on insights of people expert by experience. We needed a carefully designed multi-functional building.

An accommodation schedule for the building was developed through consultation, describing a range of flexible learning spaces that would:

1. Draw in and facilitate face-to-face learning for groups of different sizes.
2. Support virtual and blended events.
3. Provoke curiosity through exhibitions and additional information.
4. Encourage new relationships and connections.

The architects continue to guide hospice colleagues to optimise use of the space. Shared learning opportunities are part of this – including sustained efforts to implement a contemporary model of palliative nursing with attention to both nursing practice and physical environment.

We opened CARE in Sept. 2021. In the last year alone we reached over 10,000 professional learners and thousands of community members through a rich programme comprising face-to-face and virtual events. Our reach is local, national and global – with learners from over 55 countries in the last 12 months. Feedback from learners is very positive, with confirmation that they intend continuing to learn with CARE. CARE is more than a building – it is a philosophy and contemporary approach to improving end of life through learning. Development calls for experts beyond practitioners and educationalists including architects; its ongoing growth and impact calls for the same.