

Over the last 12 months the DLA have published a free framework, developed training workshops, launched a free hospice inpatient resource, run 'pop-up' events, organised a Digital Legacy conference, carried out different forms of research and campaigned highlighting that end of life and bereavement in relation to the internet and electronic devices is an area requiring thought, governance and change.

The DLA spend a lot of time working with hospices, CCGs, charities and trusts. The outcome is improved knowledge and skillsets applied at an organisational and/or at an individual level. The diffusion of the DLAs information occurs by supporting professionals through a variety of different channels. In turn this helps professionals to better support patients and their families.

The DLA's work often revolves around conversations and campaigning. Their recent work for Velindre NHS Trust, Aneurin Bevan UHB & Byw Nawr included building a TalkCPR awareness website. The goal of the TalkCPR campaign is to help increase dialogue around CPR and DNACPR within Wales. The TalkCPR campaign was recently nominated for a NHS Wales award.

This paper will document the DLA's journey over the last year, explain how they use creativity to address end-of-life and document how they plan to support every UK hospice over the course of 2017.

**P-222** **BREAKING TRADITION IN PALLIATIVE CARE-INTRODUCTION OF REMOTE TECHNOLOGY AND VIRTUAL CONSULTATIONS**

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10.1136/bmjspcare-2016-001245.243

The aim of the project was to develop a strategic vision in three stages for the palliative care service to improve and expand our reach to patients that incorporated the use of technology. The project aimed to use virtual technology to open up access for consultant led advice in the patients home via video link consultation. This would allow more access to face to face consultations, a more responsive service, less travel time and more access to allow a "tech savvy" population to connect directly with the service.

The second aim of the project was to allow the service to utilise technology to enhance sharing of knowledge and skills to our community colleagues, opening up access to web based educational "bitesize" programmes to improve and enhance skills of our community colleagues.

The final aim of the project is to utilise technology to connect with our community partners to enhance communication and consultation with and about patients. We would use this with our out of hours providers as part of a community hub approach, using technology within the patients home to seek direct clinical advice enhanced by video links.

**P-223** **PATIENT AND CARER PORTAL**

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10.1136/bmjspcare-2016-001245.244

The Patient and Carer Portal is a multi-layered secure website that is being developed to enable professionals and patients to access our electronic patient records.

Key stakeholders will also be able to access tele-health and educational information and content through the online platform.

**Innovative Technology** This portal is just one of the ways technology can be used to reach out to more people, and allow us to spread the already stretched funding a little bit further.

Once launched, the platform will continue to grow and help us reach patients in their own homes, where they can receive tele-health services and add notes directly into their own patient record.

**Reaching more patients, now and in the future** A number of additional features will be released in stages over the next few years, slowly growing the service to reach out to more people and services. This will include the ability to self-refer, and for professionals to refer online 24 hours a day, 7 days a week, 365 days a year.

**Tailored to Individuals** In addition to providing patients and professionals with remote access to medical records thus allowing them to read notes and directly update the records themselves - 'prescribed' information, specifically tailored to the individual patient, will also be available through the Portal.

**Educational Content** Instructional videos for patients and professionals will also be accessible through the portal. Examples include: therapeutic audio/visual services and content, developed in-house by our highly experienced and professional therapies team (i.e., a self-help video on 'How to deal with breathlessness').

## Workforce, Volunteers, Leadership, Education and Workplace

**P-224** **CREATION OF A NEW STARTER INFORMATION PACK FOR REGISTERED NURSES IN A HOSPICE IN PATIENT UNIT**

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10.1136/bmjspcare-2016-001245.245

'There is still a workforce crisis in the NHS the number one priority for health care providers is making sure they have enough staff to deliver safe care' Davies (2016). This is certainly something we have experienced and as a result in the hospice where previously applications would be from nurses in palliative care we are now employing many nurses from a variety of backgrounds, so their palliative care knowledge can be limited.

Due to this shift in experience, we notice that inducting new starters was more complex than it had been. Entering Palliative care nursing can be very daunting for nurses coming from different specialities, particularly with the doses of medications used 'off licence' (Twycross *et al.*, 2014) that we use to achieve symptom management. We therefore wanted new staff to feel empowered and valued, and felt that through providing them with an information pack when we are encouraging them to think about their knowledge gaps, giving them an information resource and guiding them through that period of induction.

**Process of Implementation-** What is current in education, relevant e-Learning, introduction to equipment we used, worksheets on key issues in palliative care to engage thinking around topics, face to face sessions on complex issues with advanced nurse practitioner, pharmacist and nurse consultant and requirement to complete a reflection. Feedback was very positive. Inclusion of

reflection was deemed particularly useful with the timing of revalidation and encouraging reflection on practice from day one.

It continues to be an evolving document, as new feedback is received and research published, the pack is regularly adapted to meet the needs of our new staff. Considering transferability, we have already witnessed that it has been so well accepted that, we are making it available to all nursing staff to help assist them with self-development.

**P-225 AN OBSERVATIONAL EXCHANGE PROGRAM BETWEEN HOSPICE AND ACUTE STAFF**

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10.1136/bmjspcare-2016-001245.246

**Background** The complexity of patients in the hospice has significantly increased over the last five years, and includes non-cancer diagnoses. There is an increasing number of patients who are now admitted to hospices with a non-cancer diagnosis e.g. COPD, end stage heart and renal disease. Patients who are transferred from hospitals to hospices have increasingly more diverse and specific treatment regimes.

**Why it is important?** The 2016 End of Life Care audit in hospitals acknowledges that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014. However as in the past the provision for palliative care is inconsistent across the country, this is particularly true of out of hours. Although it is unfair to directly compare hospices and hospitals, the advantages of sharing specific knowledge and skills across the two is clear.

**What is currently being done?** A one-week nurse exchange; centred on observations, is agreed between St Ann's Hospice and the Renal, Cardiology, Haematology and Respiratory departments of Central Manchester Foundation Trust. Discussions are underway to include Gastro-enterology. The programme adopts a hands-on approach where knowledge and skills are shared through shadowing and observations.

**Evaluation** Following on from the renal exchange programme last year, a new evaluation form has been produced that captures the data in a more quantitative manner, thus allowing outcomes to be more auditable.

**Overall objectives**

1. Equip St Ann's staff with the skills and knowledge to deal with more clinically complex patients
2. Raise awareness of individualised end of life care in a hospice setting.

**The future** This is an ongoing project, aiming to cascade across all hospital specialities, with a view to develop end of life care 'Champions' in each speciality. Our goal would be to see this partnership program replicated in other organisations.

**P-226 STORYBOARDING AS AN AID TO LEARNING ABOUT DEATH SITUATIONS IN CHILDREN'S NURSE EDUCATION**

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10.1136/bmjspcare-2016-001245.247

Although UK child death rates are falling (ONS 2015) their impact is out of proportion to their incidence in relation to the number of people affected and the severity of their effects (Hindmarch,

2009). The intensity of caring for children and families in death situations is known to have an impact on health care practitioners, both painful and rewarding (Papadatou 2009). Caring for dying children is one of the most challenging and unique experiences that student nurses experience while on placement in a variety of settings including hospitals, hospices and the community. Death education for nurses has been studied but there has been limited research into the preparation of those working with dying children and its effectiveness in preparing them for this role (Malloy *et al.*, 2006; Carson 2010). This provides children's nurse educators with a challenge and opportunity to be innovative. Rather than relying on didactic methods when teaching loss issues to student nurses, educators should use creative, interactive and experiential approaches (Matzo *et al.*, 2003; Carson 2010). Narrative pedagogy is appropriate for death education building on a common strategy for nurses caring for children and families in death situations where sharing experiences with colleagues and gaining emotional support is seen as a positive way to learn to manage grief and construct meaning (Keene *et al.*, 2010). Storyboarding is an educational technique that has been used to facilitate narrative and reflection in nurse education (Lillyman *et al.*, 2011; Lillyman and Bennett 2012). It "offers an engaging visual approach to narrative that is both simple and effective" (Johns 2013, p.260). This presentation will share experiences of using storyboarding with children's nursing students as an aid to reflection on death situations that they have experienced in practice and as a means of bridging the gap between theory and practice.

**P-227 PRACTICE EDUCATORS – THE DUAL PROFESSIONALS**

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10.1136/bmjspcare-2016-001245.248

The role of practice educators within hospices is a crucial one. They are instrumental in developing their own workforce, but they also make a significant contribution to the development of the wider health and social care workforce in their locality. The staff who carry out this role are highly qualified and experienced professionals from various specialisms, nursing, social work, chaplaincy and many others.

One of the challenges of the practice educator is the lack of access to suitable teaching and learning programmes. Over the past 12 months in the East Midlands we have worked on an innovative model of collaborative working, with three hospices (LOROS, Cynthia Spencer and St Barnabas) working together with a training provider to develop a bespoke programme which meets that challenge.

Nine staff have engaged in a combined programme which leads towards a certificate in teaching and learning, an assessor qualification and a quality assurance qualification. The formal face-to-face learning is a five-day programme, delivered over a period of six months, the sessions were hosted at the three different hospices. Each individual staff member was able to identify their own programme outcomes depending on their needs.

A number of staff are working towards all three qualifications, with others opting to achieve just one or two. The flexibility of the programme has meant that the needs of the organisations are being met, by building capacity for assessment and quality assurance, as well as the needs of the individuals to extend their knowledge and understanding of their second profession - teaching and facilitating learning.