applying for jobs in catering as a result of his experience. Student quote 'I really enjoy working in the kitchen and have been cutting up vegetables and making cakes. The bit I enjoy most though is how we all help each other in the kitchen'. Staff have reported they were happy with the job coach's support which meant their own workload did not increase as a result of the placement.

Conclusion Students with LD can successfully integrate into work placements with the right level of support. Further placements are being considered in the housekeeping and laundry teams.

P-261 THROWN IN AT THE DEEP END – SCHOOL STUDENTS' EXPERIENCES ON A SIX-MONTH INPATIENT WORK PLACEMENT

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Background Healthcare providers need to reach out to school students to attract entrants (NHS England, 2014), to bridge the growing gap between rapidly increasing demand and the shortfall in workforce supply (NHS Improvement, 2016). Student career choices need to be influenced as early as possible (National Careers Service) through diverse and positive experiences in order to improve recruitment and retention (NHS England, 2014). The quality of work experience offered in hospices varies widely (Barnard, 2016) with some hospices daring to invite school students to directly experience patient care in a supportive manner.

Aim To provide school students with direct access to patient care in a supportive environment.

Method School students aged 17+ were invited to undertake a supported six-month work experience placement on a hospice inpatient ward, gaining a care certificate. Student feedback, plus pre- and post-placement questionnaires were evaluated.

Results 24 placements offered over 12 months to students from a range of academic ability. Ten completed; two left for personal reasons; twelve are currently on placement: 22 currently plan to work in care. All students embraced opportunities to learn, surprising staff with their initiative, resilience and willingness to care. Students provided assistance with personal care, feeding patients, emptying catheter bags. They were exposed to death, coping remarkably well with the emotional aspect, utilising support of review meetings to share their feelings. A wealth of qualitative was collected demonstrating overall positive experiences:

- 'I used images on Ipad to understand he wanted jelly and soft pears. He was ecstatic, and gave a thumbs up.'
- Commenting on a patient photo: 'Nice to see the person behind the illness.'
- After witnessing a death, one student told her grandparent, 'You'll be in safe hands Nan, don't worry.'
- All recognised the experience helped them to appreciate life even more.

Conclusion Valuable life skills, communication techniques and insight were gained by students.

P-262 LEADING LEARNERS – DEVELOPING A FORMAL EDUCATION PROGRAMME FOR HOSPICE CARE STAFF

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Background Historically the delivery of an education programme for inpatient nursing staff has been challenging. Particular challenges are:

1. Resourcing an education programme with leadership and teachers
2. Facilitating teaching given the clinical demands in a busy inpatient unit.

We adopted a new multi-disciplinary team joint approach with a doctor and nurse team, education team and nurse managers to run a teaching programme.

Aims • To evaluate current learning practices and teaching interest

- To develop and run a teaching programme
- To evaluate teaching with a view to creating a sustainable programme which can function against the challenges of the inpatient unit.

Methods Staff surveys were used to review current learning practice and attitudes. The team designed and delivered a weekly programme trialled over two months with pre- and post-evaluation. Five sessions have happened to date with individual session feedback.

Results In pre-programme assessment 20 staff surveys demonstrated:

- Low attendance to formal training with most attending no sessions in the last month (no sessions=63.2%)
- All interested in attending teaching
- With 40% willing themselves to teach.

Individual session feedback demonstrates good attendance and all rated 'very good' or 'excellent'. We will additionally be presenting follow-up data at two months.

Conclusions Results demonstrate strong learning interest and some interest in teacher development. To date there is good attendance and highly positive feedback. We propose that central to its success is our team approach with dedicated nursing leadership, increasing the teaching profile, e.g., with certificates, and co-ordinators managing staff allocation between teaching and clinical duties. Lessons learnt are vitally important to help other hospices adopt successful strategies to run teaching programmes when faced with a demanding clinical environment. We will now work towards running a sustainable programme and to develop staff as teachers and learning leaders themselves.

P-263 ENHANCING THE RECOGNITION OF PALLIATIVE CARE EDUCATION FOR DISTRICT NURSES – 'WALKING SIDE BY SIDE'- A PROGRAMME OF ENGAGEMENT BETWEEN HOSPICE AND COMMUNITY

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The numbers of professionals being able to support patients and their families will have future challenges. Across Blackpool Fylde and Wyre many patients end up being admitted to the acute setting in circumstances that could have been avoided. The district nursing workforce has seen many changes in our area, with less experienced staff being exposed to a number of clinical conditions that would have been previously managed in the acute setting. The knowledge and understanding around palliative care and its management has become fragmented, with time pressures and workload demands preventing staff from attending training.

We considered how as a hospice and centre for excellence how we could support our community colleagues to enhance their knowledge and skill, to create better links to enable a range of staff to provide 'hospice' care to patients and families in their own homes and to also provide an opportunity for staff to be supported to discuss clinical cases with our CNS Team to enhance shared learning.

The programme of engagement offers bite-size education sessions allowing the opportunity to explore aspects of palliative care in bundles of educational topics. A community based programme that enables a range of staff to focus on a clinical aspect of care, time for reflection, and supported discussion to increase understanding around accurate assessment, knowledge and management of palliative care patients and their families to improve quality of care and patient outcomes.

The programme launched in April 2017. All 13 district nursing teams have signed up, to date there have been 183 staff trained. These results provide proof that as a hospice we can influence care by having a user-friendly based education strategy delivered into the community which could be effectively duplicated in other settings.

P-264 VERIFICATION OF EXPECTED DEATH: A TRAINING INTERVENTION FOR REGISTERED NURSES IN KENT AND SUSSEX

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Background National and local experience with anecdotal reports demonstrate adult end of life care guidance (NICE, 2017) not being achieved for verification of expected death (VoED). Response by Hospice UK collaboratively developing and launching Care After Death publication (2017) new guidance for Registered Nurses (RNs) on VoED. Concern about VoED practice issue at Kent EoLC education meeting resulting in delivering an educational intervention funded by Health Education England shared by local hospices.

Practice Issues Late verification in the community has a distressing impact on families/carers. Contributing factor 'staff are not clear about the legal requirements surrounding the procedure' (Merrifield, 2016).

Aims • Build the confidence and competence of RNs undertaking VoED.

- Align training with Hospice UK guidance.
- Increased number of practitioners with the required skills, knowledge and competence.
- Reducing reliance on medical practitioners.

Methods The education initiative comprises:

- taught face to-face group session of at least three hours.

- completion of a workbook.
- completion of competence assessment.

The workbook has been designed as a support tool to embed learning and provide evidence of reflection and competence. Pre-course and post-course confidence questionnaires are completed by attendees, followed up for post-course attendance.

Findings The pre- and post- course questionnaires indicate a shift towards increased confidence in undertaking VoED. Workbooks have been well received. More detailed findings are not available at the current time due to the project commencement, further data will be available by the time of presentation. Anticipated data will continue to demonstrate increased confidence in RNs. Increased numbers of RNs will be undertaking VoED in the locality.

Conclusion Project demonstrates the highlighting of an area of concern around patient and family experience and addressed, with regional resource support plus collaborative working leading to improving family and carer experience of expected death in the community. With increased numbers of RNs with the confidence and competence to undertake VoED then the NICE guidance should be met.

P-265 DEVELOPING AN INTERDISCIPLINARY POSTGRADUATE PROGRAMME IN PALLIATIVE AND END OF LIFE CARE

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Background Interdisciplinary learning is recognised as playing a pivotal role in preparing health and social care professionals in today's complex healthcare environment. Efforts to develop and implement interdisciplinary palliative care education programmes have been scarce and fragmented. Moreover, the World Health Assembly (2014) has adopted a resolution urging all its members to implement palliative care education at specialist and generalist level. In the UK, the end of life care strategy (2008) and subsequent related reports have identified the need for workforce development to improve access and provision of palliative and end of life care.

Aim To design and implement an innovative interdisciplinary curriculum for postgraduate education in palliative care that is person-centred, efficient, accepted, and sustainable.

Methods An interdisciplinary project steering group was established to provide leadership and support, and to oversee the development of the programme. An initial draft of the programme was devised in consultation with the steering group. Three stakeholder events were held in November 2015 which indicated general appreciation and support for an interdisciplinary palliative care education programme at postgraduate level. These events provided feedback on the proposed programme learning outcomes, structure, content, and delivery. A service-user focus group was conducted in early 2016, seeking feedback on draft course content and learning outcomes.

Results Curricular components were redesigned based on feedback from all stakeholders. Openness towards interdisciplinary feedback and external engagement, coupled with flexibility and compromise enabled the development of a person-centred, efficient, accepted and sustainable interdisciplinary programme.

Conclusion The development of an interdisciplinary palliative care education programme can encounter multiple barriers;