example because of cognitive, physical or emotional difficulties (Murphy et al., 2013; Murphy & Boa, 2012; Murphy, 2009).

Aims We aimed to introduce and use Talking Mats in a hospice setting and to develop a symbol set to support conversations relating to Advance Care Planning (ACP).

Methods Sixteen staff from the multidisciplinary team were trained to use Talking Mats and successfully used it with patients in the hospice. A sub-group of staff attended a workshop to discuss the potential use of Talking Mats to support conversations relating to ACP. Topics and options were agreed. These were then presented to a wider forum of staff from another Hospice for validation and checking. Three main topics to support ACP conversations were identified: Affairs; Care and Personal Values and are currently being trialled with a range of patients in the hospice setting.

Results Staff trained in the use of Talking Mats found that they could use it with a range of patients for a variety of purposes: getting to know someone; identifying goals; discharge planning and enabling ACP discussions.

Conclusion Talking Mats can be used by trained staff in a hospice setting to support people to express their views and help them plan for the end of life.

**P-13 IMPROVING ACP UPTAKE BY UNDERSTANDING AND ADDRESSING BARRIERS FACED BY HOSPICE STAFF**

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Background ACP is a key means of improving care for people nearing the end of life. Enables better planning and provision of appropriate care (End of Life Care Programme, 2008). Although recognised as important, ACP conversations are not always carried out, confirmed by baseline audit (2015) of ACPs by patients with brain tumours. Results suggested some ACP occurring but scope to improve.

Methods Exploratory study to consider attitudes, enablers and possible barriers for hospice staff engaging in ACP. Need for good understanding of ACP and assistance with communication skills highlighted.

Following study, ACP Steering Group formed, actions included:

- ACP workshops for clinical staff.
- Review of an appropriate ACP paper document for patients to supplement oral information.
- New ACP template for hospice electronic records.

ACP workshops: 5×2 hour, at hospice, attended by hospice MDT (March – September, 2016). Consisted of presentation covering various aspects of ACP then time allowing staff opportunity to practice communication in role-play using ‘fish bowl’ technique.

Results Attendees: Doctors (4), IPU nurses (9), CNS (community) (9) Pharmacy (4), Day Hospice (3), MDT (4) Administrator (1)

100% attendees: workshop met training needs, most appreciated ‘fish bowl’ exercise some requested additional training most requested further opportunities to practice challenging conversations. Feedback on new electronic template: allows clear recording, easy to find recorded conversations, raises ACP profile. Follow up ACP audits: December 2016, April 2017. Results include 95% patient records: evidence of complex discussions about ACP with hospice HCPs. Given the popularity of experiential training and recognising the need to assist staff with communication, further communication skills workshops arranged. Feedback: assist in increasing confidence and skills in addressing challenging conversations including ACP discussions.

Conclusion Hospice staff need training and support with ACP. Understanding and addressing needs in a variety of methods results in both an increase of ACP conversations and more confident staff.
lower levels of ACP in people from Black, Asian and Minority Ethnic (BAME) communities. BAME groups are also more likely to desire invasive medical interventions, regardless of prognosis and impact on quality of life. Little is known about how the model of resuscitation decision-making fits with the social, cultural and religious values and beliefs of BAME groups. Evidence also suggests that health care professionals (HCPs) report a lack of confidence in having culturally appropriate discussions with BAME patients and their families. Equipping professionals to be more confident about such ACP discussions with BAME patients may lead to achieving patient preferences.

**Aims** With a focus on making decisions about resuscitation, this study explores professional views and experiences of ACP with patients from BAME backgrounds. It aims to identify barriers and enablers and person-centred outcomes to such discussions and provide evidence for training professionals.

**Methods** Thematic analysis of qualitative semi-structured interviews with HCPs across primary, secondary and tertiary care in Leicester, including GPs, hospital doctors and nurses.

**Results** There was an emphasis on the significance of building rapport, the timing of discussions and navigating communication barriers. Barriers to decision-making included: patients’ and their families understanding of both prognosis and resuscitation; and differing values amongst generations of migrants. Professionals struggled with how to find a balance between acting in a non-discriminatory way whilst respecting cultural differences. Most HCPs highlight the need for further training and/or support.

**Conclusion** There are significant barriers for HCPs when discussing resuscitation decisions with people from BAME communities. This increases the complexity of navigating ACP and achieving patients’ preferences. HCPs would benefit from further training and support.

**P-17** WE DON’T TALK ANYMORE – IMPROVING COMMUNICATION OF ADVANCE CARE PLANNING ON DISCHARGE FROM HOSPITAL

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**Background** Research shows that more than 30% of hospital inpatients over 85 may die within the next year. Advance Care Planning (ACP) has been shown to increase achievement of preferred place of death and decrease unnecessary hospital admissions in the last year of life. Accordingly, local Elderly Care discharge summaries include a mandatory ACP section. As part of the ‘Building on the Best’ quality improvement programme, our Trust is focusing on improving handover of ACP information as people move between healthcare settings.

**Aims** To determine best practice in sharing information on ACP between hospital and community services.

To review current transfer of information about ACP on discharge from an Elderly Care ward.

**Method** We reviewed relevant literature about transfer of information on discharge summaries and retrospectively audited 30 discharges from an elderly care ward. We recorded inclusion of key ACP topics, such as cardiopulmonary resuscitation status and preferred place of death, as well as deaths within the subsequent six months.

**Results** Literature review highlighted importance of high quality information in discharge summaries to decrease inappropriate readmission in last year of life. No discharge summaries audited included any information in the ‘mandatory’ ACP section.

50% documented DNAR status separately

53% of patients were readmitted to our hospital within six months

30% died within six months.