Conclusions This hospice model has demonstrated significant reductions in hospital admissions and increased confidence of care home staff in end of life practices. It has the potential to be expanded in other localities.

0-20

WHEN 999 GETS CALLED AT THE END OF LIFE: EQUIPPING AMBULANCE CLINICIANS TO PROMOTE A DIGNIFIED DEATH (HOSPICES AND AMBULANCE SERVICE WORKING TOGETHER)

¹Claire Nicell, ²Richard Smith, ³James Hill, ⁴Sarah Stead. ¹The Hospice of St Francis, Berkhamsted, UK; ²East of England Ambulance Service NHS Trust, Watford, UK; ³East of England Ambulance Service NHS Trust, Chelmsford, UK; ⁴East of England Ambulance Service NHS Trust, Bedford, UK

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Background End of life care is an emergent aspect of ambulance clinicians' work. They are often called to an emergency or crisis in an individual's last days of life and have to make complex decisions with limited information. However they receive limited formal palliative care education. Two hospices were approached by a local paramedic to see if they could help address this educational need.

Aim of the Collaborative Work

- For ambulance clinicians to gain confidence in recognising end of life needs of patients and their families and delivering appropriate care.
- For hospice professionals to understand the role and abilities of ambulance clinicians in delivering end of life care.

What have we achieved?

- Two hospices and their local Ambulance NHS Trust worked collaboratively to devise a one-day workshop for paramedics to explore palliative and end of life care.
- The workshop included communication skills, symptom control, recognising dying, promoting patient wishes and accessing local palliative care services.
- Feedback from 70+clinicians was good and their confidence scores increased
- 'Helps make a grey area of our work more understood.'
- Two paramedics completed the European Certificate in Essential Palliative Care and are recognised locally as palliative care champions within their work in the community and control room.
- Links established with local university; end of life care sessions delivered to third-year paramedic students and palliative care student placements arranged.

Additional Benefits

- Increased mutual understanding of practitioners' roles – informing practice and education.
- Paramedics accessing ongoing communication skills training.
- Paramedics delivering teaching to hospice staff highlighting end of life care challenges.
- Improved communication between ambulance crews and local hospices.
- Joint hospice and ambulance end of life care Facebook discussion delivered as part of the Ambulance's service End of Life Care Awareness month
- Joint end of life care strategy working.

Lessons learnt in engagement and governance

0-21

DRIVING CULTURE CHANGE: CROSS-ORGANISATIONAL ENGAGEMENT WITH PEOPLE WITH PERSONAL EXPERIENCE

Andrea Dechamps. *St Wilfrid's Hospice, Eastbourne, UK*

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Background User involvement in hospices, whilst acknowledged as important, can be viewed as particularly difficult with people nearing end of life, can become the sole domain of a particular worker/expert (e.g., the palliative care social worker) and can lack overall buy-in from across organisations. Two years ago our hospice disbanded our main vehicle for user involvement, the Patient Forum, in their own judgement by now weary and unoriginal. Under a PPE (People with Personal Experience) governance stream we embarked on an open-ended, ambitious drive innovating engagement with PPE.

Aims

- To work towards cross-organisation engagement with PPE, through multiple time-limited PPE initiatives led by volunteers, clinical and non-clinical staff at all levels and across settings.
- To instil a sense of curiosity and develop competence amongst all staff and volunteers regarding PPE involvement.
- Ultimately, for PPE involvement to significantly influence service delivery and development across settings.

Methods

- Definition of PPE revised to include our patients, families, customers, public, community, staff and volunteers.
- Key performance target set at 20 PPE initiatives for 2016/17 demonstrated senior commitment.
- Support given to project leaders, with focus on '(almost) anything goes'
- Initiatives mapped by project leaders against business priorities, CQC Key Lines of Enquiry, Quality Improvement Priorities and themes from complaints.

Results Twenty diverse initiatives delivered 2016/2017. Two showcasing events. Demonstrable changes to service delivery across the organisation resulting from above plus culture change amongst staff and volunteers.

'I am just beginning to understand what PPE involvement means – it matters!'

'Involving families in how we design xx, designing xx in collaboration, has made a real difference.'

Conclusion The above describes the first significant stage of a new approach to PPE involvement. We already have demonstrable evidence of quality improvement as a result plus culture change. We believe the described approach to be innovative and have potential for duplication in other settings.

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CQC REQUIRES IMPROVEMENT TO OUTSTANDING IN ONE YEAR: A HOSPICE JOURNEY

Kery Harrison. *Heart of Kent Hospice, Aylesford, UK*

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