these records. We are currently collecting prospective data throughout June 2018.

Conclusion Our data supports existing literature indicating that approximately 1/3 of inpatients are in their last year of life (Clark, Armstrong, Allan *et al.*, 2014). Full results will be presented at the 2018 Hospice UK Conference.

P-19 AVOIDING THE 'HALLWAY HUDDLE' ... PROMOTING ADVANCE CARE PLANNING

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Rationale/background Advance care planning (ACP) is recognised as being key to improving end of life care. A high proportion of people feel comfortable talking about death and dying but historically conversations have been left until a palliative diagnosis or not done at all. Families are often left to guess and make difficult decisions about care and treatment when a loved one loses capacity.

Objective Aims of the project include the development of tools, a training programme and resources to help transform professional and public attitudes to ACP and reduce the barriers, including a lack of resources, limited public awareness and professional hesitancy.

Method An assessment of local recording systems led to the development of a new template to simplify the creation of ACPs on the electronic patient record system. A public ACP booklet has been produced for anyone to record their wishes and preferences and to raise the profile of ACP. Training has commenced at the hospice, in care homes and at other locations, to improve competence.

Results The electronic template is operational and has also been adopted by GPs and district nurses. The hospice is leading by example, aiming to offer 100% of appropriate patients an ACP conversation. The new ACP booklet is available to download online or pick up from various outlets. 200 people have attended ACP training at the hospice: evaluations demonstrate an improvement in knowledge and confidence.

Conclusion It is likely that the role of hospice staff will change from creating ACPs to reviewing existing documents when patients are referred. There is no 'right time' to start an ACP, but whether in good health or not, nobody is immune from sudden illness or accidents; an ACP can help ensure everyone receives care and treatment in line with their wishes and preferences.

P-20 ADVANCE CARE PLANNING – WHAT ARE WE PROMISING PATIENTS?

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Background Advance care planning (ACP) is a process of formal decision making and documentation for future reference. There's a risk that what is expressed during ACP may not be plausible within the available healthcare provision or be inappropriate. Deterioration of the patient's condition could mean that what was once possible is no longer. If this is not effectively communicated then there is potential for unnecessary

distress, anguish and conflict. For this to be communicated effectively nuances such as the difference between; 'Choice', 'Preference' and 'Rights' are paramount. This understanding needs to be on both sides of the consultation table for effective communication.

Aim To explore the perceptions and understanding of the terms; 'Choice', 'Preference' and 'Rights' of the multidisciplinary hospice team in relation to aspects of ACP.

Methodology An electronic survey completed by clinical staff within Severn Hospice over a week period.

Results There were 32 respondents from eight different job roles. 69% (n=22) stated 'where you die' as a 'Preference' with 28% (n=9) stating it a 'Choice'. Explaining DNACPR demonstrated; 'Choice' 39% (n=12)/'Preference' 29% (n=8)/'Right' 35% (n=11). Decisions regarding refusing care were mostly seen as a 'Right' (62% n=20) whereas requesting aspects of care such as admission and medications were perceived as 'Choice' (40% n=13) or 'Preference' (37% n=12). The qualitative aspect asked for perceived definitions of 'Choice', 'Preference' and 'Rights' which we split into multiple themes. 'Choice' had predominance of the themes of 'options' and 'information'. 'Preference' had predominant themes of 'options' and 'if possible'. Rights had a more 'legal' aspect.

Conclusion There is considerable heterogeneity in the understanding of the terms; 'Choice', 'Preference', and 'Rights', and even more so between the terms 'Choice' and 'Preference'. Given this is conducted upon hospice staff this gives measure for concern as potentially conflicting messages and understanding could be communicated.

P-21 SPACE – A TOOL TO AID BETTER COMMUNICATION

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Breaking significant news is difficult. This is compounded when space to have these conversations is limited. This was the issue raised by the Care Quality Commission at the last hospital inspection. With an interest in communication skills, I was asked as a member of the Hospital Palliative Care Team for some advice; what guidance should we follow to break significant news, so that even if we do find ourselves, literally in a tight corner, we can try and do our best.

The acronym SPACE was developed, space being the problem and in part, the solution.

Setting

Preparation

Ask, Active listening, Acknowledge feelings

Chunk and Check

Exit well

The letters represent principles of good communication that are based on well-researched, established models. The aim with SPACE is for it to be a simple, memorable acronym that will encourage and enable all in better communication. A successful outcome would be staff feeling more confident in breaking significant news and subsequently a better experience for patients and relatives. This model is currently being incorporated in to communication skills training in the hospital and in the hospice. We are also teaching bespoke groups. In conjunction with the hospice's graphic designer, SPACE cards have been developed that fit in to the ID badge