Aims To expand our capacity and expertise in conducting evaluations and to embed this in a variety of departments.

Method Having secured funding from the Health Innovation Network (HIN) we are developing a team of Hospice Evaluation Champions (HECs) drawn from clinical and non-clinical staff. Guided by an external expert, the team meet on a regular basis to work on individual projects related to their own departments/projects and to learn together about the techniques and methodology appropriate to conducting a meaningful evaluation.

Results The programme of monthly workshops, individual supervision and peer support has resulted in the following ongoing evaluation projects:

- Referrals to the medical team (Medical Consultant)
- Discharge Buddy introduction (Volunteer Manager)
- Introduction of IPOS (Quality Improvement Manager)
- Enhanced Support Service (Nurse Consultant)
- Introduction of HECs (Research Lead)

In conducting the evaluations the HECs have developed understanding and experience in using a range of tools including focus groups, interviews, questionnaires, diaries, and interrogation of existing data. They have also been supported in reporting and dissemination of evaluation results.

Dissemination On completion of the one year HEC project(s) the results will be disseminated through the HIN networks, through the HIN networks and through publication in journal articles. HECs will provide a cluster of expertise which will be able to support both internal and partnership projects in the future.

Conclusions Whenever possible, patients should be supported to complete their own IPOS, as proxy respondents do not agree strongly with patients. When patients are unable to complete an IPOS, family members are the most appropriate proxy. Under-estimation of issues, particularly the extent to which a patient feels at peace, may lead to under-estimation of quality of life.