organisations enhanced bereavement care for families. Links between organisations were achieved through joint learning opportunities and hospice visits.

**0-9 HOW DO UK HOSPICES SUPPORT FAMILIES WITH DEPENDENT CHILDREN? RESULTS FROM A NATIONWIDE SURVEY**

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**Background** In the UK, 23,000 parents die annually leaving over 40,000 dependent children (Childhood Bereavement Network, 2015). Without support, the impact of parental loss on the social, emotional and physical development of children can last a lifetime (Moore & Rauch, 2010; Ellis, Dowrick, Lloyd-Wiliams, 2013). Children value honest communication about parental illness (Raveis, Siegel, Karus, 1999; Christ, Raveis, Siegel et al., 2005), but many parents are unprepared for these conversations and would like more support (Visser, Huizinga, Hoekstra et al., 2006; Semple & McCance, 2010). UK hospices contribute considerably to the end of life care of more than 200,000 patients a year (Hospice UK), of which anecdotal evidence suggests between 5%–10% have children under 18 years. To date, little data exists on the contribution UK hospices make to supporting families with dependent children.

**Aim** To examine the support provided by UK hospices to families with dependent children under 18 years when one parent is dying.

**Method** 197 UK hospices were invited to complete an online survey in March/April 2018. For pre-bereavement and bereavement, the survey asked about support delivered in terms of format, location and recipients and about processes for gathering information and for supporting staff. Region and size of hospice were collected. Responses were anonymous.

**Results** Response rate was 66% (130/197). All UK regions were represented. Most hospices provided in-patient and community services and were medium-sized in terms of beds and referrals. Among hospices responding, 78.4% (87/111) asked about dependent children; a substantial minority had no consistent or formal processes (21%; 24/111), and did not provide support for staff (21.5%; 20/93). For pre-bereavement and bereavement, written information, signposting to other services and one-to-one support were most delivered formats. Support was least likely to be provided in absence of the dying person.

**Conclusion** The research provides a comprehensive and representative account of support provided by hospices to families with dependent children prior to, and following, parental death. It identifies gaps in provision and can contribute to developing interventions that can be delivered by UK hospice staff.

**0-10 CHILDREN’S PALLIATIVE CARE NURSE ROTATION POSTS: A RECRUITMENT, RETENTION AND RESILIENCE SOLUTION?**

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**Background** The National Health Service is experiencing an unprecedented nursing shortfall. For the first time in 2017 more nurses left the profession than joined (Nursing & Midwifery Council, 2017). Within London competition for children’s nurses is strong, with charitable, statutory and private organisations attracting registered staff. The need for children’s palliative care (PCC) nurses (HEDP) is growing within the UK (Together for Short Lives, 2018); however, Dickson (2017) identified an 11% nursing vacancy rate here with 65% of these unfilled for 3+ months. Innovative opportunities for staff development are presented as a tool to aid recruitment and retention (NHS Employers, 2015; Smith & Baltruk, 2015; The Association of UK University Hospitals, 2017).

This project adopts an iterative approach to design, implementation and review of rotation posts for PCC nurses and will measure the impact on the workforce.

**Aim** To create and test rotation posts for PCC nurses, subsequently enabling recruitment, development and retention of a resilient PCC nursing workforce, responsive to patient need.

**Methods** Initial grant application, stakeholder engagement, recruitment of project manager (PM). Literature review completed, hospice nurse survey and hospice retention data gathered, service user involvement, pilot rotation pathways with bespoke competencies developed. Pilot rotations commence September 2018. University partners to develop resilience tool and gather information on programme impact. Clinical supervision and action learning sets integral throughout.

**Results** Successful Burdett Trust funding bid. Appointment of PM in first recruitment drive. Cumulative enthusiasm established through wide networking. Success is reliant on flexibility and innovation. Clinical competencies gathered, scope for Pan London PCC document development. PCC nurse survey: eagerness amongst staff for new development pathways, especially senior staff. Requesting networking opportunities, good support identified as essential. Literature review: minimal evidence of which interventions influence recruitment and retention, less for hospice workforce. Retention data: shared challenges, improved reporting identified to inform workforce development.

**Conclusion** Collaborative working, harnessing sector wide enthusiasm, facilitates development of nurse rotation programmes.

**Parallel session 4: Innovating and evaluating palliative care**

**0-11 THE HOSPICE ENABLED DEMENTIA PARTNERSHIP (HEDP): OVERVIEW OF EVALUATION FROM THREE YEAR PILOT PROJECT**

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**Background** Currently over 1400 deaths a year in Northern Ireland, directly attributable to dementia yet, to date, dementia is rarely considered within a palliative care context, with limited attention directed towards the person’s psychological, social, emotional and end of life needs or the support of their family carers. To address this need, Northern Ireland Hospice developed an innovative service (HEDP), based on collaborative working across voluntary and statutory
organisations. This multi-component approach included: the development of dementia friendly hospice building; an enhanced hospice/dementia specialist team; a day hospice service for persons with dementia and their carers which provided opportunities for nurse specialist assessment, creative therapies to improve cognition and promote well-being for the person, and complementary therapy; development of education and learning through certificate programme in holistic dementia care.

HEDP has fostered the development of strong partnerships between participating organisations and has facilitated the cross-fertilisation of expertise. External practitioners and hospice staff have benefited from integrating learning from mental health, palliative care and other areas of practice.

**Aim** To profile findings from the evaluation of the HEDP in terms of uptake, the experiences of carers, health and social care professionals, service commissioners and policy makers, and to highlight recommendations for service development, education and practice.

**Methods** Multiple methods: data collection including documentary record analysis, interviews, focus groups and analysis of reflective diary accounts. Ethical approval was secured. The evaluation was undertaken by researchers independent of the hospice. Descriptive statistical analysis with chart data and thematic analysis applied to qualitative data.

**Results/Conclusion** Core findings from the evaluation process highlighted four main themes: (i) The impact of dementia, (ii) Value of service, (iii) Information and learning needs and (iv) Working in partnership, and has developed key recommendations for teams, commissioners and policy makers considering developing integrated approaches between palliative and dementia care.

**O-12 COPING WITH GRIEF: IDENTIFYING CORE OUTCOMES FOR EVALUATING BEREAVEMENT SUPPORT IN PALLIATIVE CARE**

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**Background** Bereavement support is considered an essential part of hospice provision. However, the research evidence is limited by a lack of consistency in the outcomes used to evaluate services, which in turn makes it difficult to compare approaches and draw conclusions on 'what works best'. Core Outcome Sets (COS) represent the 'minimum that should be measured and reported' in research into specific conditions or services [www.comet-initiative.org]. This project aimed to develop a COS for evaluating bereavement support in palliative care for adults who have lost adults through terminal illness.

**Methodology** The research began with a systematic review of quantitative and qualitative literature to identify a list of outcomes relevant to bereavement support. At a subsequent consensus day 21 stakeholders (including service users) discussed what they considered to be the most important outcomes and compared these to and critiqued the lists generated from the review. These lists and discussions informed a two round DLEPHI survey (n=238) designed to reach consensus on which outcomes/outcome dimensions should be included in the Core Outcome Set. During a final consensus day participants ranked the relative importance of the items which reached consensus in the survey.

**Results** Results suggest that the two most important outcomes are 'Ability to cope' and 'Quality of life and mental well-being'. A number of core dimensions to explore when assessing these outcomes have also been identified. Examples include: 'Feelings of loneliness and emptiness'; 'Relationships with friends and family'; 'Ability to find balance and channel grief'; 'Ability to perform daily tasks' and 'Sense of meaning and purpose in life'.

**Conclusion** Available validated tools have been reviewed for their relevance to these outcomes. No tools have been identified which cover all core domains, although some have better ‘fit’ than others. Further work is being planned to adapt or develop measures as necessary.

**Abstracts**

**O-13 HOW DARE WE?! – DISCHARGING PALLIATIVE PATIENTS FROM HOSPICE SERVICES**

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**Background** With the steady rise of annual deaths, increased patient complexity, and ongoing financial constraints there is a threat to how hospices can continue to deliver the excellent care they are renowned for. As hospices adopt working models to cope with these ever increasing challenges it is imperative that services are delivered in a timely manner. To best achieve this, hospices need to examine their patterns of patient input and the level of care that is delivered throughout a patient’s journey. A way of balancing demand would involve hospices being more proactive in discharging patients when stable. With the development of the Rehabilitative Palliative Care model and the suite of OACC measures, hospices are now in a position to utilise this approach.

**Aim** To explore how to facilitate discharging patients from hospice services appropriately without impacting on care.

**Methods** Systematic literature review and qualitative study using a patient focus group.

**Results** Evidence shows that facilitating appropriate access to hospice services requires understanding of staff and patient behaviours. Findings show hospice staff often provide a ‘total care’ approach leading to increased patient dependency and are uncomfortable with the notion of discharging patients. Although research is limited, early findings suggest patients develop a complex bond with their hospice and view it as a place that fills the void and gives meaning to their life. This creates practical and ethical barriers to discharging patients, especially when there is unlikely another service that matches hospice care.

**Conclusions** Ongoing research is needed but there is the recognition that discharging hospice patients is a sensitive topic and raises concerns how this can be managed and perceived. However, there are strategies that can be implemented to aid this and given the current and ongoing challenges hospices face is this a conversation we can no longer avoid.