levels of workforce pressure (Nursing Standard/Marie Curie survey, 2018) This work also highlights the importance of considering impacts of volunteer services beyond immediate beneficiaries.

P-198 REDUCING AVOIDABLE READMISSIONS FOR PEOPLE WITH COMPLEX NEEDS ASSOCIATED WITH FRAILTY

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Older people are the most frequent users of services and when admitted to hospitals are at greater risk of complications leading to longer lengths of stay and readmission rates. The current design of secondary care services fail to identify the complex underlying needs of older people associated with frailty, including palliative care needs. This results in poor discharge planning and subsequent avoidable future admissions. However, for those people who are admitted to community palliative care services their risk of a readmission to hospital within 28 days is halved.

This presentation aims to share the findings of a service transformation project implemented by the author as part of their MSc dissertation. This was achieved with the application of an Experienced Based Design approach with other stakeholders, along with the principles of Six Sigma to understand the root cause, and was supported by a systematic review of the literature. Which informed the case for the role of an Anticipatory Care Nurse based in A and E of an acute trust to educate front door clinicians how to identify people in their last year of life and develop person centred care planning.

An action research and rapid appraisal technique was applied through the use of the PDSA cycle was implemented to evaluate the service transformation project.

A 45% increase in the number of referrals to the Specialist Palliative Care Team and subsequent increase in referrals to community palliative care services was demonstrated. This was achieved by improved identification of need by front-line clinicians, resulting in widening access to hospice and palliative and end of life care and subsequent person-centred care planning and well-being. Thus, offering a solution to the STP aspiration to reduce avoidable admissions to hospital by 30%. Lincoln University are keen to support further research through expansion of this project.

P-199 CAN WE ENABLE MORE PEOPLE TO LIVE WELL AND DIE IN A PLACE AND MANNER OF THEIR CHOOSING?

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10.1136/bmjspcare-2018-hospiceabs.224

Aims A third of hospital patients are in their last year of life, yet approximately 12% are seen by specialist palliative care leaving generalists to care for 88% of patients. Generalists need to be enabled to provide good palliative care for their patients. The transition from reactive to proactive care by earlier recognition and assessment of personal needs ensures patients receive better coordinated care in a place and manner of their choosing.

Gold Standards Framework (GSF) is a quality improvement programme delivering proactive person-centred care for people

in the last years of life in all settings. We report on the introduction and impact of the GSF Acute Hospitals training Programme, with findings from the 12 whole hospital programmes and accredited wards.

Method The structured two year GSF Hospital training programme includes training, tools, support and evaluation at organisational, patient and staff level, including measures of progress and attainment. The programme is delivered to the whole hospital (commissioned) or individual wards (open). GSF encourages teams to identify patients earlier (aiming for the 30% figure where appropriate), assess their needs (offering all initial advance care planning discussions) and proactively planning care aligned to preferences, enabling more to die at home if that is their wish.

Results Evaluations indicate significant progress in several key areas in many hospitals and a 'culture change' on the wards. GSF Accredited wards show embedded good practice including earlier identification (average 34%), more proactive needs-based approach, more offered advance care planning discussions (76%–87%), better communication with GPs, reduced hospitalisation and improved more appropriate referrals to palliative care specialists.

Conclusions Findings from the GSF trained hospitals and accredited wards show significant changes, with proactive, better coordinated, person-centred care. A key factor is earlier recognition and accredited wards are able to demonstrate they are identifying 30% of patients.

P-200 QUALITY IMPROVEMENT IN ACTION – IMPROVING CARE FOR PATIENTS ADMITTED TO HOSPITAL IN AN EMERGENCY

Julia Grant, Karen Murray, Valerie Oliviant, Lizzie Hyde, Kate Russ. *University Hospitals Leicester, Leicester, UK*

10.1136/bmjspcare-2018-hospiceabs.225

Background University Hospitals Leicester (UHL) joined a quality improvement collaborative (ECLHIP) to improve care for patients who maybe in their last three months of life who attend or are admitted to hospital in an emergency. Hospitals are an important provider of care for this group. UHL is one of the largest Trusts in the English NHS, caring for over 2000 patients in their last days of life each year. An emergency admission may indicate underlying clinical decline. Quality of care varies and there may be unwanted inpatient stays and/or treatments contributing to overall experience.

Method The collaborative begins with diagnosis (activity data, qualitative casefile review, patient experience walkthrough, review of reports and plans). A driver diagram illustrates the 'theory of change' based on findings to plan improvements. The model for improvement provides the framework for engaged frontline clinicians to conduct tests of change. The approach includes informative evaluation, patient and relative experience and planning for sustainability.

Results 62% (n=1991) emergency, adult patients who died in UHL had an outpatient appointment, emergency admission, attendance and/or planned admission in the 90 days preceding their final admission. Casefile review: 7/10 patients had likely missed opportunities to plan ahead. During the final admission, uncertain recovery and/or dying was recognised but this was often late and/or did not translate into desired action. A survey of A and E staff indicated gaps in knowledge on how to access SPC (24% confident) and communication around

patients who are dying/providing bereavement support (65% confident).

Conclusions Tests of changes need to be small enough to try within existing workloads. The focus for July to Sept 2018 (cycles: 1 clinician, 10 patients informed by patient/relative experience) is:

- improved handover and future care planning on discharge (acute frailty)
- earlier recognition, communication alongside improving knowledge/access to SPC (A&E).

P-201 TRANSFORMATION OF WARD COMPANIONS

Suzann Chantrill, Minaxi Patel. *LOROS Hospice, Leicester, UK*

10.1136/bmjspcare-2018-hospiceabs.226

Background LOROS decided to develop the scope of volunteering roles within the inpatient unit to allow volunteers to become 'Ward Companions'. This change was implemented following patient feedback that suggested greater volunteer involvement would be beneficial to patients' experience of hospice care.

Aims Ward companions aim to enhance the patient's stay by providing practical and emotional support and importantly, a sense of normality. Companions engage with patients in many ways; by playing games, through reading, assisting at meal times, or just 'being there' as a reassuring presence in times of need. Depending on the volunteer's own qualifications and interests, they may also provide assistance with patient care, hairdressing, nail and beauty services. Companions have also supported patients to draft their last wishes and create memory boxes for loved ones. Companions have supported patients that do not have family or friends.

Methods The Clinical Volunteer Coordinator has been instrumental in devising role descriptions and encouraging volunteers to contribute their skills in this area. All volunteers are required to complete a thorough training programme to ensure they are sufficiently equipped to support patients. All volunteers report to a ward team leader who briefs them on individual patient requirements and requests.

Conclusion There are currently 32 volunteers enrolled as ward companions for LOROS and their contribution to inpatients has been invaluable, as evidenced by numerous 'thank you' cards and LOROS 'Have Your Say' feedback cards. The Ward Companions initiative has been shared via BBC News and Facebook, highlighting the impact the role has had and the potential for hospices to adopt this approach in the future. It's 'the little things' in life that often mean so much and the attention, care, compassion, trust and empathy afforded by volunteer ward companions has significantly improved patients' experience of LOROS.

P-202 CO-PRODUCTION IN PALLIATIVE CARE

Trudi Leighton. *North London Hospice, London, UK*

10.1136/bmjspcare-2018-hospiceabs.227

Background The Health and Wellbeing Centre at North London Hospice has undergone significant change in its service provision. A priority for improvement project for the

organisation was to develop a co-production model for new service developments.

Aims Establish within our needs stratified model one-to-one complex interventions, shared professional care and community/social engagement using a co-production model; develop a means of designing and delivering new interventions; empower users and staff to develop self-management skills; 'doing with, not doing to'; provide a resource for the organisation.

Methods A steering group provided support, guidance and oversight during the project. A co-production framework was adapted. The needs stratified model provided the framework for the level of intervention. User engagement as an equal partner in planning, delivering and assessing their care.

Example Photography 'Catching the Light'. Users expressed an interest in using photography as a medium for expression and enjoyment. An exhibition of a patient's photography launched the initial co-production meeting, facilitated by a staff member. All stakeholders including camera societies were invited. (*lived experience*). Examples of using photography in palliative care was researched (*research literature*). Formulation of a plan at the exhibition, including recruiting volunteers with photographic technical ability to support the group (*knowledge and expertise*). The relationship between users and staff was equal, open and honest and led to a creative, supportive and powerful group who were empowered (*candour, accountability, respect, communication skills*).

Conclusion A collaborative co-produced model enabled our service users, local community and staff to be empowered to design, plan and deliver services of relevance to their needs. The culture of the service shifted; ownership, openness and honesty, sharing decision making, respect and valuing our users as equals grew and led the organisation to examine the relationship with users.

P-203 A RECIPE FOR SUCCESS: CO PRODUCING A USER FORUM

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10.1136/bmjspcare-2018-hospiceabs.228

Which recipe? Despite the use of focus groups at our hospice there had never been a user forum due to concerns that users might be too unwell or too upset to participate regularly.

Shopping for the right ingredients The project aim was to set up a Forum where service users could provide feedback on concerns and also enable the hospice to hear views on plans to develop services.

Following the recipe Current users from our outpatient service where patients are generally fitter than those from other services were targeted as the initial focus for developing a user forum. Two patients joined a project steering group and an initial meeting was held with patients, staff and volunteers to co-produce the structure of the User Forum (which patients prefer to be called 'Feedback Group') and how to promote attendance.

The perfect cake Eleven groups have taken place. Topics discussed have included catering, our annual quality projects, our three-year strategic plan and user submission to the All-Party Parliamentary Group on Improving Access to Hospices. As a result a user is now a member of our Improving Access Project steering group, users are co-producing two other quality projects, have re-named our outpatient service as well as influenced a change to the consistency of our soups and