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).

Background LOROS decided to develop the scope of volunteer 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 memories.

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 their role.

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.

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.

Aims 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.

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.