to look at the provision of very end of life care in the last 12 weeks of life. To enable improved use of resources and coordination between services, to deliver care that is truly person-centred. At the end of life, time is precious. Loved ones' feedback is that services often feel uncoordinated, and the numbers of seemingly duplicated visits by different services can be overwhelming.

One Neighbourhood Team has chosen to audit and review the delivery and coordination of end of life services in the last 12 weeks of life, with a view that this will also positively influence closer collaboration and improved outcomes for all people. The poster presentation outlines our work and achievements.

P-218 STAND TOGETHER TO BE OUTSTANDING

Linda Prendergast, Louise Pickford. *Mountbatten, Isle of Wight, UK*

10.1136/bmjspcare-2018-hospiceabs.243

Background With over 120 local care providers, more than a quarter are currently rated by the Care Quality Commission (CQC) as Inadequate or Requires Improvement. Following our own Outstanding inspection we, as the sole provider of specialist end of life care, now have a unique role to play sharing our knowledge and skills.

Aim The key to a successful CQC inspection is to work in partnership with other organisations with the aim of improving or maintaining CQC ratings to 'Good'. A shift in culture and leadership will improve the lives and experiences of some of our most vulnerable people and place them at the centre of their care.

Methods The programme aims to provide information and tools to help the proprietors and managers both produce and take forward robust quality assurance and action plans, focusing on culture and leadership based on the Key Lines of Enquiry, but particularly 'Safe' and 'Well Led'. A five-day classroom based education delivered to four cohorts per year; access to an online 'Share-point' of information for all participating providers; and ongoing support visits to help implement the tools.

Results With a rapidly subscribed programme extending over three years, there is already evidence of improved relationships and communication between Statutory Authorities and providers. Ratings are already improving as we share this hospice's mission, vision and values to support each other.

Conclusion With support and improved CQC inspections there will be fewer closures which result in the local area losing essential care provision. Working in partnership with an open and honest culture is the only sustainable model to ensure the future delivery of high quality care. Highlighting gaps in training and education this project has led to further programmes of training which we are now coordinating as a partnership to ensure the delivery of quality standardised education to all.

P-219 IMPROVING THE EFFECTIVENESS OF HOSPICE NURSING HANDOVERS

Emma Little. *St Catherine's Hospice, Preston, UK*

10.1136/bmjspcare-2018-hospiceabs.244

Introduction The quality of nursing handover is important to ensure safe and effective care of patients and to reduce health

care errors by ensuring patient information is correct and understood. Review of evidence shows a number of models used in clinical practice but none felt to be appropriate for a hospice care environment. Staff comments were sought and identified that a more structured and meaningful approach was needed.

Aims Provide a more structured and consistent approach to nursing handover. To utilise a team approach to change in practice. New approach to be user friendly

Method A fishbone analysis was conducted to provide a systemic perspective of current practice of nursing handover on the in-patient unit. Staff comments and ideas collected through group discussions, ideas shower, observations, interviews, dotting voting and audit.

HOSPICE mnemonic created: H – History; O – Overall care needs; S – Symptoms; P – Psychological needs and support; I – In/Output and Infection prevention; C – Controlled medication; E – Evaluation of care.

Nursing champions within the team identified to facilitate implementation.

Implementation Colourful prompt cards detailing 'HOSPICE' handover mnemonic, provided to all staff. Four-week trial period of using new approach, showed existing handover sheet required review. Documentation changed to match the structure of the 'HOSPICE' mnemonic. Ongoing implementation using new approach.

Evaluation Data will be gathered three months post-implementation and will include staff comments and experience, review of clinical incidents and audit of documentation.

P-220 SOCIAL SUPPORT: DEVELOPING SUPPORT ROLES FROM WITHIN THE WORKFORCE

Helen Birch. *Queenscourt Hospice, Southport, UK*

10.1136/bmjspcare-2018-hospiceabs.245

Background Increasing workload of palliative care social worker recognised. Employed by hospice but funding for post shared by hospice, local authority and Clinical Commissioning Group with responsibility to attend meetings, training and supervision away from hospice base.

Aims In order to facilitate a timely discharge to preferred place of care, we need to be able to respond and meet the demands of the complex and challenging needs of patients and improve the accessibility of social work advice to patients and their families in a timely manner.

Methods Empower existing staff in a developmental role by recognising ambition, skills and knowledge in a current staff member, whilst acknowledging limitations of this and respecting specialist social worker role. Shadowing of palliative care social worker on ward rounds, outpatient clinic and day services; communication skills training undertaken. Developing existing knowledge for application of Continuing Healthcare Funding and placements with further training planned for benefits and welfare advice. Work closely with social work administration support.

Results Access to social work advice from health professional at time suitable to patient and family means no waiting. Discussions and administration around discharge planning can be commenced in a timely way and followed up with specialist input from social worker. Better use of health professional skills; palliative care social worker can undertake joint