P-241 LEADING THE WAY – CREATING A DIVERSE TRUSTEE BOARD

Robin Webb. *Isabel Hospice, Welwyn Garden City, UK*

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Background 62% of top charities have all-white boards, according to Inclusive Boards (2018), and the report ‘Taken on trust: the awareness and effectiveness of charity trustees in England and Wales’ (2017), found 71% of trustees were approached to join either directly by the chair or fellow board members. Insanity is often defined as: ‘*Doing the same thing over and over again and expecting different results*’.

We need to build diverse boards that bring in a wide range of talent, skills and experiences. Therefore, we must be intentional in our recruitment for these key roles. This will ensure we have the best people to lead our organisations in these interesting times.

Aims To recruit a diverse mix of new trustees to our board with a variety of skills and experiences as part of our plan to build and develop a high performing Board.

Method

- June to August 2017 – Trustees reviewed skills by self-assessment.
- In context of our strategic development plans gaps in skills identified.
- September to October 2017 – extensive advertising; national newspaper (Guardian), non-exec recruitment websites, local media, case studies in publications
- October 2017 – 2 × open evenings held for people interested in exploring the role to meet existing trustees and Exec. directors
- November 2017 – applications shortlisted, formal interviews held
- December 2017 – new trustees appointed.

Results 22 people attended two open evenings; 17 applications received; 14 interviewed; five appointed. Skills and experience recruited included two lawyers, investment and financial expertise, medical management and local government. Four women, one man. Three from non white English backgrounds. Four aged 42-51 and one in 60s.

It is too early to evaluate the impact of this greater diversity on the effectiveness of the Board; a review is planned for 2019.

Conclusion Our past experience and published research confirms that trustees recruiting their friends results in similar people from similar background joining charity Boards. If charities want to build greater diversity on their boards, drawing in a wider range of skills, experience and backgrounds then being intentional about the approaches they take can deliver these ambitions.

P-242 TRANSFORMING A TRADITIONAL HOSPICE INTO A CONTEMPORARY PALLIATIVE CARE PROVIDER

Claire Marshall. *Compton Care, Wolverhampton, UK*

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Background With escalating demands of the healthcare and social sector, increased regulation and negative press coverage about the role of charities, the need for bold purpose and direction for healthcare charities is paramount for future

survival. This paper charts the rapid root and branch transformation of a traditional local hospice into a contemporary palliative care provider: the positive impact of service user input, the challenge of changing an entrenched culture and the dichotomy of leading a local charity against the commercial realities of the sector.

Aim With a significant time imperative the aim was to effect full scale and fast but effective transformation of the hospice in providing it with a new focus, ambition and strategy in order to navigate its way through the challenges of the health-care economy and future proof its vision and strategy.

Methods and results A significant consultation and perception study was undertaken to involve every form of stakeholder to understand the status of the organisation and how it was viewed by its community. The process and feedback were used to engage the organisation in co-designing its new vision, mission, values, brand and three year strategy. The initial transformation has been completed and was successful, the strategy in its first year of implementation. The cultural change has been fundamental despite being the most challenging aspect and most difficult to measure in the long term.

Conclusions and innovation The listening process, sharing challenging feedback from important stakeholders and authentic and disruptive leadership were the backbone of inspiring and effecting rapid change but there are numerous points of learning or improvement for other organisations considering the same path or elements of it. The impact of the volunteer workforce in a charity setting and the importance of leading the process, not as a project but as a cultural transformation.

P-243 END OF LIFE CARE EDUCATION WITHIN THE NURSING AND RESIDENTIAL HOME SETTING

Imelda Hodgkinson, Caroline Vince, Christine Aylott, Jacqui Pamphilon, Jennifer Chandler, Karen Chumbley. *St Helena Hospice, Colchester, UK*

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Background The development and facilitation of end of life education arose in response to the specific learning needs identified by local nursing and residential homes. This initiative originated as a result of staff supervision sessions, Care Quality Commission recommendations and a desire to improve the care and support offered to residents and their families.

Aim The overriding purpose in providing this education was to cascade knowledge and best practice from the specialist palliative care community to the homes. This dynamic approach lends itself to improving the quality of person-centred care provision and staff confidence with emphasis on collaboration and a shared focus, to enhance end of life care.

Method The specific learning requirements of the staff regarding end of life care were identified. The curriculum was then developed and delivered focusing entirely on the agenda of the learners. This included some similar themes such as recognition of the dying process, priorities and preferences at the end of life, communication and symptom management issues. The educational sessions were delivered through some elements of didactic presentation, interactive group discussion, role play, simulation and case studies.

Results In total education sessions have been delivered to six homes, with a total of 69 staff participating with the overall satisfaction rate at 100%. As a consequence of the education delivered, the feedback has led to further learning needs being identified.

Conclusion This innovative approach to education delivery has embedded the benefits of cross-organisational working and promoted the development of future training sessions such as syringe driver training, verification of expected death training, communication skills training and advance care planning workshops. There is continued momentum for specialist palliative educational input in such care environments, and it is apparent from the evaluation gathered that there is a real desire for this to continue and grow.

P-244 MOVING FORWARD; STRIVING TO IMPROVE UPON ABC END OF LIFE CARE EDUCATION WITHIN CARE HOMES

Danielle Winch. *Garden House Hospice Care, Letchworth, UK*

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Background The ABC Care Home Education modules are a recognised programme of multi-disciplinary training that has been successfully delivered using a classroom approach. However, the current training does not effectively cover all learning styles, particularly those who are kinaesthetic learners, leaving some attendees struggling to implement learning. Current finance has been established jointly between through the local Clinical Commissioning Group and hospice to continue this work which has provided an opportunity to review and adapt delivery of the programme.

Aims To improve the effectiveness of end of life care education in care homes using clinical interventions including role modelling, ad hoc support and demonstration of practical skills to reinforce learning.

Method Following consultation to establish the ongoing needs of staff a programme of support was offered. This included 'drop in' lunchtime sessions to look at the delivery of practical care, working alongside staff delivering care or supporting with medication and liaising with GPs as appropriate.

Results Although still in its initial stages, the feedback from care home staff and managers has been very positive with staff embracing the opportunity to work alongside an experienced professional. Staff have reported increased confidence leading to improved application of learning, more comprehensive documentation and effective communication. Further work is underway to establish the effect on admissions to hospital within the last year of life and the perceived increase in staff and patient/relative satisfaction.

Conclusion The ABC Education programme has previously established significant strides in improving end of life care within care homes. The review has established that practical input can theoretically improve care further by embracing an increased variety of learning styles and embedding the learning to create established improvements.

P-245 WHAT ITCH DO WE NEED TO SCRATCH? NURSING HOME EDUCATION DELIVERED BY HOSPICES

Rebecca Harding, Sarah Hill. *Severn Hospice, Telford, Shropshire*

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Aim End of life care needs to be delivered in a range of care settings with hospice professionals key to promote best practice influencing knowledge, attitudes and behaviours to other healthcare organisations (Hospice UK, 2017). Education and

training is key to building these foundations (National Palliative and End of Life Care Partnership, 2015). This study focuses on describing what palliative care education is needed for nurses in nursing homes and does it differ to community nurses' education needs?

Method All nursing homes covered by a Hospice Outreach Nurse Team (HONT) were asked to participate in the study. Questionnaires with a combination of multiple choice questions and free text answers were sent to all nursing homes. Nursing home managers were contacted and permission given before questionnaires sent. The HONT hand-delivered or posted questionnaires with them returned/posted back after six weeks.

Results Questionnaires were sent to 17 Nursing Homes with a return rate of 78% of the total questionnaires sent. 71% were registered nurses; only the registered nurse data was collated. Length of time in current post was included with the majority in post for 3 years+ (66%). Most nurses described themselves as confident and/or competent in palliative care. Respondents replied that core subjects on the current education programme delivered to community nurses by the HONT would improve their care. 65% of responses stated they had completed palliative care training before with 35% acknowledging they had had no palliative training of any description. Only 10% indicated they had completed a university level training in palliative care.

Conclusions and recommendations Nurses in nursing homes want education which deals with broad subjects rather than anything specific. There was a global tone for training rather than specific areas – which suggests that a separate teaching programme is required for nursing home staff.

P-246 WORK EXPERIENCE STUDENTS: EMBRACING CHANGE IN HOSPICE WORKFORCE DEVELOPMENT

Jenny White. *Garden House Hospice Care, Letchworth, UK*

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Background Traditionally, hospice clinical staff are recruited from acute and community settings. Following a period of significant staff turnover it became apparent that, in keeping with national trends, this pool of experienced staff was diminishing. A decision was made to actively pursue diverse areas of recruitment.

Aims To approach local colleges of further education delivering health care studies at level 2 and 3 and to offer work experience within a hospice setting. It was hoped that this would encourage younger members of staff into hospice services.

Method The local college was approached, and a presentation given to all health care students offering placements in the day services, in-patient and community settings. Eight students requested to undertake their 50 hour placement at the hospice. An Induction Day was delivered including an overview of palliative care, safeguarding and practical care. A pre- and post- questionnaire was given to all students and feedback was sought from the college.

Results With support from tutors, each student was allocated a 'day release.' Only one student was placed in each clinical area at a time and with the high number of students and college holidays, the placements were spread over a five months period. A total of six students completed the placement with