

can lead to poor coping strategies and the ability to process and come to terms with death and dying. The Samaritans service at the prison reported that previously bereavement was consistently among the top three presenting issues of inmates, since the service began this is no longer cited as a reason for contacting their service.

Conclusions The need was identified to support a group of people who rarely engage with talking therapies or hospice care. By creating the bereavement service, we have made a measurable difference to the lives of inmates. We intend to use the learning from this project to develop services for other hard to reach groups.

0-4 REACHING THOSE WHO WOULD NOT ACCESS HOSPICE CARE IN THE COMMUNITY – UNIVERSITY

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Background Having developed the service in the prison we decided to look at other services in Lincolnshire and who they are supporting to be able to identify any other groups of people who do not engage with hospice care or bereavement support.

Aim To develop a service supporting teenagers who have been affected by bereavement. We know that this is a group where there is little support available due to scoping the availability of services in the county and the stigma of talking about bereavement and feelings which still remains which we identified through our scoping conversations.

Methods We had conversations with local University and colleges about how they support students through bereavement and the impact this can have on their education. This identified a lack of support other than some pastoral care with mentors in the school setting.

Results We now have a bereavement counsellor based in the local University, and two colleges around the county. We have had very positive feedback about the impact the service has had on the wellbeing of the students. The services now have a waiting list for students requesting support.

Conclusion The evidence in the growth of the service highlights the need to be supporting people more in the community rather than expecting them to reach out to us for support. This raises the profile of hospice care and the services which can be offered.

Parallel Session 2: Informing Service Development

0-5 FINDINGS FROM THE FIRST ROUND OF THE NATIONAL AUDIT OF CARE AT THE END OF LIFE (NACEL)

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NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death

in acute, community hospitals and mental health inpatient providers in England and Wales.

The audit, first undertaken during 2018/19, comprised:

- an **Organisational Level Audit** covering trusts (in England) and Health Boards (in Wales);
- a **Case Note Review** completed by acute and community providers only, reviewing all deaths in April 2018 (acute providers) or deaths in April – June 2018 (community providers); and
- a **Quality Survey** completed online, or by telephone, by the bereaved person.

Data was collected between June and October 2018. 206 trusts in England and eight Welsh organisations took part in at least one element of the audit (97% of eligible organisations). A total of 11,034 case note reviews were included.

Key findings included the following Documentation that a person may die imminently was high. For half of patients, imminent death was recognised less than one and a half days before they died, leaving a limited amount of time to discuss and implement an individual plan of care.

People's experience of care was good, excellent or outstanding in most cases (80%) as reported by the Quality Survey. However, 20% felt that there was scope to improve the quality of care and sensitive communication with both the patient and the family/others.

Governance of end of life care was strong.

Improvement is required in the documentation of an individual plan of care (documented evidence of a plan for 62% of people who died). Similarly, for one third of people who died, a discussion about the plan of care, and discussions about medication, hydration and nutrition had not been recorded.

The second round of NACEL is running in 2018/19.

0-6 CREATING A COMMUNITY OF OUTSTANDING PRACTICE: WE'RE STILL STANDING BETTER THAN WE'VE EVER BEEN

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

10.1136/bmjspcare-2019-HUKNC.6

18 months on: background The Island Better Care Programme commenced in January 2018 to support the local care sector to improve Care Quality Commission (CQC) inspection ratings against a background of ratings of 'inadequate' or 'requires improvement'. Delivered by this hospice following an *Outstanding* CQC inspection with funds from the Local Authority cascaded down from Central Government Better Care Fund.

Aim To provide and share support and tools to evidence good and outstanding care against the CQC key lines of enquiry inspection document. To streamline systems and form networks amongst the groups which may ultimately lead to consistency and ongoing support in the sector where there would have previously been competition for business.

Method A five-day classroom programme and support visits are available to the Proprietors, Managers and Deputies from local Care Providers. A programme of support to approx. 120 care providers: four cohorts per year over a three-year project length.