

Feedback from those who have completed the workbook indicates staff feel more competent in recognising and dealing with issues such as pain and symptom management but equally importantly, also feel empowered to access local supportive services.

P-48 KIRKLEES CARE HOME CHAMPION PILOT

¹Sadaf Adnan, ¹Jayne Bargh, ¹Deborah Hanson, ²Bronwynn Bennett. ¹Kirkwood Hospice, Huddersfield, UK; ²Kirklees Council, Huddersfield, UK

10.1136/bmjspcare-2019-HUKNC.72

The Kirklees and Calderdale End of Life Training and Education group were successful in a bid for West Yorkshire Excellence Centre funding in 2017, in order to develop targeted end of life care training and education across care homes in Kirklees and Calderdale.

A comprehensive workbook was developed and launched in October 2018, and was positively received by key stakeholders including the Care Quality Commission, Clinical Commissioning Groups, Kirklees Council and local care homes.

Locally, there is recognition that structured support is required with a focus on quality improvement in order to support nominated members of staff from care homes in improving end of life care delivery as well as embedding sustained change. This has been requested from care home managers in order to support how the workbook is aligned to day to day practice. This provides a real opportunity to ensure the delivery of the Kirklees End of Life vision and the national Ambitions Guidance within a care home setting.

A pilot of care home end of life champions is in development, in partnership with Kirklees Council. The first cohort will undertake six half-day sessions over a period of six months, covering:

- Advance care planning;
- Communication skills;
- Recognising and supporting someone who is dying;
- Spirituality and bereavement;
- Two Quality Improvement sessions.

Care home staff at HCA level across Kirklees will be upskilled, improving knowledge of key end of life care issues and concerns in order to better support patients in the last year of life.

Through key support staff benefiting from investment in training, quality improvement activity will also be undertaken in each home in order to support improvements in two of the following areas: Nutrition and hydration, Communication skills, falls prevention, and mouth care.

Through targeted education and support, Champions taking part in this exciting initiative will be encouraged to engage with local stakeholders to share best practice and evidence quality improvement activity.

P-49 END OF LIFE CARE @ HOME: CARE ASSISTANT CERTIFICATE

¹Clare Lawrance, ²Carole Cousins, ³Sian Williams, ⁴Sara Stevenson-Baker, ²Jane Berg. ¹Woking and Sam Beare Hospices, Woking, UK; ²Princess Alice Hospice, Esher, UK; ³Phyllis Tuckwell Hospice, Farnham, UK; ⁴St Catherine's Hospice, Crawley, UK

10.1136/bmjspcare-2019-HUKNC.73

A collaborative educational initiative in Surrey aimed at care workers delivering end of life care at home.

National End of Life Care strategy strongly emphasises the need to provide excellent end of life care in all settings (Department of Health, 2008; National Palliative and End of Life Care Partnership, 2015; Hospice UK, 2017). However, current statistics indicate that while 80% of people would prefer to die at home, only 23.5% achieve this (Hospice UK, 2017; ONS, 2018).

A suggested contributory factor is the lack of appropriate expertise in end of life care within the domiciliary care setting. To address this need, the four Surrey hospices (Woking & Sam Beare, Phyllis Tuckwell, Princess Alice and St Catherine's) developed a partnership with agency staff to co-design and introduce an end of life training course specifically aimed at care assistants providing care at home.

Aims

1. Improve the knowledge, understanding, attitudes, behaviours and clinical skills of care assistants providing end of life care at home by sharing Surrey hospices' expertise;
2. Enhance local partnership working and hospice education collaborations.

Method The hospices developed a three-day course comprising two taught days, a half day carers coaching session followed by group reflection. The course content is based on the five Priorities of Care with strong focus on the communication and practical skills required for end of life care.

Results A pilot programme was delivered in March 2018. Evaluation results were extremely positive with strong evidence that knowledge and skills gained were transferred into practice. Attendees indicated the course improved their knowledge and communication while the teaching style, coaching and reflection enhanced their understanding and performance.

Unfortunately, subsequent courses attracted low numbers with agencies reporting being unable to afford course costs (agreed at £330/3 days) and backfill. The hospices are seeking further Clinical Commissioning Group support and/or grant funding to continue offering the course and in addition, it will now be offered beyond domiciliary care to residential and care home staff as well.

P-50 COLLABORATION AND NETWORKING: DEVELOPING THE PALLIATIVE MEDICINE SAS DOCTOR WORKFORCE IN THE NORTH WEST

¹Aruna Hodgson, ²David Waterman, ³Helen Bonwick. ¹Health Education England, Liverpool, UK; ²Greater Manchester and Eastern Cheshire Strategic Clinical Network, Manchester, UK; ³Marie Curie Hospice Liverpool and Liverpool Heart and Chest Hospital, Liverpool, UK

10.1136/bmjspcare-2019-HUKNC.74

Background The Palliative Medicine workforce is diverse, including consultants, SAS (staff grade, associate specialist and specialty) doctors, GPs and training grades. This project, funded by Greater Manchester and Eastern Cheshire Strategic Clinical Networks, was designed specifically to support the development of SAS doctors working in specialist palliative care in the region. It aimed to help address the challenge of ensuring that there are enough appropriately trained doctors to meet current and future service need.

Aims and methods of the project

- Mapping of numbers of doctors working in Palliative Medicine in SAS grade or similar posts across the region;

- Survey of career aspirations and development needs of doctors working in SAS grade or similar posts;
- Holding networking/educational events for SAS doctors;
- Producing a training and development framework for doctors working in SAS grade or similar roles who wish to progress in their careers.

Results All elements of the project have been achieved and the Training and Development Framework was launched in May 2019. Details of the mapping, the survey of development needs and the educational events will be shared. The project has benefited hugely from collaborative working with colleagues in Cheshire and Merseyside, who had already developed and implemented a Training and Development Programme for SAS doctors in their region.

Conclusion It was evident that providing the opportunity for SAS doctors to network with colleagues from other hospices and palliative care teams was particularly valuable, and has led on to the development of peer-led initiatives such as a Medical Directors Forum and a WhatsApp group. Further work to embed the Training and Development Framework and further support SAS doctor development in the region is currently being planned.

P-51 IMPROVING CONFIDENCE IN COMPLETING RESPECT FORMS

Jillian Wall, David Jones. *University Hospitals of Derby and Burton NHS Trust, Derby, UK*

10.1136/bmjspcare-2019-HUKNC.75

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms were introduced in Royal Derby Hospital a year ago. ReSPECT prompts clinicians to record more than just 'CPR' decisions, and should include personalised recommendations for patients' care in a future emergency. Anecdotally we felt junior doctors were uneasy with ReSPECT, and that forms were often 'partially completed', reducing their value to clinicians and patients alike. An audit of ReSPECT forms confirmed poor completion in some areas of documentation.

We organised a pilot teaching afternoon for Core Medical Trainees (CMTs), incorporating a Powerpoint presentation on ReSPECT, handouts of 'mock forms', and role play. In groups of six, alongside a facilitator, CMTs worked through vignettes of clinical scenarios requiring a ReSPECT form to be completed. Ground rules ensured confidentiality and opportunity for 'time out'.

CMTs engaged enthusiastically with scenarios – in each, one trainee acted as a patient/relative, and another as the doctor. Facilitators led reflection and learning pre- and post- each scenario. Ten trainees completed pre- and post- course questionnaires. Despite 80% reporting formal ReSPECT training previously, 30% and 20% rated themselves 'not confident' to have ReSPECT discussions with patients/relatives respectively, pre-course. None of the CMTs had completed online ReSPECT learning, and 60% reported informal 'on the job' learning.

Post-course none reported lack of confidence. The pre-/post- course numbers who reported confident rose from 10% to 40%, and from 10% to 50%, in discussions with patients/relatives respectively. Free text comments about the session were positive. A re-audit of ReSPECT forms is planned in the

summer-it will be interesting to review whether forms completed by CMT doctors have changed.

We hope to embed similar ReSPECT teaching into junior doctor teaching in the trust at August change over, to allow all juniors practical 'simulated' experience in ReSPECT in addition to formal learning online and through presentations.

P-52 END OF LIFE CHAMPIONS: EDUCATING AND EMPOWERING NURSES IN THE ACUTE HOSPITAL SETTING

Mary Abbott, Victoria Brinkworth. *University Hospitals Birmingham, Birmingham, West Midlands*

10.1136/bmjspcare-2019-HUKNC.76

Background/Aims The End of Life Care Strategy for England has highlighted the delivery of high-quality end of life care in hospitals as an area of priority (Department of Health, 2008). The National Survey of Bereaved People (ONS, 2016) found, however, that relatives of people who died in hospital rated overall quality of care significantly worse than any other place of death. Barriers to the provision of good end of life care have shown to include a lack of education and poor attitudes from nurses and clinicians (Gardiner, Cobb, Gott & Ingleton, 2011).

We set up an End of Life Champions programme in 2017 aimed at empowering nursing staff to recognise end of life patients in a timely manner, and to feel confident in providing good, holistic end of life care to patients and their families in the ward setting.

Methods A two-day course was provided which covered a variety of areas surrounding end of life care. Delivery methods consisted of Powerpoint slides, group-work, and scenarios. The palliative care team then went on to assist the champions to take action in improving end of life care in their clinical areas.

Results Each champion completed a pre- and post-study day evaluation based on their confidence levels. Results showed a significant improvement in each session topic ranging from 13% to 36%. Comments from some of the champions stated they found the course had given them a whole new perspective on how to approach end of life care, and also that they now felt empowered to challenge poor practice.

Conclusions Educating and supporting nurses in the acute hospital setting has been found to lead to increased levels of confidence and to actively improve care in their clinical areas. This thus enables translation of UK policy into practice. The end of life champions' work is being extended across all hospital sites and is ongoing.

P-53 TEN MINUTE SHARING AND LEARNING

Joanne Schofield, Sonia Bates. *Prince of Wales Hospice, Pontefract, UK*

10.1136/bmjspcare-2019-HUKNC.77

Without doubt one of the biggest challenges faced by hospices is providing education to their staff. While we do provide internal study days, we wanted to offer ongoing education alongside. We trialled ten-minutes sharing and learning sessions after lunchtime handovers to offer education in bite-sized chunks, to either enhance knowledge and skills or to promote awareness, with the aim of improving standards of patient