The vision is for volunteers to support end of life clients in their own local communities through such activities as walking the dog, hanging out washing, taking the children to school, shopping, light gardening, or simply providing companionship.

Method A project group was set up to monitor and support the project's progress and a project manager was appointed. Current service provision was scoped to ensure that the Hospice Neighbours scheme is not only required but also complements any service provision already in place. The project manager worked closely with Adult Social Care, General Practitioners and local community groups.

Starting first in three pilot areas, we have so far recruited over 40 volunteers. A bespoke training programme was developed and delivered to our first group of Hospice Neighbours volunteers. The aim of the training has been to provide practical support and advice such as, food hygiene training, fire safety awareness (kindly supported by the Fire Service), lone working etc. The feedback received from our new volunteers has been extremely positive with all of them feeling confident in their new volunteering role.

Progress We are now supporting our first clients in their own homes. The project manager undertakes an initial risk assessment visit to meet the client, discuss their needs; and then matches a volunteer to the client. Nominations for client support are increasing and our intention is to roll out the service across the whole of our area over the coming year. We are now recruiting volunteers and clients for the next three areas.

P32 TALKING WHILST THERE'S TIME

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10.1136/bmjspcare-2013-000591.54

Introduction Help the Hospices encourages us to develop the roles of volunteers by 'building on existing practice, promoting excellence in the future and exploring new approaches to volunteering.' (Volunteers: Vital to the future of Hospice Care. 2012 p. 3) Increased levels and complexity of referrals, limited resources and a 3 month waiting list for counselling encouraged us to look at developing the counselling service to introduce volunteer counsellors and volunteer s counselling students.

Aims This project aims to support patients and families with complex needs, saving the Hospice money, resources and cutting the waiting list, whilst giving students and qualified counsellors the opportunity to work within Palliative Care, giving them the opportunity to enhance existing good practice and extend their skill base.

Methods We worked alongside organisations who had also considered this way of working, looked at what they had learned and what might have been done differently. We linked with universities regarding courses suited to the Hospice ethos, and how a hospice placement might enable best learning for students.

Paperwork was designed and trialled.

Universities approached and criteria for students and volunteers agreed.

Adverts were placed in appropriate professional journals, interviews carried out.

Induction and training plans developed, and education delivered.

Outcomes Building on existing practice enabled us to offer patients and families the opportunity to 'talk whilst there's time'.

Students and qualified counsellors have trained and experienced working within palliative care, thereby promoting excellence in the future.

264 volunteer counselling hours have been worked in the first 6 months, saving the Hospice £4000: the counselling waiting list has been cut from 3 months to 3 weeks.

In exploring this new way of working we have developed and expanded our service and have been pleased to share our findings through education, supervision and networking.

P33 DEVELOPMENT OF A VOLUNTEER FORUM TO ENGAGE WITH OUR KEY WORKFORCE

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10.1136/bmjspcare-2013-000591.55

During the Hospice's 25th Anniversary year a group of Trustees and senior staff, along with a Volunteer Consultant, undertook a 'listening exercise' to improve engagement with our local community. One of the recommendations of the project was to establish a formal method of consulting with our volunteers.

Building on the success of our volunteers winning The Queens Award for Voluntary Service, the proposal to establish a forum was made at the annual volunteers meeting and a group emerged of those who were interested in becoming forum members.

A Chair was elected by the group and Terms of Reference drawn up and agreed when the meetings commenced in October 2012. The forum now has 19 members, representing all areas of volunteer input including retail, and the Chair meets regularly with the Chief Executive and Volunteer Services Leader so that issues raised can be formally reported to the Management Team.

The forum provides real opportunities to formally engage with our volunteers, aligning with two of the key operating principles identified by the Commission into the Future of Hospice Care – 'developing the hospice workforce' and 'reaching out – promoting conversation, informing and supporting choice'. Forum members have reported they are better informed about all activities of the Hospice and feel that their voice is truly valued. Members are planning to visit other hospices to learn about examples of developing roles of volunteers and feedback to the forum.

Formal feedback from volunteers is obtained by means of an annual survey and this will include feedback about the forum so that we can ensure all volunteer voices are heard. As the Trustees consider future options to develop our services to meet growing needs, the forum will enable effective strategic contribution from volunteers, as recommended in the Commission's report 'Volunteers: vital to the future of hospice care.'

P34 EMOTIONAL COMPETENCE AS THE BASELINE FOR VOLUNTEERING IN HOSPICES

Mark Stogdon. North London Hospice, London, UK

10.1136/bmjspcare-2013-000591.56

In the summer of 2011 North London Hospice set out to refresh our approach to volunteering to include:

- Developing a different model of volunteering
- Incorporating Volunteers as part of our workforce (under HR)

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