

P-266 DESIGNING A FRAMEWORK TO PROACTIVELY SUPPORT NURSES THROUGH THEIR REVALIDATION PROCESS, ENSURING EXCELLENT AND PROFESSIONAL STANDARDS OF CARE ARE MAINTAINED

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10.1136/bmjspcare-2016-001245.285

Background A hospice has been preparing for nurse revalidation, ensuring staff feel fully supported and valued so that the best, safest care is delivered to patients and families.

Following on from the Francis Report recommendations, the Nursing and Midwifery Council (NMC) concluded that nurses are to be revalidated every three years to maintain their registration.

The hospice has fully trained and supported staff in how to undertake the process, with four members of staff currently applying for their revalidation. This involves completing their portfolio, which contains records of their CPD, practice hours, feedback and reflective accounts.

Although the recommendation is only for registered nurses and midwives, the organisation has extended this and included auxiliary nurses and professionals allied to medicine (PAMs) in this process. It was decided that this would help set a consistent approach in terms of establishing reflective practice across the workforce, creating a professional standard for all clinical staff involved in patient care.

Aim The purpose of revalidation is to improve public protection by making sure that nurses continue to practice safely throughout their career.

The aim of the project was to ensure that the organisation and its staff were prepared for revalidation. This meant looking at all their systems and ensuring that they were aligned to support nurses with the requirements of revalidation. By doing this the hospice has been able to redesign appraisal and induction, promote educational opportunities and strengthen the support available to nurses and other staff.

Method The hospice conducted training sessions that briefed staff on the requirements of revalidation, signposted the key requirements and provided guidance on how to build their portfolio.

In addition, the clinical education nurse has provided one-to-one support to people who were unable to attend the workshops or required further support, meaning that to date a total of 90% of nurses have benefited from this initiative.

The hospice has a designated administrator for the project and has trained line managers of nurses in the Confirmer role.

Conclusion Once the first wave of nurses has completed the revalidation process, the organisation will review the work to date and create a framework to continue to support its staff with revalidation.

P-267 A UNIQUE CAREER PATHWAY FOR HCAS IN A HOSPICE SETTING

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10.1136/bmjspcare-2016-001245.286

Background The Willis Commission advocated a career pathway for health care assistants (HCAs) to enhance career opportunities and support the sustainability of the future nursing workforce. Several opportunities have been embraced to enable this including the

creation of assistant practitioner (AP) roles, health and social care apprenticeships alongside, underpinning education such as Foundation Degrees, QCF frameworks and the Care Certificate.

Our Experience For the past nine years our Education Department has run a Foundation Degree which several HCAs from the hospice have successfully achieved. More recently, engagement in level 2 and 3 QCF modules has taken place. In addition, there has been a variety of activity to support HCA development in a hospice setting:

- Two assistant practitioner posts (in Education & MND Team)
- Four trainee assistant practitioners – rotating into the community trust as part of collaborative pilot project
- Two clinical apprenticeships (inpatient ward and day therapy rotational posts)
- Two HCA development posts, through ‘talent managing’ staff from the domestic team & HCA bank
- Three senior HCA posts on the inpatient ward.

The above initiatives have demonstrated the commitment of the organisation to develop our workforce and embed novel roles within the nursing teams in alignment with national directives. The Education AP has developed and embedded the care certificate with new HCAs. One of the clinical apprentices was previously a volunteer and the three senior HCAs have been internally promoted. The HCA development posts were created to enable appropriate staff who lacked traditional essential application criteria, to learn on the job, whilst undertaking supported study to attain vocational qualifications. Both clinical apprentices have successfully attained a substantive post at the end of their training; the success of this means we are seeking to appoint a further two clinical apprentices this year.

P-268 DIVERSITY CLIMATE SURVEY IN A HOSPICE SETTING

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10.1136/bmjspcare-2016-001245.287

Diversity’ refers to all significant differences between individuals including sex, age, race, ethnicity, religion, physical and mental ability, educational achievement and occupation.

In 2013, as part of the Equality and Diversity work plan it was decided to survey staff’s views and perceptions of equality and diversity in the hospice. It was agreed to use a standardised tool - Diversity Climate Survey – developed by Prof Robert Bean, an Australian business consultant and with his agreement some questions were slightly modified to reflect ethnicity and religion relevant to the UK.

The Diversity Climate Survey is intended for use across an entire workforce and provides data on individual, work group and organisational factors relating to the ways individuals perceive and feel about the presence and management of diversity in their workplaces and the influences that aspects of diversity and diversity management may have on their career development. The results of the survey can evidence themes around values and belief providing a baseline to target future training and policy in relation to issues of equality and diversity

Farleigh Hospice scoring was positive achieving Level 4 with a score of 60.97 out of 69. and demonstrated that respondents felt the hospice was managing diversity well and they felt positive about workforce diversity. To improve scores the aim would be to target questions which scored the lowest and these would identify also if the areas needing attention related to individual,