

1. An apprenticeship programme
2. A work experience scheme.

Apprenticeship programme

The apprentices work in three different areas of the hospice;

- Day Services – social care student
- Clinical Administration – student administrator
- Kitchen and Domestic Service – catering student.

All apprentices work alongside experienced staff to gain job-specific skills. Learning is supplemented by training provided by local colleges, as they work towards nationally recognised qualifications.

The apprentices bring energy and innovation to the hospice, which is appreciated by our patients. It is rewarding to know that we are providing practical skills, experience and knowledge in their chosen careers that will help them to develop both personally and professionally.

Work experience scheme Pendleside Hospice has introduced a structured approach to work experience aimed at young people interested in a career in health and social care. This consists of learning forums and work experience in our three clinical areas. For those who hope to undertake medical training, there is the opportunity to shadow a member of our medical team for the day.

Learning forum workshops;

- Overview of hospice and palliative care
- Death, dying and bereavement
- Ethical decision making in palliative care.

The workshops are interactive and it was interesting to hear the young person's view of death and dying, which will be used to help map service development.

This new initiative allows Pendleside to respond to the large volume of work experience requests we receive. It has provided many young ambassadors in our community championing the work of the hospice.

0-18 STEPPING INTO A NEW FUTURE – OUR JOURNEY INTO DELIVERING NURSE-LED CARE

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Introduction The introduction of a nurse-led model of care within our hospice is at our fingertips. Traditionally we have always used a consultant-led model.

As we move into the future and open our doors to a wider population needing palliative care services, we need to consider our options, ensuring we are fit for the future. Introducing nurse-led care provides a valuable resource for patients and families.

Aims of project

- Pilot the delivery of nurse-led care
- Build the potential for nursing leadership
- Establish advanced practice in inpatient care
- Change and challenge traditional practices
- Effective and efficient use of palliative care consultant time.

Evidence and experience to date Since November 2015 we have been piloting a nurse-led model of care. Patients are transferred into the nurse-led model of care with their consent, providing a seamless and holistic patient centred service. Anecdotal evidence from relatives suggests that this is a valued and useful service.

Patient experience surveys have provided evidence that there has been no deterioration in the satisfaction expressed in the quality and efficiency of care received. The expected challenge by the inpatient nursing team in delivering a new model of care has not been evident.

Developments for the future

- Clear programme in place for the sustainable delivery of advanced nursing practice in the inpatient setting
- Development of robust tools to measure and analyse the impact on nurse-led care for the individual, team and organisation
- Establish if nurse-led care is a viable alternative to consultant-led care
- Development of allied health professional-led care.

Conclusion Our experience to date has identified that the delivery of nurse-led care within our organisation provides an alternative model that releases the potential for nurses and doctors alike.

0-19 RESEARCH ACTIVE HOSPICES: THE POTENTIAL OF PEOPLE AND PARTNERSHIPS

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Background Supporting hospices to be research active is a strategic objective of Hospice UK following the publication of *Research in palliative care: can hospices afford not to be involved?* (Payne *et al.*, 2013).

Aims To understand the needs, concerns and potential solutions from the hospice, academic, NHS research, clinical community and other stakeholders for hospices to be research active.

Methods November 2015 to February 2016 informal mapping was carried out with 34 stakeholders (data set 1). May to June 2016, two stakeholder meetings with 110 participants (data set 2) and a Survey Monkey questionnaire with over 100 responses (data set 3). May 2016 a #whywedoresearch Twitter chat on hospice research with @researchhospice (data set 4).

Results Data driven thematic analysis of the four data sets reported in three domains (needs, concerns and potential solutions). The three domains were also set within a micro (individual), meso (team or organisational) and macro (regional or national) context.

Needs	Concerns
Funding	Organisational culture
Staff capacity	Indemnity variability
Hospice infrastructure	NHS R&D relationships and NHS site definition
Research education and experience	Gap between hospices who can/cannot be research active
To map hospice research activity	Difficulty in recruiting to studies
	Potential solutions
	Relationships with universities, CRN, NIHR, CRN and NHS R&D departments
	Local, regional, national groups and networking
	Named and/or shared posts
	National Hospice Research Framework
	Education pathway
	Hospice UK as a conduit for resources and relationships
	Map activity or readiness (but more discussion and detail needed)