commitment to personalised care in a person's preferred place. During the COVID-19 pandemic, an appetite for healthcare volunteering was revealed.

Objective This exploratory study aimed to understand health and social care professionals' views on volunteer involvement in rapid transfers from hospital to a preferred place for a person nearing the end-of-life, and whether professionals perceived volunteers as being able to offer meaningful support.

Methods 13 semi-structured interviews were conducted between December 2019 and February 2020 with stakeholders working in health, social care, and the voluntary sector. An inductive thematic analysis of interview data was conducted.

Results 'Filling gaps', 'pastoral and practical support', 'a point of liaison', and 'robust volunteer management' were identified as themes. Participants reflected healthcare-led and risk-averse perspectives on volunteer involvement. Volunteers were perceived as being able to fill gaps in service provision and to augment currently available pastoral, social and practical support. They were also seen as helpful go-betweens between patients and professionals. Participants stipulated that volunteer involvement in rapid transfers of care would require robust screening measures, boundaries, and support via a dedicated volunteer co-ordinator.

Conclusion Professionals expressed a paternalistic view of volunteer involvement, which is likely to impact the extent to which rapid transfer volunteers would be utilised, and their level of autonomy. The sustainability of volunteer involvement in this area is therefore of concern, as this approach is unlikely to benefit or value the volunteers involved. Before a recruitment drive takes place, generating greater confidence in volunteer ability and accountability via healthcare policy may be a possible solution. Further research exploring volunteer perspectives is required.

Transformation

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STRATEGIC PARTNERSHIP BETWEEN HOSPICES – THE OPPORTUNITIES AND BENEFITS OF HOSPICES WORKING COLLABORATIVELY

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Background With changes in NHS commissioning which aim for greater integration across larger areas and increased resourcing pressures experienced by hospices; strategic partnerships between hospices have never been more necessary. The recent Hospice UK Future Vision Programme (2020) set out principles of sustainability for hospices, many of which can be best achieved by working together.

In 2017 our two hospices established a partnership; managed through a memorandum of understanding (MOU), it set out a shared ambition, agreed principles for engagement and the partnership's governance structure.

Aims The partnership agreed to:

- Work together with integrity and probity for the benefit of patients and the public.
- Improve outcomes and experiences through early collaboration and planning.

- Deliver high-quality standards of patient care, consistently and equitably across the system.
- Lead the way in strategic planning of services that are safe and sustainable
- Identify/share opportunities for good practice in transparent and value-for-money partnership arrangements.

Achievements so far/Results Our hospices have developed supportive relationships and regular communication between leadership teams, operational managers and boards. Working collaboratively in:

- Joint external education delivery – sharing resources, contacts and income.
- Rehabilitation – supporting development of one partner's service through senior leadership and joint occupational therapy post.
- Fundraising – trialling a joint mass-participation event.
- Retail – supporting personal development of new income generation director and establishing improvements for retail.
- Commissioning – to support negotiations with commissioners and increase influence across integrated care system.
- Medical support – sharing senior medical resource to support development/business continuity.
- Bed capacity – sharing inpatient capacity during COVID-19 - related closures.
- Staff wellbeing – shared health/wellbeing month funded by NHS England.

Conclusions By working together, we've achieved service improvements, shared expertise, increased efficiency and maintained business continuity. We continue to look for opportunities to work together for the furtherance of our stated aims as outlined in the MOU.

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STRENGTH IN NUMBERS – AN ICS-WIDE CEO ALLIANCE

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Hospice chief executive officers serving the Lancashire & South Cumbria (L&SC) ICS area began to meet weekly at noon each Thursday, initially, as a response to the pandemic. Throughout the year, as trust and partnership working grew, a number of successes and initiatives emerged. The main one being an excellent relationship within our newly developing ICS.

During the initial stages of the COVID-19 pandemic a marked increase in demand for community end-of-life care was experienced within L&SC. After a presentation to the ICS by the 8 adult hospices, a discussion took place regarding the critical partnership role the hospice sector had played in enabling the system to respond to the changing preferences of the population during that period.

ICS Board members noted the potential opportunity this presented to increase joint working between the hospice sector and Out of Hospital services during the Winter period to support system resilience. After further discussion with the ICS, the opportunity was identified to undertake a rapid pilot scheme to demonstrate how a small amount of additional funding (£200k) provided at system level could increase the retention of vulnerable end-of-life patients in the community during the Winter period as part of the system COVID-19 management approach.