

**P-263 NURSES SPECIAL INTEREST PROJECT-ENCOURAGING INNOVATION, INCREASING STAFF INVOLVEMENT, RECOGNISING ACHIEVEMENT**

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The hospice recognised the need to maximise the talent and expertise of Band 5 palliative care nurses. Funding was set aside in annual budget planning to reward the equivalent of one increment on Agenda for Change NHS pay scale (band 5) to nurses undertaking a project for one year. We later diversified the plan to also allow band 3 healthcare assistants to be eligible which again rewards the equivalent of one increment on Agenda for Change NHS pay scale (band 3).

Through setting up a project, nurses could be recognised for the additional work they do, over and above caring for the patients. As a hospice we know we are providing the best evidence based care, whilst in turn upskilling staff.

Staff create a project plan with a number of outcomes, often including increasing staff awareness of a current evidence on their topic and creating resources for staff to use.

We support staff by offering dedicated study time, access to study days and ongoing project support from our advanced nurse practitioner. In return they deliver current evidence based resources and teaching to the in patient unit staff.

On launch of project uptake was low with three projects being submitted, once these projects were in action and visible on the wards, we opened a second round of application, to utilise the funding allocated. There was increased interest, generating many applications from staff. This highlights staff clearly value the project and are keen to get involved.

We currently have five projects running covering topics including, Motor Neurone Disease, Wound care, Outcome Measures and Infection Prevention. We are planning poster displays to celebrate nursing achievements in the hospice to highlight the work being undertaken and how this is influencing our practice.

**P-264 GROW YOUR OWN PALLIATIVE CARE CLINICAL NURSE SPECIALISTS**

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**Background** A National Council for Palliative Care workforce survey (2011) highlighted a predicted specialist nurse workforce crisis with the ageing workforce and difficulties in recruiting the required levels of skill and competence.

Estimates show 25–65% of the population will require specialist palliative care in the last year of life. Consequently, the PCCNS workload is predicted to increase significantly and planning is required to meet this demand (Calanzani *et al.*, 2013).

Locally, there is an inability to recruit PCCNS with the required skills, knowledge and experience, this is reflected nationally (Macmillan Cancer Support, 2014). Innovative ways to develop the workforce include introducing palliative care development posts, this was regarded as an opportunity to introduce skill mix whilst developing the specialist nurses of the future.

Introducing development posts has enabled comprehensive mentorship from expertise within the existing team with the ethos to 'grow your own' and develop the Hospice's PCCNS workforce of the future.

A comprehensive development framework programme has been produced for completion by all palliative care nurse development post-holders over a two year period gaining experience within both the acute hospital and community settings.

**Aim** Implementation of the development programme is to ensure the organisation has a future workforce of PCCNS with the required skills, knowledge, values and expertise.

**Method** Completion of a Development Framework, encompassing clinical expertise, leadership, innovation and education.

**Potential Outcomes:** Standardised, evidence based and individualised approach to the development of future PCCNS across acute and community services.

Clinical and experiential skills within the existing team are 'passed on' to the future workforce encompassing the values, attitudes and behaviours associated with the PCCNS role.

**Current and Future Relevance**

Pro active and innovative way of responding to workforce crisis.

Promoting the ethos of the organisation.

Recognising and supporting achievement and individual ambition.

Potential contribution nationally to the development of PCCNS.

**P-265 PALLIATIVE CARE CLINICAL NURSE SPECIALIST: A NEW ADDITION TO THE HOSPICE INPATIENT UNIT TEAM**

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**Background** In December 2014 the hospice introduced the role of CNS on to the inpatient unit. The role involves working closely with the medical team in admission and management of patients whilst providing mentorship and education to nursing staff and junior doctors.

**Aim** To determine the effectiveness and impact of the CNS role on the hospice inpatient unit.

**Methods** An online anonymous survey of the multidisciplinary inpatient team.

**Results** 18 members of the multidisciplinary team responded. 28% of staff understood the CNS role very well with 72% moderately well. All staff found the addition of the CNS role to be useful with 78% feeling the role was very or extremely useful. 72% and 67% of staff found the role to be of great value to patients and their families respectively whilst 71% felt one of the most valuable aspects of the role was being a link between the medical and non-medical teams. Comments highlighted the nursing experience and clinical knowledge of the CNS to be of particular benefit. Having CNS input within the medical team offers a different perspective on case management.

**Discussion** The survey results and experience of the team support the conclusion that the introduction of the CNS role on the hospice inpatient unit has been highly effective for patients, their families and the multidisciplinary team. The CNS had completed a clinical assessment and diagnostics qualification prior to commencing the role which proved to be of great value and would be seen as a very desirable qualification in the future. Since commencing the role, the CNS is now a non-medical prescriber which is proving to be of significant benefit. Later in the year, training for the non-medical prescribing of blood components will be completed. A survey of patients and families views is also to be undertaken.

**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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**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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**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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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,