

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)

Conclusions The four data sets harnessed the potential of people, teams' and organisations' expertise and passion. Partnership is the way forward to support hospices to be research active. Using the data sets, further consultation and research, the forthcoming Hospice UK action plan will propose the shared goals, timelines and outputs for hospices to be 'research active'.

Funding: The project was funded by the employing organisation.

0-20 STEERING THE RESEARCH ACTIVITIES ACROSS A HOSPICE COLLABORATIVE

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Background In light of the success of recruiting more than 600,000 patients to clinical research studies in 2013/14 (National Institute for Health Research, 2016), four hospices within one region in England formed a Hospice Collaborative (the Collaborative) and have attained funding for a research practitioner to support the research activities since late 2015. These hospices anticipated to provide evidence-based care and to offer chances to patients and families to participate in research studies in order to excel on the existing outstanding palliative/end-of-life care and services (Perkins *et al.*, 2014).

Aims The research practitioner works across the Collaborative and aims to:

- Raise the research awareness amongst staff
- Promote the importance of research within hospices
- Enhance the research readiness within hospices
- Enable hospices to participate in the NIHR Portfolio studies.

Method The research practitioner acted as an information and resource hub to provide and exchange updates regarding the NIHR Portfolio studies, research training and research meetings. Particularly, internal and external research trainings were promoted to hospice staff to gain a better understanding of the rationale, the importance and the standard practices of undertaking research tasks with patients.

Results Within five months of introducing the research practitioner, several key pieces of work have been achieved across the Collaborative including:

- Delivered an in-house 'Introduction to Research' presentation
- Organised a bespoke Good Clinical Practice training where 22 hospice staff attended
- Submitted Expression of Interest Forms for four NIHR Portfolio studies
- Three out of four hospices have been selected as recruitment sites for two NIHR Portfolio studies.

Conclusions Following the implementation of the ground work, these hospices are poised to participate in the NIHR Portfolio studies and the Collaborative was successful in securing recurring funding to grow and support this essential research work.

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0-21 'OUT OF THE WILDERNESS': THE VALUE AND MEANING OF A GROUP FOR FATHERS OF CHILDREN WITH LIFE-LIMITING CONDITIONS

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Family support is widely regarded as an important factor in the palliative care journey. The distinct needs of fathers are particularly well documented in research of children with long-term conditions and this naturally extends to paediatric palliative care where differing views and needs of males versus females has been highlighted. However, the male viewpoint is often minimal or absent in paediatric palliative care research. Therefore the needs of fathers are often unrecognised and remain unmet.

This paper describes a project which explores the value and meaning of a group which aims to provide psychosocial support to fathers of life-limited and life-threatened children.

The 'Dads group' was set up in 2006 in recognition that provision specifically for fathers, locally and nationally, was sparse. Initial activities centred on sporting events and this is still a feature of the group. However, the group has evolved to be so much more, in terms participant numbers, activities and the depth of support it offers. The findings of the evaluation served two purposes, i.e. to gain a better understanding of the value and meaning of the group to its members and to inform future service provision. This paper will focus on the value and meaning of the group.

The main themes emerging from the data were:

- Support
- Shared and sharing experience
- Challenging gender roles
- Isolation and loneliness

One father said;
"I'd be in the wilderness without it"(D8)

The final statement above, more than any other, underlines the importance of this gender specific group to its participants. This evaluative project, which studied a purposive sample via a focus group, provides evidence which can be used to underpin the development of similar groups throughout paediatric palliative care in hospital, hospice or the wider community.

0-22 GRANDPARENTS' EXPERIENCE OF THE DEATH OF A GRANDCHILD FROM A LIFE-LIMITING CONDITION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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Traditionally, bereavement support for families extends to parents and siblings of children who died from a life-limiting condition. Few studies have focused on the needs of bereaved grandparents,