accredited academic module in Specialist Palliative and End of Life Care, in partnership with the local university and investigating the role of apprenticeships for hospice Healthcare Support Workers and Assistant Practitioners.

**P-285 WHAT INFLUENCES PALLIATIVE CARE NURSES IN THEIR CHOICE TO ENGAGE IN OR DECLINE CLINICAL SUPERVISION?**

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**Background** Clinical Supervision has been around since the early 1990s in the UK and has been endorsed by government and professional bodies. Levels of engagement range from 18%–85% (Butterworth et al., 2008).

**Aim** To investigate what influences palliative care nurses in their choice to engage in or decline clinical supervision.

**Methods** A qualitative study was undertaken in an in-patient hospice in England and employed two focus groups to compare the views of participants and non-participants in clinical supervision. Data was audio recorded and transcribed verbatim by the researchers and analysed using Systematic Text Condensation (Malterud, 2012).

**Results** Palliative care nurses all used informal team support for ‘in the moment’ support. Some engaged in formal clinical supervision to reflect ‘on action’ and to challenge practice. Nurses reported a lack of clarity regarding clinical supervision but, once this was overcome and engagement with clinical supervision was established, it led to changes in practice, identification of training needs and team building. Options of group and individual supervision were found to be important. Group supervision led to enhanced understanding of group members which also led to team building, individual sessions were useful for individual issues. Protected time was essential for staff to be able to engage in clinical supervision. Staff who worked in larger teams reported higher levels of engagement whereas a small team reported less need due to more informal team support. The interview themes allowed development of a Palliative Care Nurses Model of Support.

**Conclusions** Nurses need to be aware of their options for support and ultimately how this affects the care they provide. The Palliative Care Nurses Model of Support helps to explain the effects of each choice and how this may lead to team building.

**P-286 USING OSCEs WITH INPATIENT CLINICAL STAFF TO MAINTAIN CLINICAL COMPETENCE**

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10.1136/bmjspcare-2017-hospice.311

Hospice nurses require a range of clinical skills to meet the varying needs of their patients. These skills ensure safe, effective and timely care, however, there can be limited exposure in clinical practice therefore Observed Structured Clinical Examinations (OSCE) were introduced at St Giles Hospice as a way of bridging this gap. An OSCE is a simulated assessment used widely in healthcare education (Hensler, 2013) and is recognised nationally as a model for evaluating clinical competencies (McWilliam & Botwinski, 2014). Preparing and conducting an OSCE is resource-intensive (Ahuja, 2009) and can provide some evidence of competence (Hensler, 2013) especially in environments where clinical learning opportunities can be limited (McWilliam & Botwinski, 2014).

Four OSCE subjects were chosen and performance criteria devised. These criteria were then available for the participating registered nurses. The participating nurses were given two months’ notice of the date of assessment. The standard operating procedures for each skill and additional resources were also made available for the participating nurses prior to the assessments. Thirty minutes was allocated for each skill which included time for feedback.

The registered nurses who took part in the OSCEs were asked to complete a questionnaire one month after. Overall both the examiners and participating registered nurses found the OSCEs to be a positive experience; they helped to increase confidence, acted as a refresher and highlighted areas for further learning on a personal and team level. However, it is important to remember that performance in the simulated environment may not be easily transferred to the clinical environment (Hensler, 2013). Following these OSCEs, the performance criteria have been split into procedure and knowledge to better identify where further learning is required. It was also decided that OSCEs would be implemented annually and also incorporate Health Care Assistants.

**P-287 BUILDING ON COMPETENCY**

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10.1136/bmjspcare-2017-hospice.312

**Background** The hospice has a well-established competency framework for Registered Nurses and Healthcare Assistants which guides staff progression. The importance of developing capabilities of the hospice workforce has been well documented (Help the Hospices, 2012). The hospice’s Nursing and Care Quality Forum recognised the importance of creating further growth opportunities for those who had achieved the most experienced level of competence whilst engaging staff in continuous practice development.

**Aims** To ensure an engaged and motivated group of staff working together to progress practice development across the hospice. The programme formed the next stage in the cycle for those who had completed the competencies at the highest level for their role and recognised the need to embed continuous quality improvement whilst providing on-going career development.

**Methods** A two-year programme was designed. The first year consisted of facilitated monthly sessions covering broad skills related topics. The second year required staff to work with colleagues on a particular project aimed at improving patient care and experience. Eleven Registered Nurses and 13 Healthcare Assistants have participated. In addition, participants attend regular facilitated sessions to ensure on-going support and engagement. Participants self-assessed their confidence and competence at the beginning of the programme to allow evaluation of its impact after completion.

**Results** The second year has produced increased engagement from staff who have worked together on specific areas of practice development. The areas include: bowel assessment;
shift patterns; feedback from service users of a telephone helpline; outcome measures; safer nursing toolkit; rehabilitative palliative care; dying phase implementation; record keeping and documentation; review of multi-disciplinary meeting. A planned event will celebrate the programme and share learning.

Conclusions The two-year programme has strengthened team working and created a culture of curiosity and continuous improvement.

P-288 ESTABLISHING LINK NURSE ROLES TO ENHANCE LEADERSHIP, KNOWLEDGE AND DEVELOPMENT

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10.1136/bmjspcare-2017-hospice.313

Background The term ‘Link Nurse’ refers to nurses who are prepared to acts as links between specialist services and the staff/patients of the clinical areas where they work. Link Nurses are not specialist nurses but are nurses with a keen interest in the area. We have developed link nurse programmes for both infection control and tissue viability. The Link Nurse role is seen as a means of improving the quality of care delivered to patients through the development and education of the staff who provide 24 hour ongoing care at a direct level (Friedewald, 2009). The Link Nurse role within Marie Curie is particularly relevant to areas as we are a diverse organization with nine hospices and ten regions in which we deliver end of life care. Ensuring the consistency of care is vital to further development programmes.

Methods Registered Nurses identified with an interest in either infection control or tissue viability have undertaken quarterly development days, which have been led by the specialist infection control lead nurse and external tissue viability lead.

Results We are currently looking at the evaluation of these development programmes.

Conclusions The Link Nurse programmes are developing momentum and we see each nurse acting as a role model and visible advocate for their specialist interest (RCN, 2012). Communication and networking is vital to further development and understanding of these roles and the many benefits they bring including supporting audit and surveillance of key issues.

P-289 WORKING TOGETHER, MAKING A DIFFERENCE – DEVELOPING A HOSPICE CULTURE

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10.1136/bmjspcare-2017-hospice.314

Background The annual staff survey (Birdsong) in 2015 highlighted a drop in positive results, particularly in areas concerning with communication. Whilst staff were proud to work for the hospice (90%) and would recommend a relative being cared for by the hospice (90%), they highlighted poor communication across all departments and staff reported low morale and feeling stressed (62%).

The results were discussed at all levels of the organisation and it was decided to:

- set up a staff/volunteer/management group to advise on all matters affecting staff
- look at organisational culture and develop a framework for hospice culture
- develop a communication strategy, including updating the website and the intranet.

Aim The aim of this project was to bring staff and volunteers together to develop and ‘own’ a framework for hospice culture that would enable the hospice to become a great place to work where staff are happy and motivated and work to our values.

Methods The new staff/volunteer/management group was formed in 2015, the Moving on Together group (MOTG). The group reviewed the literature on organisational culture and then developed a framework for the hospice culture. In addition to this work, in 2017, we have started a Leadership Programme and a series of workshops on resilience and stress.

Results The new framework was presented to the Board and agreed. The communication strategy, website and intranet were developed. The 2016 annual staff survey showed an improvement in communication between teams of 8% and between staff and senior management of 10%. Stress levels were about the same. The 2017 survey results will be out in August.

Conclusions The framework for hospice culture has been developed and is becoming embedded in the organisation. The work is in the infancy but there are signs that communication and morale are improving. We are keen to share this work with others.

P-290 A VISION OF PERSON-CENTRED CULTURE (PCC) ACROSS THE HOSPICE: DO ALL EYES SEE THE SAME TRUTH?

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10.1136/bmjspcare-2017-hospice.315

Background Over a two year period from 2015–2017, Queen Margaret University (QMU) facilitated a programme of practice development with a key group of multi-professional clinical and non-clinical staff. The Person-centred Practice Framework developed and updated by McCormack and McCance in 2016, continues to guide this on-going programme of work.