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

1Melanie Legg, 1Anne Cleary, 1Joanne Shackleton, 2Sylvie Hampton. 1Marie Curie, London, UK, 2Wound Care Consultants Ltd, UK

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**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 disperse organization with nine hospices and ten regions in which we deliver end of life care. Ensuring the consistency of key messages and development opportunities is essential to patients and their families/loved ones receiving the best possible care at end of life.

**Aims**
- To develop registered nurses skills in leadership and development of others as is expected from their professional code of conduct (NMC, 2015)
- To increase their knowledge in a specialist area so that they can provide and disseminate key information in relation to that topic
- To offer individualised development dependent on the individuals need
- To be a resource in the local area in which they are working.

**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.

**Conclusion** 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.