

- Enhance diversity within LOROS
- Increase the knowledge of and respect for the charity within the community
- Creation of 'Volunteer Voice': a support group that has membership from the senior management team and volunteers.

Volunteering was categorised into different areas/services e. g. clinical, snack bar, fundraising, shops. Role descriptions for each area were created. This enabled:

- Clear expectations for each role
- Identification of training requirements
- Additional support and clinical training for those directly supporting patients on the ward and within home visiting.
- Looking at other specialist roles for volunteer.

Data Management ensured correct volunteer details, benefits included:

- GDPR compliance
- Progression of training
- Improve communication
- Better reporting mechanisms to Management
- Efficient rota
- Effective governance.

Volunteering within LOROS sits within the strategic aims of the organisation in order to support its service offer and financial sustainability. Whilst maintaining a positive reputation with an associated high public profile, volunteering continues to grow: we now have 1481 volunteers (increased by over 300 in one year). Volunteering is also working on a number of initiatives transforming palliative care into the community:

- Telephone be-friending service
- LOROS Local, a mobile resources in the community [See abstract #164]
- Supporting LOROS @ home service.

With all of the above now in place we have a sustainable volunteering model for the hospice.

P-277 PALLIATIVE CARE VOLUNTEERS IN EUROPE: QUALITATIVE ANALYSIS OF VOLUNTEER ACTIVITIES AND EXPERIENCES

¹Ros Scott, ²Anne Goossensen, ³Sheila Payne, ⁴Mag Leena Pelttari. ¹University of Dundee, Dundee, UK; ²University of Humanistic Studies, Utrecht, Netherlands; ³Lancaster University, Lancaster, UK; ⁴Hospice Austria, Vienna, Austria

10.1136/bmjspcare-2018-hospiceabs.302

Background Volunteers are an essential and integral part of hospice and palliative care (HPC) in many countries. It is often others, rather than volunteers, who report their activities and experiences. Led by the European Association for Palliative Care (EAPC) Task Force in Volunteering, this project aimed to give volunteers a voice and to invite their personal stories of involvement in HPC in their own words.

Aims The aims were to understand: the experiences of volunteers in HPC; why they work in HPC; what volunteering in this field means to them.

Method Task Force members in seven countries were asked to invite five volunteers to write about their volunteering activities and experiences in their own language. Two prompt

questions were given to volunteers: 'What do you do as a volunteer?' and 'What does it mean to you?' Stories were translated into English and a qualitative framework used for analysis.

Results

- In total, 37 stories of 400–500 words were received from eight countries.
- Almost all (n=34) volunteers offered practical, emotional, social and spiritual support to adult patients and families.
- 32 were involved in diverse adult HPC settings including patients' homes, hospices, hospitals and care homes and two in community children's palliative care
- All found significant meaning in HPC volunteering, described as an important part of their life and values
- Volunteers described the privilege of being with people at end of life and how much they learn from encounters with death and dying.
- Others highlighted the challenges of HPC volunteering and how their lives are enhanced by their experience.

Conclusion The narratives gave an insight into the personal stories of volunteers in different countries and highlighted many similarities in shared experiences and values. Understanding these perspectives can help HPC organisations to improve how volunteers skills may best be utilised and supported.

P-278 USING A PRACTICE DEVELOPMENT APPROACH TO DEVELOP A NEW ROLE FOR VOLUNTEERS IN A HOSPICE

Karen Filsell, Irene Barclay, Tommy Dalgleish, Nicola Mackay, Dot Partington. *St Columba's Hospice, Edinburgh, UK*

10.1136/bmjspcare-2018-hospiceabs.303

Background Staff on our Inpatient Unit (IPU) are keen to enhance the experience of patients and families. Our Volunteer Services Team wants to broaden the ways in which volunteers contribute their skills and experience. The IPU staff worked with the Volunteer Services Team on a new role for volunteers on the wards.

Aim To develop a new role for Inpatient Unit volunteers which is fully integrated into the staff team.

Method A practice development approach (collaboration, inclusion and participation) was used, drawn from the nine principles of Practice Development (McCormack, Manley, & Titchen, 2013) and the Person-Centred Practice Framework (McCance & McCormack, 2017).

Pre-preparation:

- Literature review
- Consultation with other hospices about their practice
- Staff, volunteers, patients and families participated in a range of consultations. Four questions were asked: What do volunteers bring to the ward? What else could they do? What training do they need? What support do they need?
- A small development team was identified to manage the project
- The project was promoted internally to maintain staff/volunteer engagement
- An educational programme for two Volunteers, Charge Nurses and Volunteer Champions (Health Care Assistants).

Implementation:

- Six week pilot with two volunteers
- Volunteers attended morning handovers, working 07.15 – 13.15 one day a week
- Reflective feedback was gathered from ward volunteers.

Evaluation:

Face-to-face interviews with volunteers and staff.

Conclusion Early indications:

- Volunteers made positive contributions and integrated well into the wards
- Volunteers were involved in emotional support and practical tasks, allowing staff more time with patients and families
- Quicker responses to patients' needs
- Volunteers felt empowered
- The project was a professional development opportunity for the Volunteer Champions.

Future plans: The evaluation will help us refine a more fulfilling role for ward volunteers contributing to an enhanced patient and family experience.

P-279 INNOVATIVE INVOLVEMENT OF VOLUNTEERS IN CLINICAL ROLES IN A HOSPICE SETTING

Karen Filsell, Dot Partington, Duncan Brown, Vicky Hill, Yvonne Whitehouse. *St Columba's Hospice, Edinburgh, UK*

10.1136/bmjspcare-2018-hospiceabs.304

Background Volunteers are vital to hospices in helping to deliver high quality care. As a hospice with over 600 volunteers we included in our current five year strategy a commitment to 'recruit the right volunteers into the right roles'.

Method Historically volunteer teams were principally under the management of the Volunteer Services team. Through reviewing their roles, responsibility and the management structure, the volunteers were integrated into existing clinical teams. Based on the review a number of changes were implemented:

- The role of the volunteers in our new Day Care Service model became integrated into the clinical team structure. This included joint educational programme for staff and volunteers and management of the volunteer team was adopted by the manager of Day Therapy Services staff
- The role of volunteers was extended in the Clinical Governance team where our volunteers have become essential members of the team and are taking active part in leading on and delivering specific projects within the hospice
- We involve expert volunteers into the hospice on a more ad hoc basis. A consultant radiologist was recruited as a volunteer to purchase an ultrasound machine, provide education for staff and oversee the implementation and use of this new equipment.

Results

- Our volunteers are now fully integrated into the different teams they work with rather than seen as belonging to the Volunteer Services team
- Through joint education as well as staff knowing the volunteers better there is more confidence around their role and what they can contribute

- The volunteers being supported on the ground and within the team by the team manager enables them to contribute fully within their role.

Conclusion Working to 'recruit the right volunteers into the right roles' has challenged staff in the hospice to think more creatively about the roles that they offer to volunteers.

P-280 CLINICAL NURSE SPECIALISTS IN DEVELOPMENT-GROWING YOUR OWN

Christine Goodwin, Sharon Hudson, Lisa Kennedy. *Birmingham St Mary's Hospice, Birmingham, UK*

10.1136/bmjspcare-2018-hospiceabs.305

Background Birmingham St Mary's Hospice Community Team is a large urban Community Palliative Care Service in Birmingham. The Clinical Nurse Specialist Team are Band 7 Nurses and have responsibility for caseload management, clinical effectiveness and leadership. They support a 24 hour on call service and delivery of the hospice education programme. In recent years recruitment to these roles has been difficult. This aligns with the national picture of a current shortfall of 10% in the nursing workforce.

The hospice specifies at least degree level education, two years' experience at Band 7 in palliative care or relevant specialty and postgraduate education in palliative care as core to the role. The role is changing; with a need to understand palliative care beyond cancer, to work within a changing health landscape and to have advanced practice skills such as NMP. In recruitment, we were seeing nurses with the right values base and with some relevant experience but without the experience or qualifications to fulfil the role.

Method The hospice developed a Band 6 to 7 Competency Programme based broadly on the Macmillan Competency Framework (2) for Nurses but tailored to a broad palliative care approach.

- Six month programme of mentored support, education and experiential learning
- Sage & Thyme Certification
- European Certificate in Palliative Care
- Competency Programme and Reflection; Expert practice, leadership and consultancy, education and clinical effectiveness. This can then be utilised for re-validation.

Outcomes

- Nine nurses recruited to the programme over five years
- From a broad range of backgrounds including ITU, district nursing and internally. This has enabled a positive approach to integration with primary and secondary care and supported positive cultural change
- Eight have completed and were successful in transition to Band 7, seven are still in post.

P-281 LEARNING AND SHARING TO TRANSFORM CARE

Ruth Auton. *LOROS, Leicester, UK*

10.1136/bmjspcare-2018-hospiceabs.306

The Florence Nightingale Fellowship award travel scholarships to nurses and midwives to travel and learn about nursing in