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

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10.1136/bmjspcare-2018-hospiceabs.306

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

other countries/cultures. My 2017 scholarship took me to Canada and I visited four cities in two provinces to explore their nursing education and nursing roles. I visited education institutes, care homes, hospitals, nursing agencies and hospices and undertook shadowing a community palliative care team.

As a result of this fantastic experience I have made connections with a hospice in Toronto and we have hosted a visit to our hospice from their care team so we can share learning and experiences. We have also hosted a nurse lecturer from Ottawa who visited us to see how palliative and end of life care is supported in our healthcare system.

This scholarship allowed me to consider the nursing workforce challenges; recruitment, retention and morale. Learning about nursing education from others can help us consider how we support the nursing workforce to transform career opportunities from apprentice to advanced and consultant level nurses in hospice care.

Our hospice is currently developing talent management and a pipeline of nurses:

- Supported care assistants using apprenticeship standards to start their career
- Supporting four Trainee Nursing Associates who are due to graduate in January 2019
- Undertaking an organisational workforce plan, which is supported by us completing functional mapping with teams to identify current and future skills required to deliver services; in turn identify gaps so we can educate, train and upskill to meet gaps
- Working with our Sustainability and Transformation Plan partners across our system to be part of a talent management and workforce planning solution.

This work can be showcased to demonstrate how working in a system and with partners will support workforce development to transform care.

P-282 EVALUATING 'THE ROTATIONAL POST – END OF LIFE CARE, CANCER CARE AND CARE OF THE ELDERLY' FOR BAND 5

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10.1136/bmjspcare-2018-hospiceabs.307

Background The National Survey of Bereaved People reported that patients' relatives rated hospital doctors and nurses less well than those working in other settings at ensuring that their loved ones were treated with dignity and respect (Office for National Statistics, 2016). The Nursing and Midwifery Council updated the Code of Conduct for nurses and midwives highlighting the importance of delivering fundamental care to dying people so that they can expect to receive the high standard of care afforded to any other person needing nursing care. The 'Rotational Post' project offered developing Band 5 nurses (within three years of qualifying) the opportunity to work in three care settings (1. Hospice in-patient; 2. Cancer care; 3. Care of the Elderly) over the course of a year (in four month blocks) with support from palliative care professionals, managers and the project lead.

Aims To develop skills and confidence in meeting the needs of people approaching end of life in any care setting. Developing a culture where death is not seen as a failure but

whereby an expected death is seen as a successful outcome. Promote greater working partnerships between care providers.

Methods A qualitative study adapting a research case study approach to evaluate the project. Qualitative focus groups (with participating nursing staff) and semi-structured interviews (with stakeholders) were conducted and analysed to assess the perceived impact the project had on stakeholders' and participating nurses' perceptions and experiences, and whether the project had, according to participants' accounts, attained its original aims.

Conclusion Overall the course had a positive impact on the nurses and key stakeholders alike. A number of challenges were experienced throughout the programme including recruitment processes, communication and placements. The evaluation created an opportunity to explore these challenges and how they might be improved in future collaborations of this type.

P-283 DEVELOPMENT OF NURSE PRACTITIONER ROLE IN HOSPICE IN-PATIENT SETTING

Rosemarie Finnegan, Jo Taylor, Lucy Roth. Teesside Hospice, Middlesbrough, UK

10.1136/bmjspcare-2018-hospiceabs.308

Background Nurse Practitioners have a pivotal role in supporting clinical teams, enhancing patient care by bridging the gap between medical staff, nursing staff and other allied healthcare professionals in many healthcare settings. A clinical need was identified within our hospice team to support enhanced patient care.

Aims Nurse practitioners assess patients and develop appropriate management plans with the medical team and improve continuity of care. They aim to support and develop the skills of less experienced members of nursing staff. They work closely with all members of the multi-disciplinary team facilitating timely interventions and appropriate use of resources. Management and leadership commitments are integral to the role. The Nurse Practitioner, a senior nursing post, encourages career progression within the hospice nursing team. They act as a role model professionally, developing the confidence and competence within the nursing team more broadly.

Method Three nurses with advanced clinical skills were appointed as trainee nurse practitioners in January 2017. After one year, the role was evaluated using a short questionnaire circulated to all clinical and administrative staff. Specific questions were asked about impact on clinical practice, improvement of patient safety, improvement of education and learning needs and communication between team members. Respondents were also given the opportunity to write comments. Post-holders were encouraged to complete a reflective learning log.

Results A 72% response rate was received from questionnaires. Feedback was positive and informative. A thematic analysis was undertaken. The five identified themes have allowed us to develop the role and its integration within the clinical team. The post-holders have used reflection to identify individual learning needs.

Conclusion Due to the success of this innovative role, the organisation has continued to support the nurse practitioner role and also appointed two 'out reach' nurse practitioners to support patient care in the community.