

P-284 USING THE CHARITYWORKS GRADUATE SCHEME AS PART OF A TALENT MANAGEMENT STRATEGY

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Background High-performing organisations are more than twice as likely as low-performing organisations (69% and 31%) to have programmes for the attraction, development, management and retention of talent aligned to organisational strategy (Project Management Institute, 2013). There is evidence of correlation between talent management and organisational success in nursing (Taie, 2015) and the NHS Leadership Academy acknowledges that competition for skilled staff in a more global, mobile, multi-generational, diverse workforce means that talent management is a driver for success in healthcare (NHS Leadership Academy, 2014). Charityworks offer a one-year fixed-term graduate scheme that hospices can use to develop their non-clinical talent.

Aim To offer two Charityworks Graduate placements aimed at:

- Providing opportunities for new initiatives to be supported in key departments
- Providing a stepping stone for future careers
- Ensuring a pipeline of new talent.

Methods The hospice developed two job descriptions (Marketing Officer and Executive Assistant) for Charityworks who recruited, selected and recommended graduates for the roles. Charityworks provide training, conferences, mentoring, peer coaching, networking and research opportunities throughout the year. The hospice will evaluate using stakeholder interviews and Charityworks will publish a qualitative evaluation based on graduate and placement supervisor surveys; results from its five hospice-sector partners can be analysed.

Findings The hospice gained two promising team members in Marketing and Communications and Community Engagement, easing resource demands and supporting project development. The graduates gained access to a competitive sector, challenging roles and professional development opportunities. One graduate will be hired to a new role after their placement and the hospice would use Charityworks again.

Conclusion The Charityworks Graduate Scheme provides an opportunity for hospices to recruit from a targeted pool of candidates, offers graduates access to meaningful roles and development opportunities that hospices may not have the resource to provide internally, and can contribute to a robust talent management strategy.

P-285 WHEN PROFESSIONALISM MEETS PREJUDICE: A HOSPICE EXPERIENCE OF RACISM

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Background Public opinion towards immigration remains negative (YouGov, 2018). Healthcare professionals are well adapted to putting aside personal prejudices whilst caring for people at their most vulnerable. This courtesy is not always reciprocated. Data on hospice staff experiences of racism/xenophobia from patients and their relatives is sparse.

Aims This work aimed to explore the prevalence of racism experienced by our hospice staff and whether adjustments were necessary to current policy and procedure.

Method Questionnaire developed in liaison with a former anti-racism campaigner. Aimed to capture a wide range of experience of direct and indirect racism and allowed for free commentary. Questionnaire distributed amongst 59 (clinical and non-clinical) inpatient facing staff.

Results 47.5% (n=28) surveys returned, majority from nurses. 5/28 of respondents were from ethnic backgrounds. However, the majority (82.1%) of respondents were subjected to direct or indirect racism/xenophobia:

'So you are half as good as a British doctor.'

'Patient referred to a colleague by a derogatory name, saying she doesn't want colleague to look after her.'

Formal reporting was infrequent (34.8% 8/23):

'...as the patient is terminally ill I didn't like to use threatening language such as 'reporting them' or 'discrimination laws' and cause them distress/anxiety.'

'It didn't cross my mind to but while completing this I realise it's also because I wondered if I was 'reading too much into it' but I know that I wasn't.'

Conclusion These results are concerning. The impact of such incidents are shown to 'cumulatively contribute to moral distress and burnout' (Paul-Emile, Smith, Lo *et al.*, 2016) and they demand further attention. The comments demonstrated a tendency towards maintaining professional duty and occasionally rationalising of behaviours however, this comes at a cost to personal integrity. Staff workshops are planned to formulate more effective protocols for these incidents.

P-286 EMBEDDING EVIDENCE BASED ASSESSMENT AND SUPPORT FOR FAMILY CARERS INTO PRACTICE-STRATEGIES FOR SUCCESS

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Background The Carer Support Needs Assessment Tool (CSNAT) intervention comprises an evidence based comprehensive support needs assessment tool incorporated into a five stage person centred process. Together they enable a systematic process of assessment and support that is carer led. This 'CSNAT Approach' represents a change from existing informal practitioner led practice.

Aim To identify aspects of organisational preparedness needed to accommodate implementation of the CSNAT as a carer-led process of assessment and support within palliative care organisations.

Method Design: mixed methods case study of one large hospice organisation using a planned process to implement The CSNAT Approach. Data collection: field notes at site visits, document review, interviews, focus groups and survey of practitioners using the CSNAT Approach. Participants in interviews/focus groups: 28 staff (one clinical services director, three implementation project leads, 24 practitioners including departmental CSNAT champions); qualitative thematic analysis. Forty-four members of staff took part in the survey (response rate of 51%); descriptive statistics used to summarise survey data.