Conclusion Providing hospice employees with a mental health first aider that can support discussion around mental health concerns is one step in opening up the importance of discussing and seeking support with mental health. This now needs to be measured in terms of impact.

P-86 WE KNOW WHAT IS SAID ABOUT SCHWARTZ CENTER ROUNDS® BUT WHAT IS SAID IN THEM?

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Background Schwartz Center Rounds® (SCR) are facilitated, experiential, reflective opportunities in the workplace focusing on the 'human dimension' of care. Originating in America, and introduced to UK hospices and Trusts from 2009, uptake rose after the 2013 Francis Report. UK SCR focus on staff wellbeing, rather than fostering compassion. Repeated attendance enables recognition of organisational dysfunction rather than blaming the individual, with reduced self-criticism. Beneficial team and personal outcomes are reported which may address, not only patient care, but also stress, burnout and clinician suicide. Feedback, focus groups and staff surveys have been reported, but no account of SCR content, which is pertinent to their mode of efficacy.
Method Evaluation of Trust SCR content. Twenty rounds of quantitative feedback analysed using Chi-squared; 23 SCR facilitator notes analysed by Interpretative Phenomenological Analysis. Consent to share learning but not to attribute content is taken.
Results 55% attendees doctors; 8% nurses; 8% Professions Allied to Medicine; 4% other; 25% undeclared. 71% of attendees fed back. 69% rated SCR excellent or exceptional. 'Staff developing insight into how others think and feel' rated higher than 'knowledge for patient care'. Superordinate themes: Alone and fearful; Chaos and tumult; Psychological defences; Failure and loss; Recognising humanity; Responsibility and courage; and Encouragement. 39 comments in 18/23 SCR related to death and dying. Themes: Positive fulfilment; Uncertainty and self-doubt; Frustration and futility; Guilt and regret; Facing own mortality.
Discussion SCR content reveals personal psychological coping mechanisms, empathy for patients and families, as well as the moral burden of caring for the dying and their families.
Conclusion SCR rate highly. Ward-based staff attend less. Experience is addressed more than process. SCR content demonstrated staff sharing trauma, challenge, coping, telling of courage, encouraging teamwork; and the experience of caring for the dying. Staff support mechanisms remain a priority.

P-87 ENGAGING VOLUNTEERS IN SCHWARTZ ROUNDS

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Background Schwartz Rounds have been running at our hospice for over four years. They are now a bedrock to support staff with the emotional burden of the work we do. They run every two months and attract growing numbers from different staff groups across the hospice. There are pockets of staff who rarely attend rounds, one of these groups is volunteers. We have over 200 volunteers at the hospice and they are integral to caring for our patients.
Aims We wanted to involve more volunteers in hospice Schwartz Rounds. We are aware that they are giving their time generously and that attending additional meetings or events may be onerous. We are also aware that may of the volunteers have close patient contact, and whilst being well supported by our volunteer development officer, they may appreciate time to reflect on their work.
Methods We successfully recruited a volunteer to our Schwartz steering group. We then attended one of the regular volunteer meetings and spent a short time showing the Schwartz video and talking about Rounds. There was enough interest to organise a pop- up Round. At their next regular volunteer meeting, we ran a pop-up Round with three volunteers as storytellers – 'What energises me in my role at Marie Curie'.
Results 26 volunteers attended. The storytellers came from different roles; a chaplain, a receptionist and a helper. The discussion was lively, insightful and heart-warming. Volunteers talked about the positive effect that volunteering had brought to their lives. Evaluation was all incredibly positive with volunteers valuing the opportunity to talk about the emotional impact of their work and heightening their appreciation for others' roles. Many were keen to attend future hospice rounds.
Conclusions The pop-up Round was a real success and has, along with other measures, increased the cohesiveness of paid staff and volunteers.

P-88 REFLECTIVE PRACTICE – PROVEN THEORY, NEW CAMPAIGN

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We are currently reviewing the support we have on offer to all staff and volunteers at Ashgate Hospicecare. As a hospice we are acutely aware that the trauma experienced at work can and does impact on individual health and well-being and we want to facilitate an ongoing discussion around experiences at work, for all our staff.

A recent staff and volunteer survey highlighted concerns around staff well-being and we want to make sure the support services we have in place are effective and accessible to all, and as a result we are creating a campaign to engage individuals in patient-facing roles in a discussion about clinical support and reflective practice and what it means for them.

The campaign will prompt the 'Ashgate Team' to explore the importance of supervision, support and reflective practice in relation to the parts of the role they already feel important, for example patient care – it will also give the Team a preview of the different streams of support that will be on offer as we implement a new support package, for example, clinical supervision, reflective practice sessions (both group and individual) and educational session in relation to self-care. (We currently have a successful 'Schwartz Round' programme, with sessions well attended each month).

The campaign will also reinforce the message that Ashgate Hospicecare values individual well-being and understands that individuals need the time to engage in reflection and

supervision, ensuring that staff and volunteers feel able to take time to focus on themselves and each other.

When developing our campaign, we have engaged in conversation with both staff and volunteers and other service providers and hospices to ensure that the support services we provide best meet the needs of our staff and volunteers. We plan to have different streams of support, some mandatory (clinical supervision) and others that can be utilised as and when required.

P-89 WITNESSING DYING AND DISTRESS: END-OF-LIFE CARE AND THE EMOTIONAL IMPACT ON AMBULANCE CLINICIANS

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10.1136/bmjspcare-2019-HUKNC.112

Background A two-year programme at a UK ambulance trust has been funded by Macmillan to improve the quality of care provided to end-of-life care patients. Ambulance clinicians manage intense emotions and family reactions during an end-of-life care crisis (Waldrop, Clemency, Lindstrom, Cordes, 2015), however, there is limited evidence that examines the emotional impact of such experiences.
Aim Examine the emotional impact of end-of-life care situations on ambulance staff.
Methods An electronic survey collected 258 responses from operational staff to identify support needs and inform service development.
Results Survey results, while not generalisable, highlight an urgent need for further investigation. Three themes were identified:

1. Witnessing the end–of–life and family distress. Situations that mirror personal experience prompted reflection, discomfort and distress. Witnessing families' distress and grief reactions had substantial impact. This was more prevalent when families were unprepared, in denial, or lacking knowledge. Although ambiguous, witnessing a patient or family member of young age had an effect.
2. Lack of services. Inadequate planning and poor provision of other health care services, particularly out–of–hours, resulted in a perceived lack of support for families. Difficulty accessing care for a patient to stay at home had an emotional impact.
3. 'Supporting' family. The role of supporting families was emotionally burdensome. Responses suggested 'support' related to emotional, physical and providing information. Staff managed family expectations through explanation, information sharing and delivering bad news. These conversations had emotional consequences.

Conclusions Supporting unprepared families, difficulty accessing other services and resonating personal experiences all had an emotional impact. Actions to improve staff wellbeing and service development:

- Introduction of Schwartz Rounds to support emotional reflection;
- Pathway development with palliative care services to improve out–of–hours support;
- Education for line managers on providing bereavement support and developing communication skills for clinicians;
- Emotional resilience should be included within the end–of–life care curricula;
- Share results shared with the National Ambulance End–of–life Care Forum.

P-90 WELLBEING@WORK – REDUCING HOSPICE STAFF SICKNESS AND TURNOVER RATES

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10.1136/bmjspcare-2019-HUKNC.113

Following a staff survey, the Senior Management Team (SMT) initially dedicated a whole year to developing a systems wide approach to improving staff wellbeing and engagement across all staff. This initiative was supported by the local commissioners who agreed to support the hospice approach and embed actions into a bespoke CQUIN (Commissioning for Quality and Innovation) scheme (2017/18). In its second year the project was expanded to cover retention and review of working patterns for clinical staff following a significant number of nursing staff leaving within one year of appointment. Work has focussed on increasing staff engagement with local strategy and service developments as well as a strong steer on learning and development. Communication streams and appraisal documentation have been improved as has the management and awareness of sickness and absence.

The aims of the project were to ensure staff received excellent care and support from the hospice in order to improve their working lives. The project aimed to ensure staff were informed and engaged with the hospice strategy and had a personal development plan in place associated with the local ambitions. We aimed to engage staff in strategic developments and increase engagement around local quality and operational changes. We also aimed to reduce staff sickness and therefore provide more efficient, consistent care to our patients. Through a unique approach to wellbeing and mental health the SMT aimed to reduce the impact of work related stress and reduce the emotional burden of care across the hospice team.

Sickness reduced from 7% to 3.9% in two years. Robust and effective wellbeing strategy embedded across hospice team. Personal development plans are business specific and individualised to all teams. Uptake is 100%. Staff retention is improved and staff are investing in personal development to improve patient care. Staff engagement is increased and continues to rise.

P-91 CREATING MEANINGFUL VOLUNTEERING IN CLINICAL AREAS FOR YOUNG VOLUNTEERS IN A SCOTTISH HOSPICE

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10.1136/bmjspcare-2019-HUKNC.114

Background 2018 was Year of the Young Person in Scotland. The hospice traditionally offered existing single-department roles to young people wanting clinical experience for college or work. As part of its Leadership Programme, Volunteer Services wanted an innovative and sustainable project offering