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.

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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.

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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.

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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

young volunteers a range of opportunities in clinical departments.

Objectives of the project

- To create a meaningful volunteering experience in healthcare for those aged 17–25;
- To offer experience of various clinical departments;
- To engage and build lasting, sustainable partnerships with local further education establishments, schools and organisations;
- To develop positive working relationships with clinical teams to support this project.

Method

- Engagement with clinical teams to create a programme of short term volunteering opportunities;
- Advertising via social media, local community links, local further education establishments, existing volunteer database;
- Interview and appointment of four young volunteers;
- Volunteers attended Hospice Corporate Induction and shadow trained for each role alongside volunteers and staff;
- Volunteers completed a programme of 50 hours volunteering over 18 weeks;
- Volunteers supported teams in the Wards, Day Therapies, Supportive Care, Reception and Fundraising;
- Regular feedback was given to young volunteers face-to-face and via email and telephone contact.

Results

- Four young people completed the programme: two university students and two from senior school;
- Young volunteers were placed in teams that had not had young volunteers before;
- Positive and long-lasting relationships were built with colleagues across the hospice
- Increased staff confidence in working with young volunteers;
- Young people gained invaluable palliative care experience and emotional resilience
- Staff are looking forward to the next cohort.

Conclusions

- Availability of young volunteers often changed, so allow time to be flexible;
- Work with schools and colleges on the best way to attract young volunteers;
- Hugely rewarding to young people but allow enough time and resources to set up and facilitate.

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ESTABLISHING A TEACHING PROGRAMME FOR VOLUNTEERS IN A HOSPICE DAY THERAPY UNIT

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10.1136/bmjspcare-2019-HUKNC.115

Background The Hospice Day Therapy Unit (DTU) provides specialist outpatient palliative care to patients living with life-limiting illnesses. Volunteers play an integral role in delivering this service (by socialising with patients, providing emotional support and facilitating group activities) but receive little formal teaching (Burbeck, Low, Sampson, Bravery *et al.*, 2014; Help the Hospices Commission into the Future of Hospice Care, 2012).

Aims We aimed to set up a volunteer teaching programme with three objectives: 1) to provide education and training, 2) to provide a forum for discussion and 3) to demonstrate the extent to which volunteers are valued by the hospice.

Methods We designed and distributed questionnaires to DTU volunteers (n=23) to establish: 1) whether they were interested receiving teaching from clinical staff, 2) where and when these sessions should take place and 3) potential teaching topics. Data from 13 completed questionnaires (response rate 57%) were used to develop our programme; hour-long sessions are held in DTU every other Tuesday evening.

Results All completed questionnaires indicated interest in receiving teaching. The six most requested topics were (volunteers could specify multiple options): 1) common medical conditions (n=9), 2) common symptoms and their management (n=8), 3) roles of staff members (n=7), 4) ethics (n=7), 5) Parkinson's disease (n=5) and 6) layperson management of panic and breathlessness (n=5). The teaching programme has now been running for three months. Six sessions have been delivered so far by a range of speakers from the hospice multidisciplinary team with a mean attendance of 9 volunteers (range 8–10).

Conclusion Feedback to date has been universally positive. Volunteers described sessions as '*very interesting and informative*' and felt '*at ease to join in discussions*'. One volunteer commented that a session '*changed my understanding of what I can do for a patient as a volunteer*'. Ongoing evaluation will allow assessment of whether the programme improves volunteers' confidence and increases volunteer retention in the longer term.

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'I'M NOT HERE JUST TO MAKE THE TEA'-MAKING BETTER USE OF VOLUNTEERS' SKILLS AND EXPERIENCE

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10.1136/bmjspcare-2019-HUKNC.116

Background One in six volunteers said they had skills that they would like to use in their volunteering role which they currently are not (McGarvey, Jochum, Davies, Dobbs, *et al.*, 2019). We recognise the need to understand the wealth of skills and experiences within our volunteer team and to offer opportunities for these skills to benefit our aims.

Aims

- To understand the previously unknown skills and experience of current volunteers and develop roles to match;
- To set in motion a cultural change in staff at all levels with regards to the possibilities and opportunities of how volunteers might get involved;
- To improve volunteer retention and satisfaction.

Method

- Engaged 921 volunteers to complete a volunteer experience survey;
- Delivered a Volunteer Management training course to 39 staff members;
- Introduced a volunteer management system with a facility to log and report on volunteers' skills and qualifications;
- Adapted interview questions to establish existing skills and experience;