

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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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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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;

- Conducted an internal communications drive to encourage the flexing of volunteer roles around skills and/or creating roles requiring specialist skills.

Results Funded by the Health Innovation Network (HIN), we recruited six volunteers with training backgrounds to co-produce a training course for local non-hospice volunteers on talking about death, dying and loss. All volunteers reported high satisfaction levels with using their skills in this project. We have recruited 16 people with professional coaching qualifications to coach senior staff in their ongoing development on a voluntary basis. Volunteers are joining staff working groups to provide new perspective.

Conclusions Every successful role and initiative is breathing more confidence in staff to focus their volunteer involvement around assets rather than boundaries.

Limitations to consider:

- Ensuring potential volunteers are not put off by roles that may feel too much like a paid job;
- Ensuring that skills are welcomed whilst being mindful of focusing on organisational need.

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IGNORE VOLUNTEER CARERS AT YOUR PERIL – YOUNG ADULTS TO RETIRED ADULTS; DEVELOPING SKILLS TO CARE

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Background Staff shortages are a reality, training is not keeping pace with increasing demand for care, fuelling skill shortages, increasing agency costs (The Health Foundation, Nuffield Trust & The King's Fund, 2018) and increasing pressure on existing staff (Triggle, 2019).

Volunteers are an essential but under-utilised support for hospices (Help the Hospices Commission into the Future of Hospice Care, 2012; Together for Short Lives & Help the Hospices, 2014). In our hospice volunteers recognised they could do more to help, asking to be trained to support clinical staff in a more practical way (Marshall & Wilcocks, 2018).

Aim Enable a team of Care Volunteers with skills and experiences to work alongside clinical staff across all care settings.

Methods A pilot project to train Care Volunteers in the ward setting was quickly extended to offer Care Volunteers experience to work in the Day Hospice and Community teams. See Table 1 (Training and support provided for care volunteers).

Results

- Demand for Care Volunteers is increasing across the organisation;
- Increased care hours provided;
- Reduced stress levels on clinical staff;
- Reduced agency costs;
- Dementia patients are supported whilst carers attend training or support groups;
- Increased provision of respite care in community;
- Recruitment to Healthcare Assistants roles from Care Volunteers.

Abstract P-94 Table 1 Training and support provided for care volunteers

Training	Support
Induction in statutory and mandatory topics	Trained Assessors support, advise, and monitor progress
Care Certificate standards workbook	Weekly tutorials and observations of competencies
An overview of palliative care	Mobile messaging application enables communication and support
Practical competencies: moving and handling, personal care, nutrition and hydration, catheter care	Flexibility of work hours, including weekend and evening training

Case studies Community crisis: A patient's wife was the main carer but became acutely ill, needing hospital admission. A Care Volunteer responded immediately, staying with the patient until a respite bed could be found.

Recognising dying: Care Volunteer providing personal care recognised signs of end of life, alerted staff, enabling family to be with the patient as they died.

Conclusion We need to recognise that these Care Volunteers are a viable alternative to overstretched staff, providing added value to end of life care.

Generating Research, Knowledge and Outcomes

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AN EVALUATION OF THE FIRST FIVE YEARS OF AN ELECTRONIC PALLIATIVE CARE CO-ORDINATION SYSTEM (EPACCS)

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Background UK government policy supports advance care planning and recording of patient preferences on EPaCCs (Department of Health, 2008). EPaCCs have been developed across the country but there is no consensus on evaluation (Allsop, Kite, McDermott, Penn *et al.*, 2017) and assessments are urgently required (Petrova, Riley, Abel & Barclay, 2016; Callender, Riley, Broadhurst, Wiggins *et al.*, 2017).

Aim This evaluation reviews the first five years of EPaCCS in North East Essex, locally called the My Care Choices register (MCCR) including; uptake of the register; the process of register entry before death and preferred place of care choices and outcomes. This is to contribute to the discussion about how EPaCCs should be evaluated and developed.

Method Data was extracted from MCCR from the date of inception in September 2013 to September 2018. Data recorded on the EPaCCS for residents of North East Essex were compared to Office for National Statistics mortality data to calculate what proportion of deaths had a register entry. The mean number of days prior to death that the register entry was created was calculated. Extraction of data included preferred place of care and subsequent achievement.