

- Assessment and care planning including hydration and nutrition
- End of life care
- Care after death/bereavement care

On completion the participant receives a passport at a celebration event, and will have compiled a personal portfolio of group work, additional tasks, and personal reflections. The organisation receives an annual certificate detailing the number of staff that complete the PCEP, and a portfolio of evidence. We also encourage participants to access e-ELCA and record this on the passport.

**Results** Evaluation shows encouraging signs of increased motivation, confidence and skills of those attending, and changes being made within their organisations.

It is currently funded via the hospice and MPET (multi professional education & training), and due to the high uptake, the CCG (clinical commissioning group) have requested further modules to be developed for disease specific training.

**Conclusion** The PCEP accredits the care worker, and inspires them to make changes from within their organisation.

#### P-245 INTRODUCING MULTI-DISCIPLINARY REFLECTIVE PRACTICE GROUPS INTO CHILDREN'S PALLIATIVE CARE SERVICES

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10.1136/bmjspcare-2016-001245.266

**Background** Effective clinical supervision benefits patient care by:

- Enabling staff to challenge practice in a confidential environment and reflect on feedback separate from managerial considerations
- Enhancing staff wellbeing through enabling exploration and management of both the personal and professional demands created by the nature of their work in palliative care.

**Aims** To introduce multi-disciplinary reflective practice groups (MRPGs) into three children's hospice services.

**Method** Ninety-minutes sessions followed a structured nine-step process, led by an experienced facilitator. Groups had open membership, ran with 4–10 participants and there was mandatory minimum attendance. Group membership included care assistants, nurses, counsellors, art and music therapists and play specialists but excluded care managers. Participants brought a clinical work related dilemma to share, with one dilemma being chosen and discussed throughout the session.

Post every session, participants rated the reflection and identified learning by giving an example of "One thing I am going to take away from today's session is..."

**Results** Between November 2015 and April 2016, 31 MRPGs took place, with 156 participants, totalling 106 different staff.

90% of responses agreed or strongly agreed that MRPGs were useful, with positive response rate increasing over the six month period.

In eight out of 31 groups, >75% of participants strongly agreed that MRPGs were useful. All eight of these groups discussed a clinical nursing related dilemma rather than a psychosocial focussed issue. Key themes in analysis included 'normalising

and validating'; 'improving practice/skills in work with families'; 'reflection' and 'taking action'.

**Conclusions** Contrary to staff expectations MRPGs were perceived useful by staff themselves. Key learning areas reported were a good fit with background reasons for introducing the sessions. Our next steps are to:

- Collect examples of perceived impact on the quality of clinical work with children and families across the different disciplines
- Widen participation to include bank staff, volunteers and hospice employees not providing direct clinical work.

#### P-246 'WE'RE BOLD AND CURIOUS!' – AN EVALUATION OF LEADING FROM THE MIDDLE PROGRAMME, TWO YEARS ON...

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10.1136/bmjspcare-2016-001245.267

Help the Hospices Commission into the Future of Hospice Care (2012) recommended that hospices need to ensure their workforce is fit for purpose and that good leadership is not undermined by a 'missing middle tier' of management. In response, a local bespoke leadership development programme was developed, entitled, 'Leading from the Middle' (LfM), using the 'Future Ambitions for Hospice Care' (2013) report as a strategic framework to ground the learning. Since 2014, forty members of staff from across the hospice have participated in the programme.

The work of cohort one was pioneering and had an immediate impact on organisational culture. This achievement was further consolidated by cohort two who realised the 'day to day' practicality of 'leadership at all levels' and the challenges for staff. The two cohorts have delivered a comprehensive picture of what a 'Well-Led' hospice looks like, through a balance of strategic and operational perspectives. The evaluation report revealed specific and tangible examples of leadership development:

- The consistency of the hospice vision gave 'permission' for staff to take responsibility and the hospice values enabled people to be 'bold' and 'curious'
- Collaborative working across the hospice which has resulted in innovative responses to operational challenges
- Practical demonstrations of service development
- Tangible evidence of capability and confidence in strategic thinking and analysis
- Mid-level managers and professionals communicated their views and challenged the status
- Concrete evidence of the potential and value of working with diversity
- Improved ability to challenge, contribute, innovate and use feedback
- Practical examples of learning applied to issues and challenges
- Greater motivation and shared commitment to responding to challenges.

The community of LfM represents a cornerstone for a 'Well-Led' hospice culture where values are fully embraced and the vision of service is secured for the future.