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**CREATING SPACE FOR REPAIR AND GROWTH WITH HOSPICE NURSES TO PROMOTE A POSITIVE WORKPLACE CULTURE**

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**Background** Alongside the COVID-19 pandemic, we experienced significant changes in senior nursing leadership. This led nursing staff to feel unsettled, highlighting a lack of training, development and time to reflect. As a result, we saw high levels of sickness and absence, with anxiety and stress a common theme. Healthcare professionals have experienced high levels of burnout since 2020 (Wong, Olusanya, Parulekar, et al. J Intensive Care Soc. 2021; 22(4): 328–334; Jordan, Shannon, Browne, et al. BJPsych Open. 2021; 7(S), e159) which can cause a shift in culture in healthcare settings. The culture of an organisation makes us unique and is the sum of its values, traditions, beliefs, interactions, behaviours, and attitudes (Manion, Davies. BMJ. 2018; 363, k4907). We recognised the need for a change in our culture.

**Aims** To deliver a training plan which would consider the needs of nursing staff, their wellbeing and promote them in feeling valued in order to drive a change in workplace culture.

**Methods** We took nurses away from the ward environment which allowed us to hear their concerns, explore current issues and begin to build trust. Nurses spent time together during reflective sessions, creating wandering maps, Schwartz round, peer feedback sessions and an open forum. Utilising the training needs analysis from the previous year, we constructed a timetable of learning inclusive of members of the multidisciplinary team from across the hospice.

**Results** Feedback from nursing staff was positive, many expressing that they felt a new hope for the future. 96% of nurses articulated in written feedback that they understood more about the role and vision of the senior management team, and how their own roles were part of this. Nursing staff reported a greater feeling of acceptance within the MDT and were keen to develop themselves personally through link roles and audit.

**Conclusions** By acknowledging staff wellbeing, feelings and concerns we have been able to take steps to build trust and develop the beginnings of a more positive workplace culture in our hospice.

**Method** Designed by one of the hospice Advanced Nurse Practitioners (ANPs) and the Medical Director, the course is delivered predominantly by the ANP but with a range of social workers and medical team members, and funded using the hospice’s budgeted CPD allowance. Teaching time is within existing job roles.

**Course design** The 5 day course is delivered over 10 weeks as a modular rolling programme – one day per fortnight plus an Advanced Communication Skills training course as a follow up 2 day event. Nurses attend the course in cohorts of 8. Learning is targeted at the nurses’ development needs and uses a number of cases which evolve through the modules. The last module aims to pull together all prior learning as the cases evolve to draw on new skills and knowledge.

**Benefits/results** 30 RNs have completed the 5 day course to date. 94% session evaluations indicate that nurses thought the session would greatly influence their practice. Overall course evaluations are excellent. Nurses report that their knowledge and confidence has improved. They also identify feeling invested in by the organisation and that working across ward and community teams has supported integrated working.

**Conclusion** The delivery of a set of core training to hospice nurses in their workplace, targeted at their development needs has increased their knowledge and confidence and may help staff retention, development and service delivery in the future.

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**‘GROWING OUR OWN.’ A 7-DAY HOSPICE NURSE DEVELOPMENT PROGRAMME IN SPECIALIST PALLIATIVE CARE**

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**Background** Following the COVID-19 pandemic and a number of staff changes within the nursing teams at the hospice, it was identified that nurses had varying levels of palliative care education and experience and would benefit from some core training in specialist palliative care to enhance and update their skills and increase their confidence.

**Aim** To establish and deliver a set of core training for all Registered Nurses (RNs) in the hospice teams (n=39) involved in delivering specialist palliative care.

**Course design** Designed by one of the hospice Advanced Nurse Practitioners (ANPs) and the Medical Director, the course is delivered predominantly by the ANP but with a range of social workers and medical team members, and funded using the hospice’s budgeted CPD allowance. Teaching time is within existing job roles.

**Course design** The 5 day course is delivered over 10 weeks as a modular rolling programme – one day per fortnight plus an Advanced Communication Skills training course as a follow up 2 day event. Nurses attend the course in cohorts of 8. Learning is targeted at the nurses’ development needs and uses a number of cases which evolve through the modules. The last module aims to pull together all prior learning as the cases evolve to draw on new skills and knowledge.

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**Conclusion** The delivery of a set of core training to hospice nurses in their workplace, targeted at their development needs has increased their knowledge and confidence and may help staff retention, development and service delivery in the future.

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**P-257**  
**DEVELOPING AND UNITING THE CLINICAL SPECIALIST TEAM THROUGH VIRTUAL TEACHING AND COMPETENCY ASSESSMENT**

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**Background** With the introduction of a new role of Trainee Clinical Nurse Specialist (TCNS) to one hospice, a programme of education and competencies was required to support the role. This ideally would be integrated into a training programme for existing hospice staff, to create a unified knowledge-base. The teaching needed to be suitable to promote multi-professional education and a community of practice for staff working over several sites.

**Aims** To ensure that TCNSs received appropriate education to upskill them for their new role. To assess that competency in the role had been achieved. To build a common knowledge base across the entire clinical team.

**Method** Competencies were written based on the job description for a CNS, national guidance on competency frameworks (Connolly, Ryan, Charnley. BMJ Support Palliat Care. 2016; 6(2):237–242) and understanding of specialist palliative care (Griffith, 2018, Int J Palliat Nurs. 2018; 24 (8):399–410). An education programme was devised, using constructive alignment to ensure that the relevant knowledge could be gained to achieve competency. Validated virtual technology (Lee, Kyeremateng, Taylor, et al. BMJ Support Palliat Care. 2023;13(2):247–254) was used to reach all senior clinical staff, including virtual CNSs working remotely, and to ensure that a uniform understanding of all areas of competence was achieved.

**Results** Three-hour, monthly teaching sessions were held virtually over two years, covering the essential areas of the competencies. Senior clinicians from the nursing, physiotherapy,