

**Introduction** The hospice decided to formulate a new nursing pay structure which moved away from Agenda for Change principles and integrated an updated competency framework.

#### Aims

- Create a pay policy to reflect local market conditions and respond to hospice needs whilst being flexible
- Develop a “balanced” nursing skill mix which reflects the hospice's needs
- Establish core requirements for each nursing post
- Link competence with pay
- Develop a pay and competence framework in consultation with staff.

**Method** Using best practice documents, the hospice reviewed and updated existing competencies before implementation.

Registered Nurses engaged with the new process by:-

- Attending teaching sessions on
  - Introduction to Competencies: How, What, Why and When!
  - Getting Started with your Competencies
- Meeting with Line Managers on a 1:1 basis

A structure consisting of Foundation, Intermediary and Tenure levels of competency and pay was introduced.

**Results** The implementation of a competence related pay structure appears to have had a positive effect on staff engagement and motivation. Improved awareness, communication, education and support have resulted.

Staff feel more confident working at the competency level which reflects their experiences and skills.

**Conclusion** Having the competencies linked into Performance Development Review process enables a cycle of reflection, support, training and evaluation.

The framework encourages and supports staff to work to their potential to provide specialist palliative care and respond to organisational needs.

#### P72 LEAVING HOME - MANAGING CHANGE

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**Background** Autumn 2013 the hospice will relocate to its new 20-bedded facility. To have a successful move staff/volunteers need to feel supported and engaged.

**Aim** Change Management Strategy was implemented to:

- generate interest, energy and enthusiasm
- empower managers to take ownership and problem solve
- engage employees, patients and their families
- implement the practical steps to ensure safe working practices
- attract and retain new employees and volunteers whilst ensuring low turnover.

**Approach** Staff Engagement questionnaire (September 2011) assessed staffs' preparedness for change.

1. Change management programme developed based upon Kotter, Lewin and Kübler-Ross.
2. Communication - briefings; hospice newsletter; team meetings; 1:1's; Away Days.
3. Patients Forum worked with the Deputy CEO on all aspects of the new hospice since June 2011.

4. September 2012 - Day Therapy patient group focused on the new Wellbeing Centre.
5. Staff/volunteers involvement:
  - a. site visits
  - b. Farewell Project
  - c. furniture and equipment consultation
  - d. piloting proposed changes
  - e. planning decant strategy
  - f. charting hospice's history
  - g. developing operational plans
  - h. developing orientation/induction programme.

#### Outcomes

- 77 volunteers have confirmed they will relocate
- <10 staff indicated they will not be relocating
- Site visit feedback:
  - “gives a feeling of being involved in the change process literally from ‘the ground up’”
  - “incredibly inspiring ...really helped to bring the vision to life....will help immensely when having discussions with staff, patients and relatives about the new hospice.”
- Further outcomes available post move.

**Application** At a time of unprecedented change in the hospice movement it is important not to lose sight of the impact on staff and volunteers:

“One of the greatest costs of change is that impact on the ability of staff to respect and care for others while they feel under threat themselves.” (Iles 2005).

#### P73 DOES THE ATTACHMENT STYLE OF HOSPICE WORKERS PREDICT THEIR EMOTIONAL RESPONSE TO A MOVE INTO A BESPOKE NEW BUILD UNIT?

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**Aim** To investigate the relationship between psychological attachment style and emotional responses to moving into a purpose built hospice.

**Background** Mental representations of self and other are formed by our primary relationship. Internal working models inform subsequent relationships, world view and responses to life events. Attachment style research demonstrates predictive value for staff responses in clinical environments. In 2013 our hospice service relocated to a bespoke new build. Practical issues were addressed by project management, but psychological and emotional aspects were unexplored.

**Methodology** After favourable University ethics review the study took place in an English, 17 bedded consultant-led hospice with daycare, and community services. All staff and visiting volunteers were eligible for the study. A modified adult attachment questionnaire with added elements was circulated prior to moving. Gender was not collected to ensure confidentiality.

**Results** 42 questionnaires (31%) were returned: 34 staff, 8 volunteers. Statistical analysis revealed no difference between staff and volunteers so they are reported together. The median length of service at the old Hospice was 6.2 years; range <1 to 23 years service. Older staff had worked for the hospice for longer ( $p < 0.05$ ).

Anxious and avoidant attachment styles were not related to length of service in the hospice. Staff with anxious attachment