Abstracts

department or organisational issues. An action plan was develop to address the lowest scoring areas.

The survey was completed again in 2015 demonstrating similar positive results achieving Level 4 again with a score of 61.05 out of 69.

P-269 EMBRACING CHANGE: FOCUSING ON OUR PEOPLE, OUR PARTNERSHIPS AND OUR POTENTIAL, ARTHUR RANK HOSPICE CHARITY: PART 2 OF OUR JOURNEY

Liz Webb. Arthur Rank Hospice Charity, Cambridge, UK

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Arthur Rank Hospice Charity is on a dual journey of moving from the NHS to independence and building and moving to a new hospice building. This presented us with a double dose of significant change for our staff in the space of 18 months.

We recognised that we have an opportunity to shape and transform our organisational culture as a new team- a mixture 100 plus NHS staff and 20 previous charity staff. At the same time as embedding the NICE pathway-Workplace health policy and management practices (2015). Managing the changes taking place with our staff is vital to the ongoing success of the charity and quality of care that we provide.

What we did

Pre TUPE of 100 NHS staff

• Charity CEO and NHS Clinical lead worked together to communicate clearly and robustly with both teams about what was happening and when.
• Occupational health support and 24/7 access to counselling.

At point of integration of the two previous teams

• Effective communication. Programme of face to face meetings with the new senior leadership team:
• Communicated a new quality governance structure that supports information flow from bottom to top of the organisation.
• Commissioned a series of cultural workshops with all staff over 10 weeks. All staff were invited to the full day events and all attended except three.

Outcomes of workshops and next steps

Using a model of ‘appreciative enquiry’ the workshops identified where we were and what steps we needed to take to embed a culture of openness, transparency, innovation and change.

A plan of work was developed to support the new culture and focus on wellbeing with the now integrated staff team.

This includes

• Fortnightly bulletin
• Staff Forum
• clinical supervision for all clinical staff.
• 1:1 meetings with staff and line manager
• annual appraisal and clear objectives
• Research based journal club
• Closing the loop’, ensuring information and outcomes from projects, investigations and complaints and shared with all.
• Move to new building-program of includes a team approach to resilience and change management.

P-270 THE MACMILLAN VALUE BASED STANDARDS: HOW A HOSPICE TOOK MACMILLAN VALUES TO ITS HEART

Sande Robinson, Roger Wheelwright. John Taylor Hospice, Birmingham, UK

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How a hospice adopted a culture of care by using Macmillan Values Based Standard (MVBS) where a patient and their loved ones are respected and valued. Fostering positive attitudes with staff to help shape services and reflect on the quality of their care.

MVBS were developed to bridge the gap between the principles associated with person-centred care and the behaviours and expectations that should form part of healthcare practices.

The eight standards set our behaviours with front line staff which are at the centre of driving forward standards of service.

Staff awareness of the MVBS, allowing ideas and innovations to improve care from the bottom up. Staff engagement is essential to allow change and improvement to care provision and sustainability of a quality service. Clinical supervision of staff, enables teams to analyse situations and suggest different ways of working.

The reflection process enables conceptualisation of how they can integrate the fundamental values and behaviours set out in the MVBS within their everyday practice.

Team meetings recap on standards focussing on one standard each month to remind staff how the standard can be implemented into their working day. Feedback from service user experience is at the heart of what we do and essential to evaluate care and prevent disconnection. One main measure from any individual within a hospice organisation is to question ‘have I made a difference to that individual?’ “How we care for the dying is an indicator of how we care for all sick and vulnerable people”.

Using the MVBS to set our standards of care as an organisation allows our staff to measure themselves individually and as a team. Through processes of reflection, clinical supervision, peer support and real time feedback we can continue to strive for excellence in care and influence change and improvement to our service.

P-271 OPTIMISING TEAM WORKING IN WIGAN & LEIGH HOSPICE NURSE SPECIALIST SERVICE

Jenny Gallagher, Rebecca Lennon. Wigan and Leigh Hospice, Wigan, UK

10.1136/bmjspcare-2016-001245.290

Introduction Effective teams improve quality, whilst reducing staff stress levels. The degree of self-rated teamwork is also related to patient and carer satisfaction. Teams do not work just because they exist and conflict is both inevitable and healthy. We undertook a review of our own team working strategies with the aim to improve collaborative working, inter and intra-team communication, time management and understand the diversity within our team. Overall, we aimed to uncover potential and identify opportunities to develop.

What did we do?

• Completed an anonymised survey evaluating how the team currently functions.
• Developed a purpose statement and operating principles.
• Team service objectives were reviewed.
• Time management training.
Future Plans

- Explore different personality types and communication styles within the team.
- Explore systems and working patterns that impact upon capacity.
- Develop a community map of the services that the team work with to show dependant relationships or those that need to develop or be influenced.

Conclusion

The project has been well received by the team with members engaging and communicating more effectively with each other. It has highlighted the need to engage individuals and the whole team to enjoy a joint sense of purpose and pride in the service they collectively deliver.

P-272   STAY LEAN GO GREEN

Mark Palmer, Steve McClure. Farleigh Hospice, Chelmsford, UK

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The Go Green working group, led by a ‘LEAN’ Adviser, was established to develop and deliver projects using ‘LEAN’ techniques to support environmentally friendly practices across the hospice. As part of the NHS Contract we are required to evidence environmentally friendly practices especially carbon reduction. Staff and volunteers from across the hospice who were interested to take these ideas forward formed the Go Green group.

The first work stream was to raise awareness around energy costs. Graphs showing gas and electricity costs were posted on notice boards quarterly and an article put in the Little Lantern, the hospice’s staff and volunteer newsletter. This also included handy reminders on how to save money such as turning off lights, closing windows, shutting down computers.

The group then focused on waste management. Each year the hospice spends over £35,000 on refuse collection as a mixture of general and recycled waste. A recycle bin costs less than half to be emptied than a general waste bin. The aim was to not only save money but to reduce the environmental impact of the hospice by encouraging re-cycling and sending less waste to landfill.

The campaign started with the ‘Big Clearout’ day with staff being encouraged to clear out offices, cupboards and computers. Unwanted items were offered up for reuse, documents shredded, battery recycling introduced. Recycling points were set up to encourage segregation of waste, waste bins were removed from many areas. Clinical staff received special training in segregation of clinical waste. To date the hospice has made a saving of over £1,300 by recycling and reducing waste to landfill and plans to save even more in the coming year. The group meet regularly with information being fed back to Heads of Department meetings. They aim is to work toward BS8555 Environmental Management Systems accreditation.

P-273   INTERIOR DESIGN CREATING AN INNOVATIVE, CARING AND WELCOMING APPROACH WHILST MEETING PATIENT NEEDS

Paul Munyard, Nicci Williamson. Douglas Macmillan Hospice, Stoke on Trent, UK

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Quite often buildings are designed by architects to meet the needs of the person paying their invoice and design something that will add to their professional portfolio but often don’t speak to the end service users. This is no fault of the architect as they have the customer at mind i.e. Douglas Macmillan Hospice and the hospice have the patient at mind. To ensure the interior design was patient centred, we consulted with them through our patient’s forum and asked them what they wanted. The response was “LOTS OF LIGHT”.

The building design reflected this BUT what where we going to do internally? It was at this point we wanted patients and staff to be involved in doing something different to complement patient needs and to meet the staff needs. It also needed to meet dementia, equality and clinical standards as well as creating a warm and welcoming environment following the theme lots of light! With a variety of large and small spaces we looked at how we could use colours to do this. We looked at how the colours differ in daylight and artificial lighting atmospheres to create a warm glow. We avoided reds, yellows and oranges that represent blood or make a patient look more jaundiced. We decided on a common base colour for walls and flooring and then created a palette of colours to choose from to add individualistic flair. We chose a bold warm colour for woodwork to assist with distinguishing these from a disability point of view along with a non-clinical navigational Stripe to flooring. On the ground floor we decided to make a feature of the furniture in the same palate of colours chosen to provide a modern homely feel whilst ensuring the furniture didn’t look clinical but provided hidden support where needed.

P-274   DESIGNING WITH CARE: HOSPICE DESIGN SINCE 1980

1Maura Mullan, 1Jane Darbyshire, 2Peter Holgate, 2Julie Trueman, 2Soo Darcy. 1Jane Darbyshire and David Kendall Architects, Newcastle upon Tyne, UK; 2Northumbria University, 2Papyrus Research

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We are a firm of architects with over 30 years of ongoing, developmental and iterative experience in the field of hospice design; throughout this time we have worked on over 40 hospice projects. Our work in this area began in 1980 when our founder won a competition to design a hospice in Newcastle-upon-Tyne, marking the start of an exciting architectural journey working with many hospices across the UK and Ireland that continues to this day.

Each of our hospice buildings provides a rich case study for post-occupancy evaluations, and to that end we are currently undertaking research aimed at tracking the development of hospice design since 1980 and obtaining guidance on how hospice requirements are likely to change over the coming years. To do this we are visiting twelve of our most significant hospice buildings and speaking to key stakeholders to gain a thorough understanding of:

- What worked and what didn’t over this range of projects?
- What themes emerge as key factors in determining the success of a hospice building?
- How has the ethos of our practice influenced the outcomes of these projects?
- How could future hospice design respond to the changing political, demographic, social and regulatory context of healthcare design in the UK?