

**P-247 FROM MANAGING TO LEADING – UNLOCKING THE HIDDEN TALENT**

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One of the key operating principles from the working paper of the Commission into the Future of Hospice Care (2012) identified leadership as a core requirement both at the strategic and operational level within organisations. St. Richard's Hospice has been fortunate in that two members of the senior management team have completed the MA in Hospice Leadership at Lancaster University. We recognised that to embrace the new era of empowering the wider teams and individuals to recognise leadership as a core skill and understand how they can influence current and future development of the sector is core to sustainability.

Up until recently most of the investment in leadership and management has been directed toward individuals where there was an element of self-selection linked to career aspirations or performance management issues where new skills and knowledge were required to deliver their role.

The hospice has now developed and implemented a process where the identification of leadership and management is a bottom-up approach starting at the annual appraisal linked to identifying and nurturing future leaders. We recognised that many of our current staff did not recognise that they already possess inherent skills especially in terms of emotional intelligence, innovation and personal motivation.

As a hospice we have:

- Provided people with the knowledge about how to make best use of appraisal and demonstrating the impact in organisational development.
- Emphasised the hospice strategic objectives, linking their current role to how they are delivering against these objectives and empowering them to contribute to our future strategic direction.
- Establishing longer term career aspirations and navigating people toward achieving these.
- Creating opportunities for staff to complete formal leadership and management qualifications (ILM Levels 3 and 5).

The next stage in the process, identified by the future leaders is establishing the need for coaching and mentoring and how this will support continuous improvement.

**P-248 HARMONISING THE WORKING STRUCTURE OF AN IN-PATIENT UNIT EMBEDDING A CULTURE SHIFT**

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**Introduction** Hospice nurse leaders need to promote a safe effective environment for patients requiring end-of-life care, whilst being a mentor for less experienced palliative nurses. The hospice inpatient unit manager observed a disparity in roles when registered nurses work as shift leaders. Some shift leaders have not had leadership skills training and do not always have the skills to create process and offer clear direction. Nurse leaders need to achieve good outcomes for all not just a few, to achieve this they need to reflect on and question leadership and management practices (Ellis and Bach 2015)

**Aim and objectives**

- Coaching RNs to understand leadership practices as shift leaders and the importance of their role in influencing the development of new nurses
- Encourage a culture change for shift leaders to realise the potential of being strong leaders focusing on patient wellbeing.

**Approach used – work in progress** The unit manager and learning and development officer working in partnership on a joint project investigated reasons for the disparity. Shift leaders spent time reflecting on their approach to leadership, outcomes provided a base of their then situation. Observation allowed for deeper understanding of the nurse's practice (Keatinge 2002). Discussion of the observations included; could understanding and implementing leadership styles harmonise the team, reflection on management theories such as Belbin's team roles (Belbin 2004)

**Evaluation** RNs recognising their responsibilities as leaders and seeing a growth in project work and knowledge sharing that will educate new nurses.

**Conclusion** This culture shift is important to bridge gaps in leadership as effective leadership is critical in delivering high quality care and ensuring patient safety and facilitating positive staff development (Frankel 2008). Sharing an approach that looks at leadership styles and what they mean on IPU might offer alternative methods for solutions in other hospices.

**P-249 THE ROLE OF HOSPICES IN THE EMERGING WORLD OF INTEGRATED AND DEVOLVED HEALTH AND CARE SYSTEMS**

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**Background** Strengthening the leadership of hospice care is one of five key steps identified by the Commission into the Future of Hospice Care to ensure that hospices are fit for the future.

The landscape for hospice leaders is complex and challenging. The majority of hospices have seen their statutory funding remain static or even fall. The demand for end-of-life care is predicted to increase significantly and NHS and local authorities are urging local leaders to develop end of life care systems that are integrated, accessible, systematic and responsive.

To meet these challenges, hospice leaders need a coherent story about the role of their organisations in the future, their capacity to contribute to new systems of care and their ability to lead complex change.

Hospice leaders on the Hospice UK Strategic Leadership Programme will be identifying key features of this future landscape for hospice care. The 2016 Conference provides an exciting opportunity to share their emerging vision for the future with the wider hospice community.

**Aims** Hospice leaders on the Strategic Leadership Programme will be exploring the national landscape of end-of-life care and shaping their own response to the challenges. The aim is to bring these responses to the challenges to the 2016 conference, to stimulate debate and inspire leadership across the sector.

**Methods** During the first two modules of the Strategic Leadership Programme a cohort of over 30 hospice leaders from more than 20 hospices will develop an understanding of the potential and

compelling narratives necessary for the future success of the hospice movement.

**Conclusion** Sharing these narratives at the Hospice UK Conference will provide an opportunity for the wider hospice sector to react and help shape the story that will inform the future leadership aspirations of a new cohort of hospice leaders.

**P-250 LEADING TRANSFORMATION IN A PERFECT STORM: TESTING THE THEORIES THROUGH A LIVED EXPERIENCE**

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The presentation delivers a lived experience over 15 months from a point where three significant risks simultaneously materialised in November 2014, to a position where eight service redesign projects were launched by April 2016 with recognised impact on larger systems transformation. The financial position shifted from an anticipated deficit of £1m to a surplus of almost £0.5m.

The presentation relates and reframes culture, coaching, change and marketing theory whilst delivering learning from mistakes and successes; how change was accelerated once the shift from fear to possibility was achieved; and how the focus on dignity, experience and confidence of patients, families and carers has extended reach as a result.

In November 2014 three events occurred:

- Legacy income had not materialised during September, October and November
- Three Clinical Commissioning Groups initiated a procurement process for End of Life Care
- The Fundraising teams were in the middle of a major uplift with an anticipated decline in income trajectory on the previous year

Whilst each risk had been anticipated in isolation, together, this created a perfect storm.

The author delivers a real story, illustrating how change was accelerated through self-directing teams that have transformed working practice to enter new market space with a tested target to double reach and demonstrate sustainability through the Hospice's Case for Change.

The Case for Change has already achieved significant financial investment (including CCG and major donor investment); early review to the CCG demonstrates some evidence of larger system transformation.

**P-251 A TAILORED APPROACH TO VOLUNTEER LEARNING AND DEVELOPMENT**

Morven MacLean. *Children's Hospice Association Scotland (CHAS), Edinburgh, UK*

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Having a well-informed, skilled and motivated volunteer force enables us to deliver the best possible service to children, young people and their families. Like most hospices, our organisation requires staff and volunteers to undertake statutory/mandatory training in order to ensure the safety of its' people and the quality of services delivered to children, young people and their families.

We have adopted a tailored and inclusive approach to volunteer learning and development. Volunteers receive relevant

content, appropriate to their role, and it is delivered in a format that is cost-effective, accessible and scalable. The development of a core learning matrix and e-learning platform unique to volunteers was developed by the Voluntary Services Team in conjunction with volunteers.

This provided a solution to the volunteer statutory/mandatory learning dilemma – balancing legislative requirements with a volunteer engagement and inclusion agenda. Volunteers complete a short learning package that is accessible, tailored and proportional to the level of risk attached to their role. Statutory/mandatory training has been rebranded as volunteer core learning and assessments that had in the past provoked anxiety have been removed.

A communications plan shared with staff ensured consistent positive messaging to volunteers and volunteer communications clearly sold the benefits of the new system to volunteers. The matrix and e-learning platform were launched with volunteers in April 2016 and feedback to date has been excellent. Our organisation now has an approach to volunteer core learning that complements the direction of travel in volunteer engagement. Lack of time and too much bureaucracy are well-documented barriers to volunteering. Both these barriers have been addressed by this project.

Our organisation has received a lot of interest from other hospices in our volunteer core learning matrix which is why we are keen to share this piece of work more widely at the Hospice UK conference.

**P-252 ABSTRACT WITHDRAWN**

**P-253 'THINKING INSIDE THE BOX' – PRISONERS AS VOLUNTEERS?**

Katherine Bright. *Earl Mountbatten Hospice, Newport, UK*

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**Introduction** Firm geographical boundaries between yourself and competitors can often be beneficial but when you live on an Island it can make things difficult when in need of resources such as volunteers.

**Aims of the project** Expand the volunteer role to encompass the workforce available at HMP and to provide meaningful tasks that engage prisoners with the local community in a positive manner.

**Approach used** Lots of meetings with HMP to work through as many options as possible to engage the workforce with a range of projects: recycling of newspapers into bags, upcycling furniture, and production of concrete garden ornaments and hanging/sizing/steaming of clothing.

Working together through the processes and procedures required when dealing with a high security environment.

Promotion of the project was important and branding and signage has been developed to inform and engage customers.

**Results** Fortnightly deliveries/collections to HMP allow sufficient time for processing items in the various workshops and different projects. Financially we both benefit with different remuneration for different items. Community engagement is positive with customers timing their visits to our shops to coincide with deliveries of the latest stock. The prisoners look forward to receiving before and after photos of the upcycled items and are making a display in the workshop to encourage participation from others and increasing the drive to learn more skills and take on increasingly difficult items.