Conclusion Our experience has shown that for the future sustainability of our hospice, this way of working must continue, as we become increasingly reliant on each other. Our recommendation is that collaborative leadership will deliver the ambitions to reach and support more people.

P-274 A HOSPICE LEADERSHIP PIPELINE

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The concept of a 'leadership pipeline' isn't something new (Charan, Drotter, & Noel, 2001), however, its application to the evolving world of 'hospice' may well be. The pipeline model investigates how we best prepare people for an organisational leadership journey ensuring that they are equipped with and practice leadership skills, well in advance, of any promotion in the organisation. In 2014, following the Hospice UK 'Ambitions' publication, LOROS Hospice set about developing its own leadership pipeline confident of its impact internally and hopeful that it could be of value across the sector. Research shows that several factors influence the development and ongoing practice of leadership. Early exposure to leadership opportunities, learning through 'doing', reflecting upon role models and finally being embedded in a supportive culture are perhaps the main factors noted. Using this knowledge LOROS has developed two leadership interventions. Both are focussed upon 'self' – with the sole aim of helping aspirant and existing leaders invest time to better understand what they personally bring to leadership and just how they impact upon others and how others impact upon them. LOROS believes that this approach, 'to first understand oneself', is a fundamental in effective leadership development and should come before any other form of leadership programme that develops more technical skills such as financial or strategic leadership. 'Aspiring Leaders' is aimed at those new to leadership. It forms an intensive period of time where delegates are challenged to think about how and why they have come to a leadership position and how they wish to be viewed as a leader – nurturing their authentic leadership style. 'Thoughtful Leadership' is aimed at middle management leaders and delves deeper in to their own performance adding skills in managing challenging situations and the impact of coaching as a leadership tool.

P-275 INSPIRING LEADERSHIP LEADING SELF: LEADING WITH OTHERS IN A PALLIATIVE CARE SETTING

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Background It is recognised within palliative care (PC) that Band 6 Clinical Nurse Specialists (CNS) are working in a time of organisational change with increasing complexity around their specialist role (NHS Education for Scotland 2006). CNSs, in particular newly appointed staff, have reported feeling more vulnerable and stressed and struggling to cope to deliver the same quality of care to patients and their families. To support the

above scenario an NHSGGC PC Leadership Steering Group was established in partnership with NES Leadership Unit.

Aims

- Provide a safe space for participants to share and learn from each other
- Provide a training programme which embeds the values, behaviours and attitudes of leadership skills
- Provide a foundation to support greater successional planning throughout palliative care (Scottish Government, 2013; Scottish Government, 2015)
- Increase participants' knowledge and understanding of quality improvement (QI) methodology supporting individual QI action plans.

Methods The development of a 12 month leadership programme based on needs of the participants, open to all Band 6 PC CNSs working within NHSGGC acute and hospice care settings, was established. The programme includes a leadership resource folder, ongoing staff support, feedback to participants utilising 360 degree review and Myers Briggs, provision of mentoring and action learning sets and evaluation process.

Results Interim feedback to date 10 CNSs signed up. To date participants have attended a launch day and two masterclasses held on: Understanding Myers Briggs and working with differences; Understanding Quality Improvement methodology.

All participants have received '360 review process' feedback based on the NHS Scotland Leadership Qualities Framework helping to inform their PDP. All have participated in an action learning set. Three further masterclasses are built around learning needs of the cohort.

Conclusion Feedback to date has highlighted the importance of this programme in addressing a need, focusing on developing leadership skills for a capable, sustainable workforce. Further evaluation is embedded within this programme.

P-276 LEADING CHANGE, ADDING VALUE: POSITIONING NURSING, MIDWIFERY AND CARE STAFF AS LEADERS IN DRIVING CHANGE AND IMPROVING OUTCOMES

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The presentation will outline the unique leadership role that nursing, midwifery and care staff have in driving change and improving outcomes. It will outline 'Leading Change, Adding Value: a framework for nursing, midwifery and care staff' that was launched in May 2016 by Professor Jane Cummings, Chief Nursing Officer for England. The framework positions nursing, midwifery and care staff as leaders in designing the future of health and care and managing the challenges of today. It explains how staff can demonstrate leadership in reducing the gaps of health and wellbeing, care and quality, and funding and efficiency, whatever their role wherever they work. The framework highlights the need to focus on quality and measurement, which aligns to the national priorities in England's Five Year Forward View – showing why change is needed and what it will look like. The focus is on reducing unwarranted variation, and delivering the 'Triple Aim' of improved outcomes, experience and better use of resources; the benchmarks for quality of services. Unwarranted variation is defined as differences that cannot be justified by geography, demography or infrastructure. The framework offers ten commitments that all staff can make. They align efforts to areas

where unwarranted variation is evident and support the transition needed to build sustainable services for the future. The presentation will discuss how the framework can be applied within hospice and palliative care settings, to meet the needs of people near to or at the end of life to achieve the overarching ambition as agreed in partnership with National Voices and the National Council for Palliative Care; 'I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).'

P-277 BEHAVE YOURSELF: IMPLEMENTING A BEHAVIOURS FRAMEWORK AS PART OF PERFORMANCE MANAGEMENT

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10.1136/bmjspcare-2017-hospice.302

Background Staff are an organisation's biggest resource, largest investment and most significant asset. Encouraging staff to give their best is every organisation's greatest challenge. Managing performance is central to this. It is no longer sufficient for an organisation to focus on 'what' people do; they must also focus on 'how' staff are expected to do it. Encouraging exceptional behaviour through positive behaviour, attitude and approach encourages staff to recognise when they are at their best and a Behaviours Framework provides the structure that enables this.

Aim To design a Performance and Development Review (PDR) process with a Behaviours Framework at its core that links the organisation's core values with the exceptional behaviours and positive attitudes and approaches expected of all staff.

Methods Following a staff survey that highlighted concerns over how poor performance was managed, a review of multi-organisational performance management processes and behaviours frameworks was undertaken. Led jointly by HR and Education, an internal cross-organisational working group embarked on a six-month design and consultation period which concluded with intensive all staff training prior to implementation April 2017.

Results All staff are tasked with taking responsibility for the completion of their own PDR and having this in place by 30 June 2017. A quality assurance review will follow and a staff survey circulated asking for evaluative feedback. Any emerging issues will be assessed and addressed through further staff training.

Conclusion Longfield's new PDR and Behaviours Framework strikes a balance between managing the 'what' and the 'how' of staff performance. It provides staff and managers with a 'common language' and a framework with which to recognise exceptional and challenge unacceptable behaviour and attitude. It encourages a dialogue between staff and managers and celebration of the exceptional behaviour and attitude that Longfield demands of its most significant resource and asset – its staff!

P-278 'WORKING TOGETHER BECAUSE WE CARE' – DEVELOPING OUR NEW TALENT AND PEOPLE STRATEGY

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10.1136/bmjspcare-2017-hospice.303

Background In June 2016 the Board approved an ambitious five-year strategy with the aim of 'Reaching more people'. The strategy depends on our ability to attract and retain dedicated, caring, skilled, high performing people across the hospice. We needed a Talent and People Strategy (T and PS) that would support our strategic aspirations.

Aims To develop a T and PS to ensure we have the right people with the right expertise, skills and values to meet our business needs both now and in five years' time.

Methods We engaged a senior Human Resources/Organisation Development practitioner to work with us to develop the strategy. We wanted them to use a rigorous and participative approach to:

- Consider what our workforce may look like in five years' time – including the potential to widen the role of volunteers
- Identify gaps in skills, expertise and competencies and plans to fill them
- Challenge pre- and/or mis-conceptions about structures, skill mix, role design, professional boundaries etc
- Consider talent management and succession planning so that we make best use of existing talent and capabilities.

Results 80% of our 406 paid staff (303 FTE) and many of our volunteers participated in a 'Fathoming the future' workshop, sharing ideas about what a future workplace might look like. The top ten priorities were shaped into five ambitions for our people that underpin the T and PS and provide the structure for a series of recommendations, actions and milestones for the next three years.

Conclusions By developing a T and PS in a structured and participative way we have a framework that enables us to make decisions around structures, skill mix, and succession planning and at the same time focus on the priorities that are most important to our staff, all in the context of an over-all plan which will best assure the success of our new strategy.

P-279 USING CREATIVE PRACTICE DEVELOPMENT METHODOLOGIES TO CREATE A PERSON-CENTRED RECRUITMENT PROCESS

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10.1136/bmjspcare-2017-hospice.304

Background Marie Curie currently has 18 Practice Development Facilitators (PDFs) across the UK working in both hospice and community. The PDF role transitioned from the traditional Practice Educator role in August 2015, where the focus is now on facilitating learning and development opportunities rather than mandatory training. In partnership with Queen Margaret University the Practice Development Team