shift patterns; feedback from service users of a telephone helpline; outcome measures; safer nursing toolkit; rehabilitative palliative care; dying phase implementation; record keeping and documentation; review of multi-disciplinary meeting. A planned event will celebrate the programme and share learning.

Conclusions The two-year programme has strengthened team working and created a culture of curiosity and continuous improvement.

P-288 ESTABLISHING LINK NURSE ROLES TO ENHANCE LEADERSHIP, KNOWLEDGE AND DEVELOPMENT

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Background The term 'Link Nurse' refers to nurses who are prepared to act as links between specialist services and the staff/patients of the clinical areas where they work. Link Nurses are not specialist nurses but are nurses with a keen interest in the area. We have developed link nurse programmes for both infection control and tissue viability. The Link Nurse role is seen as a means of improving the quality of care delivered to patients through the development and education of the staff who provide 24 hour ongoing care at a direct level (Friedewald, 2009). The Link Nurse role within Marie Curie is particularly relevant to areas as we are a disperse organization with nine hospices and ten regions in which we deliver end of life care. Ensuring the consistency of key messages and development opportunities is essential to patients and their families/loved ones receiving the best possible care at end of life.

Aims

- To develop registered nurses skills in leadership and development of others as is expected from their professional code of conduct (NMC, 2015)
- To increase their knowledge in a specialist area so that they can provide and disseminate key information in relation to that topic
- To offer individualised development dependent on the individuals need
- To be a resource in the local area in which they are working.

Methods Registered Nurses identified with an interest in either infection control or tissue viability have undertaken quarterly development days, which have been led by the specialist infection control lead nurse and external tissue viability lead.

Results We are currently looking at the evaluation of these development programmes.

Conclusion The Link Nurse programmes are developing momentum and we see each nurse acting as a role model and visible advocate for their specialist interest (RCN, 2012). Communication and networking is vital to further development and understanding of these roles and the many benefits they bring including supporting audit and surveillance of key issues.

P-289 WORKING TOGETHER, MAKING A DIFFERENCE – DEVELOPING A HOSPICE CULTURE

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Background The annual staff survey (Birdsong) in 2015 highlighted a drop in positive results, particularly in areas concerned with communication. Whilst staff were proud to work for the hospice (90%) and would recommend a relative being cared for by the hospice (90%), they highlighted poor communication across all departments and staff reported low morale and feeling stressed (62%).

The results were discussed at all levels of the organisation and it was decided to:

- set up a staff/volunteer/management group to advise on all matters affecting staff
- look at organisational culture and develop a framework for hospice culture
- develop a communication strategy, including updating the website and the intranet.

Aim The aim of this project was to bring staff and volunteers together to develop and 'own' a framework for hospice culture that would enable the hospice to become a great place to work where staff are happy and motivated and work to our values.

Methods The new staff/volunteer/management group was formed in 2015, the Moving on Together group (MOTG). The group reviewed the literature on organisational culture and then developed a framework for the hospice culture. In addition to this work, in 2017, we have started a Leadership Programme and a series of workshops on resilience and stress.

Results The new framework was presented to the Board and agreed. The communication strategy, website and intranet were developed. The 2016 annual staff survey showed an improvement in communication between teams of 8% and between staff and senior management of 10%. Stress levels were about the same. The 2017 survey results will be out in August.

Conclusions The framework for hospice culture has been developed and is becoming embedded in the organisation. The work is in its infancy but there are signs that communication and morale are improving. We are keen to share this work with others.

P-290 A VISION OF PERSON-CENTRED CULTURE (PCC) ACROSS THE HOSPICE: DO ALL EYES SEE THE SAME TRUTH?

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Background Over a two year period from 2015–2017, Queen Margaret University (QMU) facilitated a programme of practice development with a key group of multi-professional clinical and non-clinical staff. The Person-centred Practice Framework developed and updated by McCormack and McCance in 2016, continues to guide this on-going programme of work.

Aims The overall aim was to move towards a shared vision of person-centred culture that focused strongly on people's individual beliefs and values, processes and the care environment.

Methods Transformational methods demonstrating the principles of practice development (McCormack et al., 2013) were used to create and define the person-centred vision and to explore and evaluate person-centred culture. The overall approach used the CIP principles – to be collaborative, inclusive and participative therefore the key group acted as facilitators for the wider hospice team. Evaluation methods included staff and patient stories and observations of care and environment. Facilitated events also took place to explore workplace culture, relationships and practices within designated teams.

Results Measuring culture change is challenging and often takes place over a longer period than the two-year time frame of facilitation and active learning with QMU. Observations and feedback do however show demonstrable change. External teams have commented on the cohesiveness of teams with less silo-working and a greater understanding of each other's purpose and values. The sessions to explore workplace culture also seem to have heightened self-awareness and instigated some changed behaviours in practice. More obvious and measurable changes have been to the physical environment which is much now more colourful and welcoming. This enhances an overall impression of culture shift and person-centredness.

Conclusion The person-centred processes that have been used in all aspects of the work have proved to be effective and will continue through active facilitation and integration within all areas of the hospice in the future.

P-291 SHIFTING SANDS – USING EMANCIPATORY PRACTICE DEVELOPMENT TO HELP ENGAGE WITH CULTURE

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Background Culture is not about individuals but about the social contexts that influence the way people behave and the social norms that are accepted and expected (Manley et al., 2011). Culture is widely understood as 'how things are done around here' (Drennan, 1992). Anthony (1994) argues that corporate culture reflects what is espoused, what the organisation wants to portray rather than the actual culture that is experienced. Nursing practice is significantly impacted by the constantly evolving societal, environmental and organisational context in which nurses work (Keyko, 2014; McCormack et al., 2013). The dominant NHS approach in recent years has been described as 'pace-setter' (King's Fund, 2012), a command and control culture with little delegation or collaboration, which is primarily driven by top down targets (Riley, 2014). The present health care environment is paternalistic (Newton, 2000) and predominantly task orientated which can lead to fundamental care falling short (Shannon & Peelo-Kilroe, 2012; Francis, 2010). Emancipatory practice development is the product of critical social theory (Shaw, 2013; Fairbrother et al., 2015), action orientated (McCormack et al., 1999) and transformational. It relies on the development and maintenance of critical and progressive clinical practice cultures which drive change and growth in health care practice (Manley et al., 2013; Fairbrother et al., 2015).

Aims Understand the perception of culture

Engage staff with their beliefs of self and culture.

Methods Using creative emancipatory practice development methodologies to explore questions about culture in a less confrontational way.

Conclusion Practice development and person-centred care aim to establish workplace cultures that enable everyone to flourish (Manley et al., 2014). Working collaboratively and enabling staff to contribute to the future success of the organisation provides them with a voice and creating shared governance contributes to an atmosphere of respect for staff (Boyer, 2005).

P-292 COLLABORATIVE WORKING IN HOSPICE ESTATES AND FACILITIES TEAMS AND THE CREATION OF INNOVATION

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Background Estates and Facilities services play a key role in delivering a safe, secure and comfortable hospice environment for patients and visitors. There is growing evidence that working collaboratively can improve overall hospice care provision. In 2016, Hospice A agreed to share their Head of Estates and Facilities role for an interim period of six months at Hospice B. During this period both hospices used this collaborative opportunity to compare services, learn from each other and to improve estates and facilities services for patients and visitors.

Aim To explore, identify, and discuss aspects of Estates and Facilities at both hospices that could be identified as best practice. To implement good initiatives at both hospices so the physical environment can be made safer and more welcoming for patients and visitors. To work collaboratively and identify further projects for future collaboration.

Methods The information concerning best practice was identified through team meetings, interviews with staff, observational methods and review and comparison of operational procedures.

Results For Hospice A the following initiatives were adopted from current practices of Hospice B:

- Maintenance volunteers
- Weekly maintenance plan
- Monthly health and safety group
- Catering infection control improvements.

For Hospice B the following initiatives were adopted from Hospice A:

- Annual Health and Safety report to IOSH level 2
- Maintenance helpdesk
- Facilities administration volunteers
- Health and Safety awareness poster campaign.

The following areas were identified for future collaborative working:

- annual PLACE Audit
- Benchmarking health and safety performance
- Review of contractors and suppliers.

Conclusion Sharing knowledge and experience of estates and facilities teams at both hospices led to tangible, measurable benefits. The experience required both hospices to have a positive attitude towards change and be open to new ways of doing things. Both hospices have agreed to continue to work collaboratively and on current and future estates and facilities projects.