Abstracts

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

1Kevin McGill, 1Lorraine Rickett; 1St Helena Hospice, Colchester, UK; 1St Elizabeth Hospice, Ipswich, UK

**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.