P-240 CREATING EMOTIONAL RESILIENCEDiane Keeley. *Rotherham Hospice, Rotherham, UK*

10.1136/bmjspcare-2017-hospice.265

Historically Rotherham Hospice provided support for counselling and psychology through the provision of clinical psychologist providing one-to-one support to all counselling and psychology patients at all levels. Bereavement services were delivered only through a volunteer befriending service which did not historically have a robust or consistent method of providing supervision and support to volunteers. This service redesign saw the formal introduction of a tiered Psychology and Counselling Service, providing appropriate support to patients and their families across levels 1–4. These four levels provide tiered support ensuring patients are seen at the right time by the most appropriate person. It also saw the introduction of a formal training, supervision and reflection process for all bereavement befriending volunteers. Finally in 2015, the hospice introduced ‘Schwartz Rounds’ to allow an increased focus on staff emotional well-being as well as patients, families and carers. Schwartz Rounds are monthly meetings for staff and volunteers to come together in a safe environment to think and talk about how it feels to do the work we do. They are not education sessions and they are not used for problem solving, but purely for reflection on emotions and resilience. Each month we will focus on a different case or theme.

Outcomes These changes provided a skilled and dedicated workforce with increased ability to engage in complex communication with patients and families. They also allowed for robust governance in this area, providing supervision and reflection in line with best practice. Likert scaling tools are used in some areas to allow outcomes to be measured. It is often the case that children withdraw or experience behavioural issues when they are dealing with difficult emotions. We have found that teachers report improvements in children’s general wellbeing, interaction with others, and performance when they have been attending Sunbeams. Children and young people also say that attending Sunbeams has a positive effect. Staff and volunteers report positive feedback from Schwartz Rounds attendances and measures in relation to sickness and absence will also be monitored in the future.

P-241 A COLLECTIVE APPROACH TO SERVICE DEVELOPMENTVanessa Gibson, Sarah Popplestone Helm. *St Richard’s Hospice, Worcester, UK*

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At St Richard’s Hospice a multi-professional group including representation from Human Resources, Finance, Administration, Medical Teams, Nursing Teams, Psycho-social and Database Management came together to work in a collaborative manner to develop a gateway service. The gateway service aimed to be multidisciplinary, providing not only a patient helpline but also a single point of contact for all clinical services. The model of service development in place strongly echoed that described by the King’s Fund (2017). Key principles included:

- Developing a shared vision and purpose: achieved by review of comparable services, identification of key

issues in the patient’s pathway through services, working together to ensure smooth and efficient flow of patients through services

- Establishing frequent face to face contact: frequent working group meetings were established, with clear agendas and time for all views to be heard
- Acknowledging and resolving conflicts: different professionals brought different challenges, teams were taken outside their comfort zones exploring services which were not normally part of their remit
- An altruistic approach; although led by two heads of department the project was very much owned by the clinicians and supporting teams. Original time scales were highly fluid to ensure clinicians’ needs were met before moving onto the next stage of the project
- Long-term commitment to this project: this is a large project which it was envisaged would take time to complete therefore the group needed to commit to this long term piece of work and to each other.

Results The service now manages all new referrals for three out of four clinical services. Planned progression to manage all referrals will take place in summer 2017. The project is very much owned by the gateway team and steering group members.

Conclusion Collaborative leadership has produced a sustainable way of working for the benefit of our patients and families.

The workforce and workplace

P-242 IMPLEMENTING A PROJECT TO ENSURE SUCCESS WHEN CHANGING PRACTICE ON AN IN PATIENT-UNITWendy Pepper, Stacey Bennel, Angie Morris, Rebecca Bhatia, Chris Krajniewski, Sue Thorne. *Dorothy House Hospice Care, Bradford on Avon, UK*

10.1136/bmjspcare-2017-hospice.267

Background Following a review recommendation and to ensure that the in-patient unit was in line with all other departments within the organisation a project was launched to become a paper-light department whilst ensuring successful change management.

Aims To develop a system with agreed terms of reference and budget which focussed on process, reducing duplication, education, safety, equipment, ergonomics and innovation. Also a system that operated in real time and evidenced safety, productivity, capacity, dependency and quality with improved communication between internal and external settings, reducing patient risk and increasing efficiency maximising professionals care time.

Methods A project sponsor from the executive team and project lead were delegated. A core working group was developed and terms of reference agreed. A project plan incorporating risk assessments were produced with task and completion dates which became an essential working document. Monthly meetings were held and communicated to the in-patient unit team and wider organisation. A SystmOne expert was sourced and given protected time 2.5 days a week to work on the design of the system in full consultation with in-patient unit staff ensuring team involvement from the outset. Equipment was sourced and trialled. A group of champions were chosen and trained on the new system. Extensive training was rolled out to all staff and a ‘go live’ date identified. Supernumerary