

contract; one private and one NHS. Both approached us independently suggesting they subcontract SPCT to the hospice.

**Aims** Hospice to employ SPCT under terms of two separate subcontracts, one private, one NHS, ensuring patients and families receive seamless care wherever they are.

**Methods** Sub-contract required Board approval, considering risks and benefits to hospice reputation, including public perception of hospice 'funding' private healthcare. Learning curve for Directors in projecting five year costings with no knowledge of current costs, ensuring no financial risk to charity, and legalities around contracts.

**Results** Agreeing the specification and quality data was time consuming. Numerous bureaucratic executive layers through which to proceed for approval, and efforts to ensure that the service was fully funded for the duration of the subcontract to avoid risk to charity.

**Conclusion** A year later the SPCT fully integrated in hospice with no financial risk to charity as fully funded. Hospice corporate uniform supplied so visible immediately as hospice employee, all one team raises awareness for income generation. Ability to be creative with roles and working patterns ensuring seven day clinical and admin cover, and implementation of development roles within team.

#### P-236 INCREASING CYBER SECURITY AWARENESS IN THE HOSPICE ENVIRONMENT

Tim Clifton. *St Helena Hospice, Colchester, UK*

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**Background** The weakest link in a company's cyber security are employees (Belbey, 2015). Rather than spending money on expensive software and hardware based solutions we decided to focus our efforts where we would make the most difference – the end user.

**Aims** To increase employees' cyber security knowledge to reduce the likelihood of them and the hospice becoming a victim of cyber security incidents.

**Method** Jan to Feb 2017: Evaluation of training delivery methods – eLearning was chosen. Research on costs and providers. March to May 2017: Cost of buying in training was prohibitive, so decision made to offer to create training and offer the intellectual property to our existing eLearning provider if they would produce and wrap this training. We could utilise the training in our preferred format, and they would benefit from selling this nationally. June 2017 to October 2017: Head of IT is approved as a subject matter expert and creates a two-hour training course which is produced by national eLearning provider and officially accredited by independent external agencies. November 2017: Course is officially released and available as one of the eLearning provider's online courses.

**Results** Between December 2017 and Mid May 2018, the Cyber Security Awareness (both standard user and line manager editions) have been undertaken with the knowledge check test being passed 320 times by both staff and volunteers. Random simulated phishing testing showed 25% of people had opened these e-mails with 5% clicking on the links within them.

**Conclusion** Evaluation of the cyber security training in-house has shown a positive response from those who have undertaken it and the manner of its delivery has enabled end users to undertake the training at times best suited to them. The delivery method has also saved hours of IT time in that no face-to-face sessions were delivered.

#### P-237 TOWARDS A LEADERSHIP MODEL AND 360 APPRAISAL FROM THE PERSPECTIVE OF THOSE WHO ARE LED

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**Need** The Chairman of Trustees of Garden House Hospice Care decided to explore whether it was possible to devise a more bespoke and developmental means of performing a 360 appraisal for the CEO. An innovative new approach was developed based on the repertory grid method (Kelly, 1963; Fransella & Bannister, 1977) and informed by personal construct theory (Kelly, 1963).

**Approach** The project first created a leadership model based on the personal constructs of those interviewed during the 360 process. Whilst the feedback was anonymised and the interviews confidential, the leadership model that emerged could be shared. Since the 360 appraisal participants included Board members, external stakeholders, other senior leaders and more junior members of the organisation, this model was effectively a synthesised view of the characteristics of leadership considered to be important in the hospice.

**The Repertory Grid Method** This is a well-established means of eliciting a person's understanding of leadership by generating a set of their personal 'constructs'. Once the constructs were elicited, the participants assessed the CEO against them, providing a view of performance based on the areas that were most important to them. This assessment was backed up with reference to specific experiences and examples.

**Conclusions** The project concluded that this approach provided a richer understanding of how leadership is experienced from a variety of people's perspectives. The final report gave a broader and deeper view of the leadership characteristics demonstrated by the CEO, how well others felt she demonstrated them and how much these characteristics were valued. In addition a bespoke model of leadership has been produced that has high relevance to staff. Internal resources can now be trained to elicit feedback for further appraisals against a common model and the model itself will continually evolve as more people contribute to it.

#### P-238 GIVING COLLEAGUES A VOICE: ESTABLISHING A MEANINGFUL COLLEAGUE REPRESENTATIVE GROUP

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**Background** In the hospice's 2016 Colleague Survey, 45% of respondents stated 'communication between colleagues and the senior team is effective'; 30% disagreed. 58% of respondents

agreed 'I have confidence in the senior leadership team'; 22% disagreed. As the hospice had been progressing through significant change since mid-2015, colleague resilience and understanding of change was critical.

**Aim** To establish a colleague representative group to provide an opportunity for dialogue and exchange of views between the hospice leadership team and colleague representatives on issues of mutual interest.

**Method** Advice was sought from the local ACAS representative on how to establish a meaningful colleague representative group. Terms of reference and an agenda structure were developed. The group was named 'The Voice'. Hospice colleagues were asked to nominate representatives. Membership included eight colleague representatives, CEO and Head of HR. ACAS were commissioned to run an initial training session with the group's membership to ensure clear understanding about the purpose of the meetings.

**Results** Quarterly meetings take place with 'The Voice'. At each meeting, leadership and workforce issues are discussed and actions agreed. In the 2017 Colleague Survey 62% (increase of 17% from 2016) of respondents stated that communication between colleagues and the senior team is effective and 9% (reduction of 21% from 2016) disagreed. 79% (improvement of 21%) of respondents agreed that 'I have confidence in the senior leadership team' and 4% (reduction of 18%) disagreed with this statement.

**Conclusion** Results from Colleague Surveys showed significant improvement in views that communication between colleagues and the senior team was effective. Establishing clear terms of reference, structured agendas and demonstrating commitment to the group through the involvement of ACAS in the initial stages helped emphasise the importance placed by leadership on the views of this group.

#### P-239 GIVING PRAISE WHERE PRAISE IS DUE: LEARNING FROM EXCELLENCE IN A HOSPICE

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**Background** Healthcare settings have traditionally focused on developing safe systems by learning from incidents and errors (Kelly, Blake & Plunkett, 2016). Considerable time and energy is spent on activities including incident reporting and root cause analysis, whilst less attention is paid to the majority of times when things go well (NHS England, 2015). Birmingham St Mary's Hospice introduced a system of Learning from Excellence (<https://learningfromexcellence.com/>) to address this. We hypothesised that this would improve staff morale and retention, provide evidence of good practice for team learning, quality reports and marketing and be useful for team appraisal and revalidation.

**Aim** To institute a learning from excellence scheme within the hospice setting, across all hospice teams. We describe the set up process and support needs for this project.

**Method** Support was obtained from the executive team. A small task and finish group was set up. Having accepted advice from other local healthcare providers, a simple form was generated. An IT apprentice supported the team to

generate an electronic version of the form which was intranet based. A paper version was used where preferred. A volunteer was recruited to support the initiative. A soft launch was conducted and forms invited with the task and finish group encouraged to role model by reporting. Initially all reports were overseen by a consultant in palliative medicine, with anticipated handover to volunteer and administrative team. Recipients were provided with a response on headed notepaper to allow use in appraisal.

**Results** Forms have been analysed and themes generated. Informal feedback has been sought from staff who have completed and received LfE reports.

**Conclusions** Learning from excellence has been a positive experience, allowing us to focus on what is done well within the hospice setting. Some aspects of set up have been novel within our hospice and we recommend more widespread use within hospices.

#### P-240 ADOPTING A HUMAN FACTORS SYSTEMS APPROACH IN A HOSPICE ENVIRONMENT – WHAT CAN WE LEARN?

Valerie Noble, Jutta Widlake. *St Luke's Hospice, Plymouth, UK*

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A hospice like any organisation, wants to provide an efficient, quality service which is safe and protects the wellbeing of those who provide it as well as those who use it. That requires an understanding of the components of the systems involved and the effects related to human interaction at different interface levels. This paper presents how following introductory training in Human Factors and introducing staff to the 'Swiss Cheese' model (Reason, 1990), multi-disciplinary Learning Events were developed within St Luke's Hospice, Plymouth. These events, in line with Safety II thinking (Hollnagel, 2014) explore 'what went well (www)?' and what could be done better.

Learning events are 'triggered' at regular intervals for positive events but are also part of any incident follow up. These events are co-ordinated and facilitated by key personnel with an interest in Human Factors. Participants can be directly or indirectly involved with the service. The facilitators conduct exploratory work to gain some understanding of the organisational, physical and cognitive components of the task and pre-populate the defensive layers or 'barriers' in the system. During the learning events participants discuss and consider what makes the defensive layers effective but also any latent failures or factors within them that could contribute to an untoward event. From this an action plan in relation to improvements required is developed and recorded centrally with feedback provided to the Sign up to Safety steering group.

Employing an ergonomics and human factors systems framework enables a holistic exploration of how various components of a task and system interact. Introducing learning events which encourages this approach promotes more collaborative working relationships and can be used retrospectively and proactively. In this way, the service or system can be designed to fit human requirements, capabilities and limitations recognising the multiple interacting factors that contribute to safety.