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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10.1136/bmjspcare-2018-hospiceabs.264

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?

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10.1136/bmjspcare-2018-hospiceabs.265

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.