supported families and use these to further improve the care of children with life-shortening conditions.

Staff, volunteers and families are encouraged to develop ideas that link to CHAS' strategic objectives of reaching more families and children and turn them into action. Annually CHAS Intrapreneurs pitch for a share of £35k and winning ideas are selected by a panel of peer staff, volunteers and families. The judging panel is completely empowered to decide what projects will attract funding. Support is provided to build confidence in pitching, planning service improvements, and delivering change programmes. Projects which successfully attracted funding include:

- a partnership with an accessible playground so supported children can play outside;
- a programme of death cafés to facilitate community discussions about death and dying across Scotland;
- memory boxes for children of all ages giving families a gift they cherish;
- a communications project to better support children who do not verbalise;
- a paediatric palliative care network for community pharmacies;
- a creative space at one of our hospices for family members.

The delivery of winning ideas is built into the overall CHAS strategic plan and they are now demonstrably making a difference to hospice and palliative care in CHAS, improving the care we provide for children with life-shortening conditions.

P-266 LIVING OUR VALUES – ONE CONVERSATION AT A TIME

Sarah Ireland. *St Margaret's Hospice, Somerset, UK*

10.1136/bmjspcare-2019-HUKNC.288

Background In order to respond to the ever changing, complex environment, our hospice needed to use our values to help ground us in times of change.

Aims The on-going work is about creating a values based culture which enables and empowers staff to have important conversations, provides continuity in times of change and enables the hospice to respond positively to change and difference. We have taken an organisational development approach allowing the work to evolve overtime.

Methods We have purposefully and obviously integrated our values into key aspects of our patient-centred delivery. Values have been supported through practical and tangible projects:

- Creating and supporting a staff led Mental Health First Aiders Network compassionately creating safe spaces to listen;
- Delivering a creative and stretching three-day 'developing yourself as a manager' programme enabling a cross-hospice cohort to learn more about themselves and their teams;
- Initiating brave 'reflecting on our own death' conversations;
- Facilitating a values conversation at the whole organisation induction;
- Using the change in NMC standards to start using coaching approaches in our meaningful conversations;
- Engaging the Board of Trustees in their own values conversation.

Results Over the past year, we have reviewed our progress against our benchmark culture mapping, learning and adapting, looking for opportunities to develop new projects, such as a ground up process for identifying core competencies for the whole hospice and new approach for the induction of all volunteers which is accessible and inclusive.

'I will see my role as part of a much bigger service and value others more than I would have done before', New starter

Conclusions What works for us so far?:

- Starting with ourselves and being disruptive;
- Being informed and driven by the engagement and initiative of staff;
- Demonstrating that collaborating with others across silos gets things done.

P-267 'MAKING QUALITY IMPROVEMENT THE DRIVING FORCE OF HOSPICE CULTURE'

Tara Schrikker, Colin Twomey. *St Wilfrid's Hospice, Eastbourne, UK*

10.1136/bmjspcare-2019-HUKNC.289

Background The hospice submitted its first Quality Accounts in 2013, with little engagement across teams. Quality Improvement Priorities (QIPs) form a key focus of this process. QIPs are now embedded and one example of an evolving quality improvement culture.

Aims To demonstrate:

- Quality Accounts as a key process to describe clinical activity;
- How QIPs lead the clinical agenda;
- Emergence of a quality improvement methodology culture.

Method When Quality Accounts were first submitted there was limited understanding of the process and implementation of QIPs.

In subsequent years there has been engagement of staff and volunteers in the creation of QIPs. The responsibilities for QIPs has been strengthened with a work plan which is discussed and monitored within People with Personal Experience (PPE) and Clinical Effectiveness meetings, which reports to the Clinical Governance Committee.

PPE initiatives are completed for each QIP.

The Quality Improvement Lead has introduced Quality Assurance Forums for staff and volunteers. These aim to ensure high quality, safe and effective care is provided and builds a quality improvement culture.

Results The knowledge, engagement and use of Quality Accounts has increased significantly with their production involving many staff across teams, including board members.

QIPs are connected with the business plan, clinical strategy and values. They are used to develop goals for staff as part of their annual appraisal cycle. PPEs have shown staff engagement with service users and stakeholders and gained feedback to inform service development and innovation. The Quality Improvement Lead is now well established. Clinical Leaders are engaged with quality improvement methodology and its impact on care delivery.

Conclusions Embedding QIPs into different tiers of the organisation creates a common goal for employees and volunteers to