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

demonstrate continuous quality improvement. They have provided a route to build quality improvement methodology as part of the hospice's culture, whilst ensuring connection with the hospice strategy.

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TEAM BUILDING, HEALTHY WORKPLACE, HEALTHY YOU

Michelle Holgate, Christine Johnson, Sarah Williams. *Garden House Hospice Care, Letchworth, UK*

10.1136/bmjspcare-2019-HUKNC.290

Background Over the last two years the Inpatient Unit (IPU) has seen a significant change in leadership and nursing staff. It was recognised that there was a need to encourage willingness to accept change and promote teamwork. Research by Maben *et al* (2012) shows that patient experiences are generally better when staff feel they have a good team climate, colleague support, as well as job satisfaction and a positive organisational culture. As a result of this it was decided that team-building workshops would be held.

Aims

- Act as a forum for individuals and teams to reflect on their own behaviour
- Help to produce a supportive culture where bullying and harassment are unlikely to occur
- Encourage positive behaviour
- Discourage negative behaviour
- Increase understanding of behaviour that may be perceived to be bullying or harassment whether intended or not
- Increase acceptance of strategies that might be used to retrieve a problem situation.

Method Four workshops were held. IPU staff were invited to the workshops which were structured around the RCN Toolkit 'Healthy Workplace, Healthy You' (2015). This includes self-assessment forms where participants can reflect on their behaviour and attitudes. Participants then completed a team assessment form in which they reflect on the attitudes, behaviours and culture within the team.

Results An action plan was devised as a group to address identified issues. The toolkit provides a measurable outcome of how staff are feeling which will be repeated at future dates to give demonstrable progress.

Conclusions

- Feedback has been positive. Staff voiced that the workshops provided a calm and supportive forum to discuss any issues within the team
- Staff had the opportunity to reflect on positives within the team
- An action plan was agreed and will be reviewed regularly as well as at the next full 'Team Away' Day.

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CREATE 2020 – A REVIEW OF OUR ORGANISATIONAL CULTURE. TAKING LOROS 'FROM GOOD TO GREAT'

Danielle Smeeton, John Knight. *LOROS Hospice, Leicester, UK*

10.1136/bmjspcare-2019-HUKNC.291

Background In 2018 senior leaders at LOROS decided to undertake a review of our organisational culture in order to

gain a better understanding of what matters most to staff and volunteers. Clearly understanding how the culture 'feels' now, provides the benchmark that enables us to improve how it 'feels' in the future. This in turn, would improve not only the experience of our staff and volunteers but also underpins our ability to deliver excellent end of life care, for patients and families.

Aims

- To undertake an independent review of our organisational culture;
- To identify actions that need to be addressed in order for us to build upon what is already good about LOROS culture;
- To create a group of 'Culture Champions' offering approachable support for our staff and volunteers;
- To progress work that emerges from the review.

Methods We commissioned an independent organisation (POD) to undertake a review of our current culture. POD consulted with 123 staff and volunteers via pre-arranged workshops which generated 1,800, anonymised comments, about our current culture. POD then created a report, based only on areas that we needed to improve. This was openly circulated to all staff and volunteers.

Results The report highlighted themes that became the 12 work streams for the Culture Champions. Their clear intention remains to improve those key areas of our culture. A member of the Senior Management Committee was also assigned, to assist with each area.

Conclusion Some work streams are complete and some are still ongoing. We have made many changes, as a result of the review e.g. revisiting the organisational values and using the new version throughout our everyday work. All work will be completed by 2020, at which point a follow up cultural survey will be commissioned.

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IMPLEMENTING PERSON-CENTRED PRACTICE IN A HOSPICE

Anne Howard, Diane Barker. *Marie Curie Hospice, Liverpool, UK*

10.1136/bmjspcare-2019-HUKNC.292

Person-centred practice is increasingly being adopted within health care and aims to facilitate true partnership working between service users and health professionals (Ewing, Austin, Diffin & Grande, 2015)). There is an increasing body of evidence that person-centred practice can improve health outcomes, quality of care, and patient experience (Collins, 2014). However, person-centeredness can only happen if there is an appropriate culture (McCormack *et al.*, 2008).

In partnership with Queen Margaret's University, Edinburgh, Marie Curie committed to the development of Person-Centred cultures throughout their caring services. In 2016 the Marie Curie Hospice Liverpool embarked on this journey using McCormack and McCance (2010) Person-Centred Framework for Practice. A multidisciplinary steering group was established. Values clarification, and action learning sets led to the development of a Person-Centred vision for the hospice.

This collaborative vision formed the basis of evaluative work which benchmarked our culture in relation to the vision. Alongside the framework, a variety of tools were used