

significant, forms of care in the hospice context. In appreciating such practices as forms of care, we are also able to acknowledge the non-clinical staff that provide care in the hospice context. The paper will also draw on consultation work completed during 2023, to bring the voices of hospice staff to the forefront. The consultation work has demonstrated the need to acknowledge and support non-clinical staff in their engagements and emotional interactions with patients and families.

Overall, this research and consultation work with hospice staff shows a continued need for emotional support and the acknowledgement of the significance of emotional work – in the roles of all hospice staff.

0-04 DEVELOPMENT OF 'USE-CASES' FOR A DIGITAL PALLIATIVE CARE BEREAVEMENT SERVICE

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Background Grief is a natural process, in which many people will cope with help from their friends and family. However, many people will need professional help (Aoun, Breen, Howting, et al. *PloS one*. 2015;10(3):e0121101). Good bereavement care is important to ensure that people get the support they need when they are grieving (Pattison, White, Lone. *J Intensive Care Soc*. 2020; 1751143720928898). Digital tools can potentially provide support for bereaved people, however, this has not been extensively studied. In computer systems design, 'use-cases' describe individual event steps a user needs to navigate to complete an action or goal on a digital system (Clausen, Apel, Dorchain, et al. *Energy Inform*. 2018; 1(1):273–283). Well-designed use-cases can improve the efficacy and effectiveness of the developed system (Cockburn. *Writing effective use cases*. 2001). Use-cases for digital bereavement support have not been established, therefore, there is potential that their use could facilitate development of digital bereavement services.

Aims We aim to develop 'use-cases' to describe the 'event steps' needed to design a digital service to provide three tiers of bereavement support, based on recommendations of the UK National Institute for Health and Care Excellence (NICE).

Methods We will review national UK relevant policy on palliative care bereavement services, and we will conduct semi-structured interviews with key stakeholders, to inform the development of infographic 'use-cases', which will support future development of digital bereavement services.

Results In the short term, this work will inform how palliative care services can best use existing digital systems to support bereavement care. In the medium to long term, this work will support the development, and evaluation, of new digital models of care, which will provide support for bereaved people.

Conclusion This study will lead to the development of digital bereavement services. Future studies can utilise the 'use case' method to improve the evidence base for digital health studies in palliative care.

Parallel session 2.1 – Listening and leading; lenses on strategy and leadership (Monday 6 November 2023, 15:30 – 16:45)

0-05 LANCASHIRE SOUTH CUMBRIA HOSPICES JOIN FORCES FOR A BOLD NEW VISION – YOU WON'T BELIEVE WHAT HAPPENS NEXT!

Howard Booth. *Lancashire South Cumbria Hospices Together, UK*

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Lancashire South Cumbria is one of the most deprived areas of the country with some of the worst health outcomes. We also receive some of the lowest grant funding from the NHS. However, our communities deserve much better and they are demanding improvement. We know there is no silver bullet, white knight, magic formula or money tree. So our hospices decided to take matters into their own hands and work together. It has not been the easiest thing to do because previously we've competed and sometimes not got on.

However, now all nine of the adult and children hospices in Lancashire and South Cumbria (LSC) have come together to form a new hospice provider collaborative that we call Lancashire South Cumbria Hospices Together (LSCHT). LSCHT are the new regional focus for end of life care and, in response to the NHS regional changes, we've jointly invested to make working with our hospices easier.

We realise hospices are well represented at local and national levels, but that an ocean of opportunities exist from learning and working more closely with each other at a regional level. Of course, we also want excellent patient care, better finance settlements, more sustainable working practices and improved staff outcomes. Our story is about how we created a shared vision and jointly developed, funded and delivered our regional partnership, our successes and failures and future plans. How we infiltrated our ICB and made 'Dying Well' one of our five regional priorities.

0-06 CREATING A POLYPHONIC STRATEGY FOR PAEDIATRIC PALLIATIVE CARE. A NEW ORGANISATIONAL DIRECTION CREATED THROUGH STORYTELLING AND ARTWORK

Will McLean. *Children's Hospices Across Scotland, Kinross, UK*

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Background New models of care, developed using child-centred research methods, are required for dying children (Together for Short Lives. *A guide to children's palliative care*. 2018, 4th ed). We are creating a new strategic plan to deliver paediatric palliative care, informed by numerous voices through a storytelling approach to engage children.

Aims To create a 'polyphonic narrative strategy' (Weidinger. *Polyvocal narrative strategy: Turning many voices into durable change*. 2020) – an organisational strategic plan, told through storytelling and visual art (Boje. *Storytelling organizations*. 2008), embodied by the many voices of the children and families who access our hospice services, and the staff and volunteers who deliver them.

Methods A project team, including people with lived experience, used Most Significant Change (MSC) (Davies & Dart.