The ‘Most Significant Change’ (MSC) technique: a guide to its use. 2005), a participatory story-based approach, and Sentiment Analysis (SA) (Venkateswarlu, Kumaresh & Janardhan. Asian J Computer Sci Tech. 2019; 8(S2); 1–6), a process of identifying the polarity of words, to collect and analyse important meaningful care events, told in stories and art.

**Results** Through artwork and stories, 40 children (aged 4–11, 45% referred, 13% bereaved) described a hospice service offering love and happiness—a place where they could live. 56 families (48% bereaved) told stories that revealed tragedy and sadness compounded by significant trauma. Family life is hard when caring for a child expected to die young. When your child dies, life gets even harder. 84 staff and volunteers told stories that directly correlated with those told by families. Families told stories of a constant fight, and staff told stories of the constancy of our care.

MSC identified stories that best encapsulated our work which defined the core purpose of the strategy. The analysis identified ‘critical junctures’ where our care is most needed, giving structure and direction to the strategy. SA identified the attitudes of children and families towards our care and word frequencies helped create new organisational values to underpin the strategy and everything we do.

**Conclusion** Multiple interpretations of our service coalesced forming the initial stage of our new strategic plan. Next steps will coproduce priorities and objectives based on the ‘critical junctures’ with children and families.

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**0-07 ‘REAL AND LASTING CHANGE’: BECOMING AN ANTI-RACIST HOSPICE**

Patricia Mbasani, Emily Carter. Royal Trinity Hospice, London, UK

10.1136/spcare-2023-HUNC.7

**Background** Race inequality is a problem in both society and healthcare, affecting patients and staff in our hospice. In 2020 we committed to actively tackling racism. In 2022, multiple focused staff 1:1s and group conversations found racism was still too prevalent, and dissatisfaction with how incidences of racism were managed.

**Aim** To achieve positive change to become an authentically anti-racist organisation by:
1. Understanding and addressing racial bias.
2. Listening, learning and taking action in response to racism.

**Process** The ‘Real and Lasting Change’ project was led and owned by the CEO, Board and Executive. They co-designed an action plan with the hospice’s Anti-Racism Action and EDI1 groups that was shared internally and externally and updated biannually.

**Results** Objectives after six months (April 2023):
- Complete/ongoing:
  - Promptly investigate allegations of racism by/against patients and staff.
  - Robust messaging/signage outlining unacceptable behaviour.
  - Updated ‘Managing Unacceptable Behaviour’ policy, and staff trained to effectively implement it.
  - Multiple new support and reporting mechanisms for those who experience/have experienced/witness racism.
  - The Board has completed anti-racism training.
- All policy and decision-making papers include an Equality Impact Assessment.
- New Board committee focusing on people, culture and anti-racism.
- Board’s information dashboard now includes data on incidences of racism.

**Progressing:**
- All staff to complete anti-racism training.
- Training on inclusive recruitment practices for managers.
- Personal objective relating to EDI1 for all staff.
- Regular proactive questions about experiences of racism/bullying/discrimination (surveys, focused conversations).
- Committing to external scrutiny and certification.

To commence:
- Reverse mentoring.
- Third-party providers must demonstrate inclusive practices.

**Conclusions** We are proud to be transparent about this work. We have seen an increase in the proportion of staff from BAME backgrounds in senior positions (<£50k) from 5%­-16%. The work will continue in collaboration with staff and be reported on/through surveys and conversations.

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**0-08 LEADING WITH PURPOSE – SUSTAINABLY TRANSFORMING CHARITY LEADERSHIP**

12Maria Timon Samra. 11The Hafan, Sully, UK; 2Atlantic Technological University, Ballinrobe, Ireland

10.1136/spcare-2023-HUNC.8

The traditional charity sector is under threat due to a number of socioeconomic factors (Cordery, Smith & Berger. Public Money Manage. 2017; 37(3):189–196) further complicated by the pandemic (NCVO, 2021). It must assert itself in a sustainable manner to survive and thrive (MacMillan & McLaren. 2012). Harrison, Murray and Comforth (2013) posit that leadership and organisational innovation are key to supporting such transformation.

Hodges and Howieson (Eur Manage J. 2017; 35: 69–77) note a sector-specific leadership model is required to address the changing context of the third sector. Seeking to contribute to such framework, this research innovates by linking four core themes, i.e., Purpose, Innovation and learning, Authentic Leadership and Governance in an inter-generational study in the sector. The overarching aim is to understand whether amplifying Purpose can provide the key to unlocking an innovative, well governed sector that attracts and retains the talent necessary to continue to meet the needs of its stakeholders in a sustainable manner. With Millennials transitioning into leadership roles (Deloitte, 2018), this study also seeks to explore their unique generational perspectives to inform such a model, addressing a significant gap in the literature on the sector that has hitherto focused on the role of Millennials as volunteers and charitable donors.

Informed by the insights of 20 Millennial and Generation X leaders in the sector, the findings highlight interlinkages between all four themes and a further theme of Values is revealed. Together, these underpin Purpose-led leadership, considered vital to the sustainability of the sector. Authentic,
purpose-led leadership particularly resonates with Millennials who have a strong social conscience and see the charity ‘brand’ as an extension of their personal brand and value set. This could provide competitive advantage over the for-profit sector in terms of attracting and retaining Millennial talent. Innovations to create Purpose-led Governance are suggested to improve stakeholder engagement and inclusivity. A bespoke Purpose-led model that encapsulates emergent findings is proposed to support sector sustainability.

Parallel session 3.1 – Workforce spotlight; upskilling and resourcing
(Tuesday 7 November 2023, 10:45 – 12:00)

| 0-09 | WHEN LESS IS MORE – THE POSITIVE IMPACT OF LOW-FIDELITY SIMULATION IN A HOSPICE SETTING |
| Vikki Rata, Sarah Ireland, St Margaret’s Hospice, Taunton/Yeovil, UK |
| 10.1136/spcare-2023-HUNC.9 |

**Background** Simulation is considered a mainstay methodology for healthcare education (Jeffries. Simulation in nursing education: From conceptualisation to evaluation. 2020), however, it has been under-utilised in end of life care (Bassah, Seymour, Cox. BMC Palliat Care. 2014; 13(1):1–0). Challenges exist surrounding the design of end of life simulations in non-traditional environments who lack ultramodern equipment and space to run high fidelity simulations. High fidelity simulation is often pursued by the simulation community in the belief that it leads to greater learning (Carey & Rossler. The how and when why of high-fidelity simulation.) Simulation, however, is a technique not a technology (Gaba. BMJ Qual Saf. 2004; 13 (S1): i2–10), and there is significant evidence to suggest that low fidelity simulation may be superior (Massoth, Röder, Ohlenburg, et al. BMC Medical Educ. 2019; 19:1–8) as it is less anxiety-provoking and leads to a less burdensome cognitive load for participants (Lapière, Arbour, Maheu-Cadotte, et al. Simulation & Gaming. 2022; 53(5):338–63).

**Aims** To design and deliver a low-fidelity simulation programme for roll out across the hospice, with relevant subject matter that engages both our clinical and non-clinical teams across the organisation, leading to clear learning.

**Methods** A rolling simulation programme with sessions at least twice a month was run from March 2022 to Dec. 2022. Our sample was 160 participants who took part in 29 simulations. Prior to the beginning of the simulation programme, baseline data was collected via questionnaire. After 10 months of simulation implementation, the questionnaire was repeated to analyse the impact of low-fidelity simulation on the organisation.

**Results** Baseline questionnaires showed 35% of the organisation had never heard the term ‘simulation’, and over 40% felt anxious around simulation. Following participation in simulations, the repeat questionnaire showed awareness of simulation within the organisation had increased to over 90%. Anxiety around simulation participation dropped by 10%, and we saw a 30% increase in the confidence of staff to undertake challenging conversations. Based on our significant findings, we also developed Cards against Calamity – an end of life simulation game – and began to share this with other hospices.

**Conclusion** Low-fidelity end of life simulation can be used with positive effect for clinical and non-clinical staff in the hospice setting.

| 0-10 | EMBEDDING PALLIATIVE EDUCATION AND LEARNING INTO CARE HOMES: A PROSPECTIVE PILOT STUDY OF OBSERVATIONAL FEEDBACK AND ROLE MODELLING |
| Wendy Freeman, Nicky Wood. Isabel Hospice, Welwyn Garden City, UK |
| 10.1136/spcare-2023-HUNC.10 |

**Background** The Ambitions for Palliative and End of Life Care (2021) highlight the need for all staff to be prepared to care. This includes ensuring staff working in care homes can support their patients’ palliative care needs. Palliative education is a good first step to ensure this quality care and prevent inappropriate admissions to hospital from care homes echoed in a report by Public Health England (2014) which noted increases in care home deaths and called for training in end of life care recognition. But how do we guarantee this education is embedded? Bandura’s social learning model (1986) highlights the importance of learning within the care setting.

**Aims** This pilot study aims to harness an educational approach which will consist of observational feedback and role modelling. Intention is to give real time education that will be embedded.

**Methods** A pilot has been designed taking place from May 2023 to June 2023. The care home educator gained agreement of two homes to deliver this pilot over two sessions. The educator will create a transparent real-time observational and role modelling approach. Feedback will be offered to individuals and overall, to the care home. Consent has been obtained from both homes to conduct this pilot. All learning will be documented within an observational template collating evidence of observations and resulting learning. Embedding of learning will be monitored on subsequent sessions. This evidence will be reviewed to highlight themes and findings. All evidence will be anonymised.

**Conclusion** A observational and role modelling approach could allow embedding of real time learning into practice. The aim is to ensure all care home staff are prepared to give high quality palliative care to their residents. This pilot aims to provide evidence to allow further such initiatives within other care homes.

| 0-11 | FUTURE-PROOFING THE PALLIATIVE CARE CLINICAL NURSE SPECIALIST WORKFORCE |
| Sue Griffith, Alison Gray, Farleigh Hospice, Chelmsford, UK |
| 10.1136/spcare-2023-HUNC.11 |

**Background** The shortfall in health care professionals at all levels has been accentuated in the specialist palliative care workforce recently (Buchanan & Campbell. BMJ, 2013; 347: f6201). Internationally, this is described as reaching a ‘crisis’ (Mahase. BMJ, 2023; 380: 713), whilst simultaneously, the population needing palliative care is increasing (Sleeman, de Brito, Etkind, et al. Lancet Glob Health. 2019; 7:e883–92). Retirement of Clinical Nurse Specialists (CNSs) led to unfulfilled