a new vision and strategic direction. The outcomes and dilemmas presented by the study required further research specifically on brand. The study outcomes demonstrated a difference of view between stakeholders but provided a bold new direction for the charity and a significant change management and leadership challenge. The long term outcomes will require more time to measure. Early indicators show positive engagement with the change but stakeholder roles in the organisation and the effective management of the change are also determining factors.

Conclusions The aim is not to make fixed recommendations but to openly share both the positive and negative aspects of one organisation's experience to provide learning for others considering the same course of action. The costs, change management and reputational risk of rebranding are significant for any hospice. If the early positive indicators turn into long term benefits, a bold brand repositioning could have a significant impact in addressing long held myths and improve access to palliative care for generations to come.

P-230 WHAT'S IN A NAME? TELLING OUR BRAND NEW STORY

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10.1136/bmjspcare-2018-hospiceabs.255

Background 'The Hospice' has been engrained in people's vocabulary for over three decades. Yet today, more of our services are delivered outside of our hospice building. Whilst services had rocketed forward with new innovations, our brand was pinning us down to an old style of hospice care.

Aim

- To tell our new story
- To better explain where people's fundraising goes
- To be bolder about our fundraising ask.

Methods We were incredibly fortunate that an award-winning national brand agency donated their time and skills to create our new brand. An additional £10 000 individual donation was given specifically for new signs and vehicle livery. With no further funding, our staff and volunteers were our biggest communications resource and we ensured they thoroughly understood the reasons for rebranding. We developed a strong story for them to tell, alongside answers to some anticipated questions. We held 12 open meetings, followed up with an information pack and a separate briefing was held for media and stakeholders.

A 'Letter to the Editor', embargoed press release and interviews with our CEO, additional social media and video content consolidated our key messages at no extra cost to our charity. Importantly, we retained the word 'hospice' to describe our building but in the context of our wider umbrella name.

Results

- Our retail department feeling much more 'part of the team'
- No negative coverage in local media
- Less than £10,000 (donated) spend
- Implemented within one month.

Most importantly, we had a golden opportunity to tell our new story – one that people are starting to repeat back to us.

Conclusions Whilst a name change may seem peripheral to delivering hospice care, it has been fundamental to opening

up services by helping people better understand how we support them and how they support us.

P-231 WHAT HAPPENS WHEN A BISHOP, AN OT & THE MD OF A DEPARTMENT STORE ARE INVOLVED IN REBRANDING A HOSPICE?

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10.1136/bmjspcare-2018-hospiceabs.256

Branding for hospices was recently described as a 'hot topic' (Hospice UK, 2018) in an increasingly fast-paced as well as competitive environment for hospices and at a time when organisations are placing greater emphasis on brands to differentiate (Lee & Bourne, 2017; Chapleo, 2015; Stride & Lee, 2007; Lee, 2013). Balancing normative (social/mission driven) and utilitarian (business driven) identities (Lee & Bourne, 2017) hospice brands need to encapsulate a mission and represent a set of values (Stride & Lee, 2007; Kynader & Sytone, 2012; Lee 2013) about a form of end of life care which they consider non-negotiable. Furthermore, a hospice brand is inherently complex needing to generate trust, foster a sense of pride amongst staff, volunteers and fundraisers, however, carrying out this work can draw accusations of inappropriate business-like behaviour by critics who perceive such use of resources unnecessary (Lee & Bourne, 2017; Kynader & Sytone, 2012). Whilst several hospices have undertaken branding work (Design Week, 2017) this paper addresses the paucity of studies which consider the particular challenges of undertaking this work at hospices. Outlining an eight-month project at St Helena Hospice and disseminating key insights gained from participant observation, this paper builds on a body of work which considers the specific tensions and reactions which emerge when working with an established brand in the not-for-profit sector (Lee, 2013) and, furthermore, how such a project became an opportunity to inform and re-educate stakeholders. Accordingly, this paper has relevance for a range of stakeholders including trustees and senior leaders showing the 'doing of rebranding' focusing on how St Helena Hospice incorporated and integrated its philosophical foundations with the values and emotions of numerous, diverse stakeholders. Facilitating conversations this project broadened ambitions, implemented a new vision and re-evaluated key priorities repositioning St Helena Hospice (Lucarelli & Hallin, 2015).

P-232 HOW CAN INSTITUTIONAL THEORY HELP HOSPICES PLAN FOR THE FUTURE?

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There is little written about UK hospices as organisations. Given the changing nature of care as hospices increase access significantly beyond cancer, it is important to explore models of change. This research aims to highlight key concepts within institutional theory and change, that may be of interest to hospice leaders in developing and delivering their future

strategy. The method was a literature review alongside professional experience which when combined resulted in three key outcomes:

- The introduction of the concept of legitimacy and how this has the potential to be a key factor in hospice organisational change
- The highlighting of a model by Greenwood, Suddaby & Hinings (2001) which provides a framework for institutional change
- The development of a new theoretical model that proposes a way of representing the nature of elements of hospice organisations. The model also outlines three options that explain some of the choices the hospice movement may make in addressing the need for change i) decoupling i.e. the intentional separation of activity from the accepted norms e.g. via a new partnership, ii) deinstitutionalisation followed by reinstitutionalisation which is the process described by Greenwood, Suddaby & Hinings (2002) identifying key stages of radically shifting institutional narrative or iii) the development of a new social movement.

The work is part of a larger study that aims to explore organisational factors influencing hospices' development of services for people with dementia. This first part of that work concludes that there is importance in understanding the nature of hospices as both old and new institutions (Selznick, 1957; Powell & DiMaggio, 1991). This theoretical lens provides a refreshing and insightful perspective on many of the challenges hospices are encountering as they face the future.

P-233 USING VISUAL THINKING TO HARNESS THE RIGHT-BRAIN TO PLAN IN PALLIATIVE CARE

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10.1136/bmjspcare-2018-hospiceabs.258

Background Thinking in Western culture is traditionally left-brain centred. Planning is often linear and depends on the drive, experience and expertise of individuals. Palliative care is a holistic discipline, but despite this there is often a reticence among some within the field to step outside the boundaries of established planning methods. Thinking creatively enables innovation, the cornerstone for developing services for those who need them. Enthusiasm to develop can be enhanced by using an unfamiliar, enjoyable and challenging method, such as *visual thinking* (Brand, 2017).

Aims To evaluate the use of *visual thinking* as a means to plan creatively and collaboratively in specialist palliative care.

Method A hospice education team used *visual thinking* as a planning tool to develop educational programmes. The technique involved the use of low cost materials, including rolls of brown paper and pens. The focus is on presenting thoughts in a visual way by using creative thinking.

Results From the *visual thinking* exercises, planning documents were written. These enable the concepts to be recorded, given structure and presented to others in a more formal way. The visual thinking work can be kept in the workspace as a summary of the work in progress or included in reports as a graphic illustration of the planning. The differing levels of expertise and experience of the team members were drawn together to develop plans. Colleagues who

saw the *visual thinking* work in progress, expressed interest; one planning to use the method as the basis for interview material and another used the concept to develop presentation materials.

Conclusions *Visual thinking* has been helpful in planning within a hospice. It takes some courage to try a new technique. Showing it in practice helps colleagues to see its value. It takes preparation and time, something that is needed however planning is undertaken.

P-234 EVERY PENNY COUNTS

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10.1136/bmjspcare-2018-hospiceabs.259

Background I started working at the hospice as Director of Finance in January 2017. This was my first role working for a hospice and was a steep learning curve. The Times (2018) reported that charities are missing out on claiming gift aid. Weakley (2018) stated this amounts to over 600 million of potential funds for charities. There was a cumbersome system and lack of understanding of the advantages of gift aid had resulted in a backlog and missed opportunities to increase income by claiming this tax break. This was a huge challenge. However, this was a form of revenue which could not be ignored in a climate where palliative needs of our community are increasing and every penny counts towards their care.

Method A clear guide was produced to create an understanding of all issues raised and an action plan set up through a collaborative process. This included education to understand the importance of gift aid to our charity thus motivating the fundraising and retail team to get results. Crucially we sourced a team of volunteers to review over 14 000 donor declaration forms in preparation for input into an electronic database. We also created a streamlined system to allow for quarterly claims and provided training.

Result We are now in a much better place. The pride created within our team when our first claim from the backlog came in was palpable. There is now a vibrant culture in championing gift aid. All HMRC queries were resolved and potential penalties avoided. The backlog has been cleared and a robust streamlined system is in place. Crucially our retail gift aid has doubled in 12 months. We have motivated teams who work collaboratively to get results ultimately benefiting the care we give.

P-235 THROWING OUR HAT IN THE RING: TENDERING FOR SPECIALIST PALLIATIVE CARE SERVICES

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10.1136/bmjspcare-2018-hospiceabs.260

Background In 2015 the local NHS Integrated Care Organisation put community services out to tender across two NHS Clinical Commissioning Groups (CCGs), a population of 235,000. This included specialist palliative care team (SPCT) for hospital and community and Consultants. The SPCT were an integral part of the local integrated service, the risks to patients and families of not having a seamless service would be detrimental. In 2016 two individual providers won the