

Methods A literature review and online survey via questionnaire were conducted to identify key elements for family bereavement and the impact of the pandemic. Findings informed the co-production of the web-resource through a virtual workshop with bereaved people and bereavement professionals.

Results Respondents to the online survey reported the pandemic had negative effects on bereavement (guilt, isolation, inability to bear witness). However, it presented a chance to celebrate the deceased and support the bereaved differently (new funeral rituals, technology, remote contact, social acknowledgement of grief). Sense-making and managing bereavement were helped through information-giving, support networks, and relocating the person within the family context. A web-resource to facilitate collective grief was viewed positively and key content agreed by participants at an online workshop.

Conclusion While COVID-19 has exacerbated challenges to bereavement, it has enabled grief to be managed collectively. An online web-resource that encourages consideration of bereavement in the context of close social networks, promotes communication, and sense-making has been developed and is available at www.familiesinbereavement.org.uk It enables grief to be understood and managed within a shared experience and evaluation is in progress via in-depth interviews with users of the web-resource.

Equality and diversity

P-73 CREATING A NATIONAL EQUALITY, DIVERSITY AND INCLUSION NETWORK FOR HOSPICE PROFESSIONALS

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Background Chatbox discussions during sessions at the Hospice UK virtual conference in April 2021 identified an appetite and need for a shared space about equality, diversity and inclusion (EDI) processes, structures and outputs in both service delivery and workforce contexts.

Aims To draw together practitioners from a range of different functions and levels in hospices to share best practice and information about ongoing and topical EDI issues through a regular networking platform; and so improve EDI engagement across the sector generally.

Methods May 2021 – call-out via email to 30 chat participants to canvass interest in collaboration and what strategic, operational and other EDI issues were particularly important to them. May to July 2021 – scoping responses received from the call-out to form a structure for discussion and future meetings around five key themes: Strategic direction; Data; Under-representation; Culture; and Working with diversity. The scoping formed the basis of a workshop exercise prior to the first meeting of the EDI Network to rank the themes in order of priority to members.

Results A series of dates were presented to the group and the first mainly introductory meeting held in October 2021. Further scheduled meeting dates were agreed for February, June and September 2022. Outside of meeting attendances, membership of the group has since increased through referrals to 58 as at the time of preparing this abstract.

Conclusion The hospice EDI Network has shown itself to be of value to the sector and further engagement is planned to define specific outputs. Member hospices include a range of service/operating models and representatives are drawn from all staff levels and specialisms, enabling a truly holistic exploration of challenges and issues to be raised.

P-74 RAISING THE PROFILE OF EQUALITY AND DIVERSITY ACROSS ST BARNABAS LINCOLNSHIRE HOSPICE SERVICES

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Background St Barnabas Hospice is committed to promoting inclusivity and accessibility for all people who need our services. We are committed to addressing inequalities which may prevent people accessing Hospice care in Lincolnshire across the communities we proudly serve by making equality, diversity, and inclusion part of everything that we do.

Our Equality, Diversity, and Inclusion (EDI) forum worked across three key workstreams to deliver the following priorities and outcomes:

- Embed ED&I into the governance structure of the hospice through the collection of demographic information via a SystemOne template.
- Demographic data report to be published in April 2022.

Data is now reviewed at monthly Clinical Directorate meetings as of April 2021.

Outcomes

- Raised awareness, facilitated reflection, and encouraged discussion regarding the data and has informed further QI developments.
- ED&I are now standing or regular items in a variety of different meetings/senior forums.

An EDI curriculum was developed with clinical staff in the summer of 2020 covering 6 key topics identified as learning needs. EDI is now a core part of annual mandatory training.

Outcomes

- Increased discussions at multidisciplinary team meetings regarding patient and families protected characteristics and how this needs to inform holistic assessment and person-centred care planning.
- Increased awareness of the value of understanding demographic data in mitigating social injustice and health inequalities, through service improvement.
- Identified need to understand our demographic data barrier to consistent recording.

In February 2022 the 'Purple List' play was made available for our staff, volunteers and other stakeholders, with a live Q&A session with the director and actor. This is a dramatized resource explored in the context of the past and current prejudice within our society and the lived experience of members of our LGBTQ+ community. Feedback demonstrated that the people who attended had learned from the resource and it had allowed people to reflect on their working practices.