P-72 NOT HIDING WHO I AM. SUPPORTING LGBT+ STAFF IN HOSPICES

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Background In the United Kingdom there is increasing interest in how LGBT patients access and experience healthcare, including end of life and palliative care. We know there is higher prevalence of life-limiting disease in LGBT people, attributed to lifestyle factors and fear of homophobia, discrimination and marginalisation (Marie Curie, 2016).

Much less attention is paid to LGBT staff, and of interest to us those working in hospices, and their support needs. A quarter of LGBT health and social care staff report experiencing bullying, discrimination or other forms of poorer treatment due to their sexual orientation (Quaile, 2018). When staff are healthy and happy, absenteeism is reduced, the workforce is more efficient and most importantly, patients receive better care (NHS Employers, 2019).

Aim The London Hospices LGBT Network was launched in October 2017, following collaboration between nine hospices who marched at London Pride. The network aims to:

- Promote equality, diversity and inclusion of LGBT people across London hospices;
- Provide leadership, support and education;
- Raise awareness of hospice care in LGBT communities.

Methods All London hospices were invited to join the network. The Network launched with a learning event to share the findings from the acclaimed ACCESSCare project (Bristowe, Hodson, Wee, Almack, *et al.*, 2018), and the Marie Curie survey of hospice staff, 2016. Quarterly network meetings established.

Results Eleven hospices are network members. Nine hospices will march at London Pride in 2019. Hospices in the Midlands and Bristol were inspired to march in their own regional Pride. Newsletter produced and sent to all London hospices. Training planned for November 2019 at Hospice UK.

Conclusion The London Hospices LGBT Network has raised the profile of the LGBT hospice workforce, encouraging visibility, engagement and offering support to those who may be isolated and at risk of marginalisation or discrimination in the workplace. The network believes that acknowledging the difference and contribution that LGBT staff make leads to better outcomes for everyone.

P-73 PRINCIPLES OF LEAN MANAGEMENT AND FACILITATING STAFF ENGAGEMENT: 'GET ON' BOARD

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Background Recently clinical team leaders across all clinical services attended 'Lean' training in order to support cultural change within the organisation and focus on more efficient processes to eliminate waste and maximise customer value. This training included the use of information boards within departments.

Aim To utilise information boards to foster staff engagement, by supporting teams to understand how the work they are

doing fits in with the organisational strategic objectives, and accountability for performance at all levels and to improve communication.

Method The information boards were set up to provide a powerful communication and problem-solving tool, with team information and performance physically displayed on boards. Sections include: celebrate success, highlight issues/irritations, ideas/inspirations and areas to improve.

The data section contains the metrics each team needs to judge how well it is doing and what needs to change to create improved performance relating directly to the team's contribution to the achievement of the Clinical Objectives. It is the team's responsibility to update the board.

It is NOT just a notice board.

Results The boards have been rolled out across all clinical departments and follow the same basic principles but are tailored to the team needs. The services/teams are more actively engaged with the clinical services strategic business plan and links organisational objectives and policies to implementation. Each information or 'Get on' Board is supported by monthly briefings to discuss performance, celebrate success, review and update.

Clinical team leaders are using the information 'Get On' Boards to guide their teams to problem areas. Feedback from teams indicate that the boards are improving team performance.

Conclusion These boards have encouraged whole team engagement with clinical services strategy/strategic business plan and staff values. Visual status is clear and is understood and owned by front line staff.

P-74 HARNESSING LEADERSHIP POTENTIAL IN THE HOSPICE

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Background As part of a strategic plan a hospice in Scotland invested in a Leadership and Management Development programme for clinical and non-clinical staff which was delivered over three years. This was based upon the principle that professionals require a combination of leadership and management skills in order to ensure the services they provide are of the highest quality and person-centred. We believe that leadership and management skills are required at all levels in the hospice to ensure that each department and/or team continuously works to achieve the strategic and operational objectives of the hospice. In essence leadership skills are not just for those at a very senior level.

Aims

- To develop leadership and management skills within the hospice to support and ensure that each department and/or team continuously works to achieve the strategic and operational objectives of the hospice;
- To enable true staff engagement with implementation of the hospice's strategic objectives.

Method Three programmes were delivered over three years with each programme lasting for twelve months and thirty staff members participating in total. The underpinning philosophy of the programme is based on person-centeredness with each individual bringing their own unique set of skills and previous experiences into the programme. The programme consisted of a number of different elements: workshops,