Methods Notes of 20 patients who died in Aneurin Bevan Health Board during the COVID-19 pandemic were audited for discussions of PPD and TEPs.
Results Even in cases where patients remained stable after the decision for supportive care was made, only in one case was PPD discussion documented. In contrast, in almost all cases there was a DNAR in place that was also discussed with the patient and/or family.
Conclusions Discussing TEPs is not necessarily the equivalent of robust joint decision-making. As we continue to manage dying patients during the pandemic, factors influencing PPD discussions in view of the wider context of end-of-life discussions should be considered. There is scope for research into how the COVID-19 pandemic has influenced or changed the quality of end-of-life discussions in secondary care to ensure patient-centred care moving forward.

30 REMEMBER ME: SUPPORT THROUGH REMEMBRANCE DURING THE COVID19 PANDEMIC

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Background The COVID19 pandemic has highlighted a greater need for spiritual support and remembrance in a difficult time when usual comforts associated with end of life care have been stripped away. Marie Curie Hospice Liverpool have worked to develop unique ways to continue support through spiritual care and remembrance using technology and links to our local communities.
Methods There have been many challenges throughout the pandemic including the closure of the hospice to visitors, meaning for patients that face to face contact with relatives or their own faith leaders was no longer possible. Our chaplain continues to provide spiritual care for patients and carers, whilst creating remembrance opportunities. Embracing technology and the support of the local community has been vital in enabling patients to receive the best possible spiritual care. An example of this is the engagement of local church groups supporting the hospice by providing knitted hearts to keep patients and relatives connected. Remembrance opportunities have been created, including: online memorial services, use of technology to allow patients and families to come together for prayer, weekly email reflections to support staff wellbeing, and developing the chapel into an 'escape room' providing space for reflection during difficult times.
Results Results are positive. Patients and carers report feeling supported spiritually in a difficult time, which has been essential to their care. Remembrance work via online platforms has allowed our hospice and local community to be supported through bereavement and feedback from carers, local community groups and staff has been positive and complimentary.
Conclusions Our work has demonstrated that despite the challenges presented during the pandemic, spiritual care and remembrance continues to provide comfort to those affected. Developing unique ways to continue supporting people has proven to be successful. Work is ongoing. We are eager to innovate and continue providing support in these difficult times.

31 EFFECTIVENESS OF A PALLIATIVE CARE RESOURCE TOOLKIT FOR COVID 19 FOR LOW AND MIDDLE INCOME COUNTRIES (LMICS) ON HEALTH CARE WORKERS KNOWLEDGE AND CONFIDENCE LEVELS

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Background Integrated palliative care (PC) has an important role in supporting those affected by the global COVID 19 pandemic. Communication and goals of care, symptom control and holistic support is needed particularly for patients and families living with multi-morbidity and populations in isolation and lockdown. Equipping health care workers (HCW) with core PC competencies is essential and often lacking. Building on models of integrated PC and effective response to humanitarian emergencies in Kerala, we developed and disseminated a Palliative Care in COVID-19 Resource Toolkit for LMICs comprising an e-book, webinars and ECHO platform interactive sessions for HCW.
Objective To evaluate the impact of the Resource Toolkit on the knowledge and confidence levels of HCWs.
Methods Participants registered for training package completed a pre and post course questionnaire with eighty percent attendance along with giving narrative feedback. Data collected from June to September 2020.
Results A total of 388 participants from 8 countries including 24 Indian states; 27% male; median age 33 (20–65); 46% nurses & 27% doctors. There is statistically significant improvement in all factors assessed from pretest to post test. (p=0.000)) Mean difference in knowledge & confidence in communication, goal setting, physical symptoms management, distress management and EOLC are as follows: 2.57 CI 95% ; (2.21 to 2.93), 2.34 CI 95%; (1.99 to 2.68), 2.72 CI 95%; (2.36 to 3.07), 2.55 CI 95%; (2.20 to 2.90), 2.42 CI 95%; (2.05 to 2.79), 2.38 CI 95%; (2.01 to 2.75), 2.88 CI 95%; (2.51 to 3.24),2.63 CI 95%; (2.27 to 2.99), 3.01 CI 95%; (2.65 to 3.38),2.76 CI 95% (2.39 to 3.13).
Conclusion The Toolkit when combined with online interaction can support the integration of PC competencies in health care workers many of whom have no previous exposure to PC. Narrative feedback also supported the place of a safe forum to share. Further study is planned to assess the educational impact on practice.
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32 VIEWING THE DECEASED PERSON: BEREAVED FAMILY UPTAKE OF A NEW SERVICE IN THE WAKE OF COVID-19 RESTRICTIONS

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Background Care after death includes supporting the bereaved. Evidence suggests that opportunity to view the deceased person is helpful to grieving families. During the COVID-19 pandemic, imposed restrictions to family presence challenged

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