

P-158 PROMOTING BEST PRACTICE IN AN INCLUSIVE WAY

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Background To ensure best practice and legal compliance we needed an easy reference handbook detailing the procedures and guidelines for our retail teams that was set out in such a way that anybody, regardless of their role could pick up and independently and efficiently find the solution to any issue or information they need at a glance.

Aims We wanted to create a handbook that was user-friendly by looking at the effect of typographical features on how efficiently the text can be read; typographical features include things like font choice, text size, colour (Horstmann & Herwig, 2016; Miller, 1956) and contrast.

Methods Jan 2021: Research led by a psychology graduate with special interest in cognitive psychology into legibility and the effect of typographical features. Particular focus was given to needs of individuals over the age of 60 (Bernard, Liao & Mills, 2001) and those with dyslexia. Jan – March 2021: Formatting of all text in line with research recommendations. May – Jun 2021: Consultation with staff and volunteers for feedback.

Results The feedback we have received so far (examples below) from our staff and volunteers has been extremely positive.

- *'Easy to read because of the coloured boxes. If I see a red box I know I legally need to comply!'*
- *'Text is big enough that I can read it without my glasses.'*
- *'Easy to digest the information because the important points were highlighted, you could focus, you weren't having to read it worrying you might miss something important! Easy to access certain topics if need to refresh knowledge, check a procedure or train a new volunteer.'*

Conclusion Having the correct organisation and layout significantly improves the readability of our handbook. We have a format which can be deployed across all communication to our retail teams to attract the attention of the reader and to improve reading comprehension and memory.

P-159 IMPLEMENTING ORGANISATIONAL CHANGE: A HOSPICE SITE MOVE

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Background An organisational site move can prove challenging to instigate, navigate, motivate and successfully implement (Kotter, 2012; Slosberg, Nejati, Evans, Nanda, 2018). The development of a change management strategy can aid in the success of such endeavours (Slosberg, Nejati, Evans, Nanda, 2018; Periyakoil, 2009). These strategies are often complex, requiring consideration over psychological and structural factors at individual and organisational levels (Holt, Helfrich, Hall, et al., 2010).

Aims To document and interrogate the preparation, execution and outcomes of a change management strategy supporting the transition from an existing site to a new purpose-built

hospice facility. To provide and validate a framework for the successful implementation of future transitional projects.

Methods A case study was conducted on a hospice organisational site move. Following an initial literature review, review of project documentation, and site surveys, staff members contributed to the completion of individual interviews and focus group sessions. Transcripts were subjected to thematic analysis in order to identify and code themes and outcomes for comparison to existing data on best practice

Results 49 members of staff across Inpatient, Day and Outpatients Services, Family Support Services, Front of House, Facilities, Management and Administration contributed to the data capture. These data were then cross-referenced to existing change management models. Evidencing that the hospice strategy could be validated against existing theory and supported by the documented outcomes. Ultimately, the change management process was positively received and contributed towards a successful transition.

Conclusion This hospice organisation demonstrated the importance of a holistic strategy for change management. It resulted in the identification and evaluation of the implementation strategy utilised by the hospice organisation, highlighting areas of consideration to guide future projects.

P-160 CONSISTENT VALUES, NEW THINKING, NEW WAYS OF WORKING: WHAT OUR HOSPICE STRATEGY DOES FOR US

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Background Making sense of the unprecedented degree of complexity in patient need, the health sector and in the communities we serve demands a close focus on strategic thinking and new ways of working to deliver excellent care and service. At St Leonard's Hospice we have implemented a Strategy Balanced Scorecard System in order to help us do this.

Aims To build on our tradition of delivering excellent palliative and end-of-life care to our community through a process of strategic planning and change management, led at every stage by our shared values of excellence, integrity and respect.

Methods Draw on our shared values to meet new challenges. Implement a Strategy Balanced Scorecard System to capture and communicate strategic aims. Deliver the aims through a planned implementation process. Embed project management discipline in the implementation process. Build a process of formal review to support continuous improvement.

Results Though our implementation is at an early stage and has been impacted upon by operational demands arising from the pandemic, we see: a transition from fiduciary to strategic governance at Board level; increasing strategic focus at senior team level; an appetite amongst all managers and staff to revitalise our values by using them as practical decision-making tools. Our next steps are: to build on staff open forums with focussed consultation on our mission, purpose and values; review how information flows in our teams; embed values-driven problem-solving across our teams and use the Balanced Scorecard Dashboard to measure to improve continuously. Project management discipline will then support the delivery of our Strategic Aims as 'One Hospice' team.

Conclusion We still have lots to learn but the Strategy Balanced Scorecard System has proven a crucial tool in transforming our hospice's approach to strategy and planning and in building a 'One Hospice' culture based on and driven by our shared values.

P-161 **HOPE FOR THE BEST, PLAN FOR THE WORST?
IMPROVING RESILIENCE WITH BUSINESS CONTINUITY
PLANNING**

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Background The 2009 Flu pandemic underlined to health care providers the importance of an effective business continuity plan (Hopkin, 2018), and was further highlighted by Brexit and COVID-19. Organisations face increasing ranges of external risks and threats (Copeman, 2017), showing the need for competent risk management. Business continuity planning (BCP) is an integral part of the risk management process, and hospices need to be able to actively demonstrate their resilience.

Aim A review of current resilience was undertaken, with the aim of developing and implementing a fit for purpose Business Continuity Plan (NHS Commissioning Board, 2013), which could be tested against multiple scenarios, so the organisation's 'state of preparedness' for a range of service disruption scenarios can be regularly challenged and improved.

Method A workshop was organised to facilitate discussion around our current resilience and identify gaps of existing arrangements. A new BCP policy was created along with a BCP implementation plan. Focussed team discussions were undertaken, where each service explored their key functions and highlighted necessary emergency supply items, which were procured and made available. Familiarisation training was incorporated into team meetings organisation-wide. External critical friends were invited to review the new documentation and provide feedback to further improve our BCP processes and procedures.

Results The organisation's new Business Continuity Plan is now operational and has been reviewed and updated as a result of COVID-19. Our journey has been shared with hospices to help improve overall hospice awareness of risk and resilience, and promote best practice within and without our own organisation.

Conclusion The BCP review created a more aware and dynamic organisational approach to risk management. Furthermore, as funding and workforce challenges continue to cast uncertainty for hospices, our organisation now recognises resilience is an ongoing, fluid process which requires continual review and challenge to remain effective, and a co-ordinated and multi-disciplinary team approach is required to assure an effective and practical BCP.

P-162 **PROJECT ECHO – ADDRESSING THE NEED FOR
SUPPORTIVE AND HIGH QUALITY PALLIATIVE CARE
EDUCATION**

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Background Palliative care requires an integrated, multidisciplinary approach and involves a range of specialities. Despite increasing demand, limited resources are often available to deliver high quality palliative care education and support that is tailored to meet the needs of healthcare professionals. Project ECHO (a tele-mentoring programme) could overcome this gap by using video-conferencing to deliver best practice guidance and education from specialists, and case-based learning with peer discussion. Five ECHO networks in Northern Ireland were established (Cardiology/Heart Failure, District nurses, Community pharmacy, Paediatrics, Marie Curie registered nurses). Participants set the curriculum, network aims and objectives, which included increasing participants' palliative care knowledge and skills, enhancing confidence, building relationships, and facilitating peer support. 45 ECHO sessions were delivered across five networks between 2018-2019 with 194 participants attending ≥ 2 .

Aim The aim of evaluation was to identify if each network achieved its objectives.

Methods Retrospective online survey issued to participants after the final ECHO.

Results 27% (60/224) registered participants responded. ECHO was identified as a suitable model for education delivery and valued for case-based learning. Each network met their objectives: increased knowledge and management of palliative care patients. ECHO was identified as a suitable model for delivering education and the opportunity for case-based learning was valued. Impacts on practice included improvements in, inter-agency working, networking, communication with patients and families, confidence to make clinical decisions. Professional isolation was also reduced. Barriers to participation included time restraints due to staff shortages or workload.

Conclusion Project ECHO may be ideal for delivering palliative care education and support across multiple settings. However, protected time for participation is recommended.

P-163 **PROJECT ECHO BRINGING OUR HOSPICES CLOSER
TOGETHER AND SUPPORTING THE CARE COMMUNITY**

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Project ECHO is a case based, collaborative learning tool designed to enable health and social care professionals to connect with each other. Originating in the USA and taking place primarily on the Zoom platform; it aims to allow staff to share their knowledge and skills with each other to form a community of practice. The key ethos of everyone being both a learner and a teacher enables staff to benefit from a collective learning experience and reduce any isolation that they may feel in their role.

Since January 2020, St Catherine's and St Leonard's Hospices have formed a collaborative Project ECHO hub, through NHS England funding secured by the Humber Coast and Vale STP. The hospices and key stakeholders work closely to deliver education to the regional health and social care communities.

Outputs address identified need across the region. Work with local CCGs in spring/summer 2020 supported the care provider community with regular forums and education,