

which was a key part of the sector wide response to COVID-19. This set the tone for ongoing forums that are run to support this community of staff. One care home manager commented: *'I have really enjoyed being a part of this network and I have learned a lot. It certainly helped me think through numerous (COVID-19) policies and helped us navigate a way through'*.

Session evaluations are overwhelmingly positive and over 90% of participants say that: the session helped me feel more connected with other care staff; I would recommend Project ECHO to my colleagues.

Current work with key stakeholders is delivery of ECHO networks to the palliative care, homeless/complex care support and primary care communities in North Yorkshire. With new Networks in the pipeline continually, the possibilities for our hospices to deliver training via Project ECHO are huge.

## The palliative care workforce

### P-164 DIGITAL ACCELERATION: EMBRACING A VIRTUAL EDUCATION PROGRAMME

Jackie Bennett. *Mountbatten Hampshire Hospice, Southampton, UK*

10.1136/spcare-2021-Hospice.180

**Introduction** Mountbatten Hampshire Education Team wanted to seek an alternative way of delivering education when all face-to-face training was cancelled during the COVID-19 pandemic. The aim of the virtual education programme was to enable health and social care providers to access end-of-life education and for staff to be feel supported as well as continuing to enhance their knowledge and skills.

**Method** We had to decide on a method of delivery that would be achievable for staff to attend. We took into consideration the effects of the pandemic and the impact it was having on staff/organisations. It was decided that staff could potentially engage for two-hour bite size sessions on a range of end-of-life topics including, for example, care of the dying and symptom control. The core themes were developed from our existing programmes plus new adapted training. We wanted the sessions to be live for chat engagement and collaboration with others and Microsoft Teams was decided to be the platform for delivery to support live facilitation, chat, breakout rooms and presentation/video communication options.

**Results** Data are presented [in the conference poster] in relation to attendee numbers, the range of access, i.e., groups and individuals accessing training, along with quality survey information.

**Discussion/Conclusion** The results indicate that despite the pandemic our education sessions have reached many and interest in training has remained high. The virtual method of delivery has also enabled new interest in Mountbatten's training offer. Staff from various health and social care providers both trained and untrained signed up as well as internal staff. The value placed on learning together has been maintained through an online facilitator and is demonstrated through quality ratings. Challenges are discussed in relation to managing technological issues and learning new methods of engagement. Virtual training is now an integral part of the education service which is continuing to develop.

### P-165 A SYSTEMS APPROACH TO LEARNING

Amanda Wilkins, Tracey Canavan, Sarah Ireland. *St. Margaret's Hospice Care, Taunton and Yeovil, United Kingdom*

10.1136/spcare-2021-Hospice.181

**Background** The new Integrated Care Systems promote collaboration and hub-based multidisciplinary (MDT) working (NHS. The NHS long term plan, 2019). Services working in an integrated way for the benefit of patients and their carers is necessary to improve health outcomes (Flanagan, Damery, Combes, 2017).

Project ECHO (Extension for Community Healthcare Outcomes) promotes learning as a community of practice, where everyone learns together from each other (Piriz Alvarez, 2018).

**Aim** To build multidisciplinary networks and evaluate the effectiveness of a systems based approach to learning using Project ECHO.

**Method** A community palliative care network was created. Health and social care professionals from across the county were invited. An existing care home network was widened to include teams going in to support residents. Evaluation was based on feedback, learning, changes to practice, attendance, geographical spread, variety of professions and session observations.

**Results** Community Palliative Care Network: 23 spokes spread throughout the county, including physical, mental health and social care services. Professions include medical, nursing, allied health professionals and paramedic. Case studies and discussions have been varied and spokes have been proactive at sharing knowledge and experience. Feedback indicates sessions were useful and relevant.

Care Home Network: Chaplains reported the sessions as interesting and informative. One home planning to actively seek a process for residents' access to earlier spiritual care. Often the teams reaching into care homes have interacted more during sessions than the care homes themselves.

**Conclusion** Across health and social care, a systems approach to learning can add depth to discussions and learning as a MDT can enable wider discussions. The topics and case studies can meaningfully traverse a variety of services. Care homes may gain some benefit from accessing a wider system of learning but careful facilitation of sessions is needed to ensure the homes and their residents remain at the centre of the network. A tailored approach for each system is required.

### P-166 HOSPICE EDUCATION LEARNING PARTNERSHIP – HELP IN THE TIME OF COVID-19

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10.1136/spcare-2021-Hospice.182

St Christopher's Hospice and Greenwich and Bexley Community Hospice established HELP in 2019 to respond to the learning needs of end-of-life care professionals in South East London. This already successful partnership was mobilised during the pandemic to meet the demands of the clinicians as

they dealt with the significant increase in people dying from COVID-19 and this poster explores the themes that emerged by undertaking this work.

Initially a whole scale digital pivot was required as the pandemic hit: moving all existing education activity online utilising tools such as Zoom for live teaching and providing asynchronous, self-study opportunities using an online learning platform to ensure professionals could continue to be upskilled during this time. An innovative example of this was the development of a fully asynchronous product on Nurse Verification of Expected Death, a clinical need that grew exponentially during this time. The HELP team provided two bespoke webinar series, which responded to clinical needs and was developed in collaboration with a range of clinicians who were able to provide case studies and examples to secure the learning. The first webinar series in April 2020 focused on two distinct areas, supporting GPs and supporting colleagues in care homes. The team provided weekly care homes webinars and additional ECHO sessions for them. The positive feedback received resulted in further consultation to design the second wave webinar series in November which was open to all professionals in the region and included topics continuing the conversation around wellbeing along with the opportunity to contextualise dying during COVID-19 and highlighting the value of joint working during this difficult time.

This poster explores this range of activities that were undertaken during the pandemic and focuses specifically on the values that underpin the approach including the need to be responsive and flexible, collaborative, current and context-specific in the design of these learning opportunities.

### P-167 EDUCATION AND TRANSCRIBING

Katie White, Mandy Saddlington. *Havens Hospices, Essex, UK*

10.1136/spcare-2021-Hospice.183

**Background** Transcribing is an important component of medicines management in the hospice, but there are differences in approaches across hospice sites. We were aware that our policies and training could benefit from development to ensure consistency of practice.

#### Aims

- To redesign and improve the transcribing process for transcribers within the hospice.
- To prevent and lessen medication errors.
- To re-write the transcribing policy.
- Offer education in the means of a 2.5-hour Transcribing Workshop for all transcribers, followed up with competencies to complete. Empowering the same process across the hospice settings.
- Start to measure the outcomes by auditing Medication Administration Charts (MAR).
- Offer support to transcribers.

**Methods** As an organisation a new policy was created on transcribing, alongside competencies. Our organisation's Practice Facilitator developed a transcribing workshop, which incorporated the competencies to be completed upon completion of the workshop. The competencies incorporated supervised practices. Following competence audits are carried out on the MAR. Medications errors are discussed at the Clinical Quality Group.

**Results** Transcribing workshop with a clear process has been attended by all current transcribers. Competencies are currently underway. Some transcribers required additional support. Audits of MAR are currently ongoing.

**Conclusion** The redesign of transcribing education has been received by all existing transcribers and the feedback is that confidence has increased, and the standard of transcribing has significantly improved. Due to the current Coronavirus pandemic, we have had some challenging times with a decreased amount of patient flow within our paediatric settings, which has limited the amount of transcribing required. Taking this into account and that the educational change is rather new, we need to wait to see if the changes we have made have made a difference to the transcribing medication errors. MAR audits will continue to remain for the foreseeable future.

### P-168 DESIGNING A VIRTUAL TEACHING PROGRAMME FOR HOSPICE STAFF – PHASE ONE

Bethan Spurrier, Hazel Pearse. *The Prince of Wales Hospice, Pontefract, UK*

10.1136/spcare-2021-Hospice.184

**Background** Remaining up-to-date is essential for those working in clinical settings (General Medical Council. Good medical practice. 2021; Nursing & Midwifery Council. Standards for competence for registered nurses. 2010). However, accessing formal teaching can be challenging in the post-graduate setting, alongside delivering patient care. There is limited literature covering postgraduate education in palliative care settings in the UK.

**Aim(s)** We aimed to develop a teaching programme for hospice staff that could be delivered virtually, to engage part-time workers. This initial phase of the project included medical staff only, with a view to expanding once the programme was formed and well established.

**Methods** This pilot programme comprised three elements. Firstly, a series of 20-30 minute Zoom sessions. The sessions provided summaries of key, evidence-based information on palliative care-related topics. In addition, an online platform, called a 'Padlet' (<https://padlet.com/>), was used to create an online learning environment. The 'Padlet' included single-page summaries of teaching sessions, links to further learning opportunities, podcasts and conferences. Finally, the summaries were circulated via email. Sessions took place on alternate Mondays and Thursdays, to maximise attendance by part-time staff.

**Results** The sessions were positively received. Due to their brevity, the sessions could be incorporated into the working day easily. Zoom and 'Padlet' were both free platforms, which ensured that the programme was cost-neutral. Participants found the 'Padlet' useful and liked the single-page summaries. Challenges for the programme included: Monday being a particularly busy day clinically, and initial technical difficulties with Zoom.

**Conclusions** Overall this project demonstrates how teaching can be delivered in short episodes via a variety of online platforms, to engage both full-time and part-time staff. This has worked well and we are currently formally reviewing the programme to shape the next iteration of the programme. This will include inviting other members of the multidisciplinary and expanding the learning media used.