Methods

- Steering group identified members confident in video-conferencing, producing supporting guidance for members.
- Discussion topics identified through feedback.
- Staff/volunteer speakers approached by steering group member; subsequent briefing discussion and format explanation.
- Brief online survey emailed to participants.

Results 36 members of staff responded to the survey: 55% clinical, 45% non-clinical staff. What participants like about Schwartz:

- Sense of community/connection.
- Non-judgmental space.
- Understanding others' roles.
- Aiding own reflection.
- Learning from others' views.

19 answered 'what could be done differently?' Ten people (from the total of 19) responded to say that they didn't think anything could be done differently. Themes identified were:

- Varying date/time to accommodate different working patterns.
- Taking advance questions.
- Return to physical meetings for easier interaction, especially before session.

Some commented how well an online platform worked, making it accessible to participants offsite. Ideas for future topics: understanding roles; COVID-19's impact; coping with stress.

Conclusion Online SCR transition was largely positively received. Overarching aim to allow people space to reflect, discuss challenging clinical scenarios and receive support. Despite anxiety about ability to connect emotionally remotely, the feedback showed sense of community and non-judgemental space for reflection was not compromised in a potentially isolating time. We aim to alternate face-to-face and remote SCR to improve access for staff/volunteers.

P-194 CLINICAL SUPERVISION IN THE HOSPICE INPATIENT UNIT

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10.1136/spcare-2021-Hospice.210

Background Clinical supervision has been defined as 'an exchange between practicing professionals to enable the development of professional skills' (Faugier & Butterworth, 1994): Conversely, Hyrkas et al suggested that although clinical supervision is encouraged widely in nursing literature, studies carried out (to the date of their published work) had failed to evidence how supervision benefits clinical practice (Hyrkas, Koivula, Paunomon, 1999). More recent research, however, suggests that clinical supervision supports practice and helps healthcare practitioners maintain and improve standards by reflecting and identifying workable strategies for future work (Sullivan & Garland, 2013). Because of this, clinical supervision is central to the process of lifelong learning and the benefits of clinical supervision outweigh its costs (Doncaster & Bassetlaw Hospital, 2016). In the hospice setting, clinical supervision holds several challenges, with synchronising availability between clinical staff and facilitators being a significant factor within the inpatient unit.

Aims The aim of the project was to offer a meaningful clinical supervision resource to inpatient unit staff in line with the support being offered by the organisation to members of other teams. The Nursing & Midwifery Council (NMC, 2018) states that clinical supervision should be available to registered nurses throughout their careers so they can constantly evaluate and improve their contribution to the care of people but identifying and testing a method which is workable for inpatient unit staff has been challenging, especially during a pandemic.

Methods

- Diarised group work with designated facilitators mixing members with varying job roles across the hospice with a generic scenario to discuss.
- Regular virtual sessions throughout the month organised by remote facilitator.

Results * Method 1 attendance (Q4). Two staff members over four hours clinical supervision.

* Method 2 attendance (Q4). 14 staff members over seven hours clinical supervision.

Conclusions It is clear to see from the above results that method 2 is a significantly more efficient way of engaging with staff than method 1.

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EQUIPPING THE CARE HOME WORKFORCE FOR THE CHALLENGES ASSOCIATED WITH END-OF-LIFE CARE

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10.1136/spcare-2021-Hospice.211

Background We have a globally aging population that is going to impact on health and social care provision (Bone, Gomes, Etkind, et al., 2018); by 2040 care homes will be the most common place of death in the UK (Bone, Gomes, Etkind, et al., 2018). The burden of care is going to fall on the care home sector; it is vital that we equip them with the relevant knowledge and skill base to ensure equitable and excellent end-of-life care.

Aim To provide a sustainable approach in care homes for delivery of high standard of end-of-life care through education. To ensure excellent standards of holistic care at the end-of-life.

Methods A structured 'Train the Trainer' educational package for care homes across two counties – provided by a collaboration of two hospices. This begins with a needs assessment and delivered through a blended learning approach:

- In person training.
- Discussion and case study.
- Personal reading and development.
- Virtual learning.
- Enquiry.

Followed by an audit to identify the learning and changes in practice. This will be supported by regular contact with educators.

Results Engagement with care homes across both counties, demonstrating effective training and ongoing support of champions. This will equip staff with a sustainable skill set and knowledge framework with a resulting change in end-of-life care which will meet the needs of our changing population (Bone, Gomes, Etkind, et al., 2018). This will include ongoing

support from hospice educators, including a forum for peer support and ongoing relationships.

Conclusion The project will equip care home staff to facilitate in-house end-of-life education and training to maintain a standard of care that meets the recommendations as highlighted in the Ambitions document (National Palliative and End of Life Care Partnership, 2021). This project will maintain ongoing engagement with care homes through a relationship of mutual professional trust and respect, facilitating peer support within the care home community, and at the same time recognising the specific challenges that care homes face.

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CREATING A SUPPORTIVE KNOWLEDGE NETWORK THROUGH THE PANDEMIC FOR WORCESTERSHIRE'S CARE HOMES VIA THE ECHO PLATFORM

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10.1136/spcare-2021-Hospice.212

Background In 2018 our hospice became an 'Extension for Community Health Outcomes', (ECHO) Hub. In March 2020 we were approached by the Care Home GP Lead from the CCG. She had quickly identified that the care homes across the county were struggling in light of the pandemic and a platform to provide information, guidance and support was required. As host to an ECHO Hub, we were well placed to support this call to action.

Aim 'Project ECHO provides a way where hospitals doing fantastic stuff can also help communities to do fantastic stuff, while learning about what they need to do together.' Prof Max Watson (Eaton, 2019).

With these words in mind, the ethos of pulling a community together and sharing information in a time of need was foremost in our minds. Utilising the ECHO Platform would allow us to reach care homes across the whole county.

Method A weekly meeting commenced in April 2020, reaching participant numbers of 50 plus on a regular basis. The GP Lead led the meetings with guest speakers from the CCG Infection Control team, County Council and Public Health England. Subjects such as guidance on care home visiting were high on the agenda.

Results April 2020 – to August 2020, 790 participants attended the weekly meetings. We then moved on to create a more traditional palliative care knowledge network programme for the homes and have delivered five cohorts to date – consisting in total of 351 attendees. We were also able to deliver Verification of Expected Death training via the ECHO platform. 1,259 care home staff reached since the start of the pandemic.

Conclusions As a result of this work it has been possible to support the homes and to work better together. This displays the ECHO ethos at its best as a project.

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CARE HOME VIRTUAL OPEN-ACCESS INTEGRATED CLINIC AND ECHO SUPPORT: ST LUKE'S COVID-19 RESPONSE

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10.1136/spcare-2021-Hospice.213

Background Early in the COVID-19 pandemic, care homes felt inadequately valued and considered by policy makers with centrally organised governmental response having counterproductive effects (Marshall, Gordon, Gladman, et al., 2021). Care home staff felt increasingly isolated, with a fifth of social care staff considering leaving the profession (Gordon, Goodman, Achterberg, et al., 2020). A swift response was developed by St Luke's Hospice to support care homes in Sheffield, not only with palliative care, but also with information dissemination and peer support between care homes.

Aims

- Provide alternative face-to-face assessment in care homes enabling remote end-of-life.
- Support appropriate admission avoidance.
- Enable clinical skills development, increased confidence and competence, and psychological support in care homes during the COVID-19 pandemic.

Methods The Care Homes VOICES project supported care homes by providing the following services:

- Care home managers' weekly virtual forum based on ECHO principles for care home managers. Guest speakers included infection control experts, public health, and local commissioners.
- Care home education programme – based on ECHO principles included: symptom identification, PPE donning/doffing, managing recovery, and later vaccine advice.
- Clinical skills training – multifaceted syringe driver training and competencies.
- Specialist palliative care team input – initially virtually and later face-to-face.
- Dedicated care home memorials and bereavement care.

Results Number of specialists/experts attending: 105. Average attendance at managers' forum: 35. Number of CHs attending ECHO sessions: 47. Number of new care homes joined ECHO: 17. Number of individuals syringe driver trained: 39. Approximately 100 individuals attended a hospice-led remembrance. Qualitative responses suggest care homes benefitted from support received:

'We are dealing with lots of deaths... discussion is needed and the opportunity to reflect and think about my practice.'

'The COVID-19 programme has been so important for our staff – they have been able to understand and talk about changes to guidance and their own experiences.'

Conclusions The VOICES project has demonstrated how multi-faceted interventions can educate care home staff, disseminate resources, and provide psychological and clinical support amid a pandemic.

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CARE HOME STAFF EXPERIENCES OF PALLIATIVE AND END-OF-LIFE CARE IN CARE HOMES DURING COVID-19

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10.1136/spcare-2021-Hospice.214

Background COVID-19 has had a devastating impact on care homes, their residents and staff. Over 37,000 UK care home residents have died from COVID-19; many more have