

experienced symptoms and distress (Scobie, 2021). There has been very limited examination of palliative and end-of-life care in care homes during COVID-19, or strategies to improve this.

Aims To examine the experiences of care homes in England of providing palliative and end-of-life care during the COVID-19 pandemic and make recommendations for policy.

Methods Online survey (in REDCap) of care home staff with leadership responsibilities, identified through established networks. The survey included structured data and free-text comments on COVID-19 outbreaks, experiences of symptom assessment and control, and impact on workforce. The primary outcome was staff self-efficacy to provide palliative and end-of-life care (Phillips, Salomonson, Davidson, 2011).

Results Interim analysis of 66 respondents found that most staff felt confident to provide palliative care, as measured by the self-efficacy scale (median 3.75, range 1-4). 51% (33/65) of respondents identified issues with staff shortages during the pandemic; 38% (24/64) experienced changes in staff responsibilities; 18% (12/65) experienced challenges in recognising that residents may be dying. 18% (12/65) of care homes did not allow visitors at the end-of-life, and 39% (25/64) experienced difficulties in accessing help from other services. 51% (33/65) experienced challenges in providing bereavement support to relatives. Free-text comments identified staff shortages and exhaustion, and lack of support from other healthcare services, as barriers to good care.

Conclusion This is the first national survey to explore provision of palliative and end-of-life care in care homes during the COVID-19 pandemic. The results will be used to inform policy to ensure high-quality provision of palliative and end-of-life care during future pandemics.

P-199 ABOUT YOU, FOR YOU, WITH YOU – SUPPORTING CARE HOMES THROUGHOUT A PANDEMIC

Fiona Irvine. *Ayrshire Hospice, Ayr, UK*

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Background In response to the COVID-19 pandemic Ayrshire Hospice established a ten-week, live online supportive education programme for Care Homes using Project Echo[®]. Project Echo[®] is a widely used model for education, aiming to 'improve care by gathering a community of practice together for learning and support with the goal of improving decision making by collaborative problem solving'.

Local care homes were asked what educational support they needed, and the hospice responded, using the multidisciplinary team, to specific topic requests. This gave participants an opportunity to build links, increase knowledge, share practices and experiences through supportive facilitation.

Aims To use the hospice team and Project Echo[®] to connect with and support care home staff dealing with the unprecedented challenges of providing palliative and end of life care during COVID-19.

Methods

- Core facilitation team established.
- Liaison with Highland and Accord hospices regarding their Project Echo[®] experience.
- Establish links with AAHB and HSCP to determine existing practice, need, create awareness.
- Developed systems required to support the programme.

- Contacted every care home across Ayrshire to determine interest and need
- Evaluation developed.

Outcomes

- Responding to COVID-19, an intended service development was quickly established and implemented, providing access to specialist palliative care/advice and support to care homes.
- Identified learning needs were met, with weekly agendas set by care homes.
- Safe space to share knowledge and experience without needing to travel
- Peer support.
- Established/improved links with the hospice/AAHB/HSCP and care homes across Ayrshire.
- Evaluated extremely well - evidence of shared learning, improved care, links established and a sense of support and understanding.
- Aligned with the NHS Scotland' *Palliative and end of life framework*.
- Future plans - Project Echo[®] to be used as educational model, to improve palliative and end-of-life care in Ayrshire by increasing capacity and capability of community teams.

P-200 USING PROJECT ECHO TO PROVIDE EDUCATION, ADVICE AND SUPPORT TO GENERAL PRACTITIONERS

¹Janet Diffin, ¹Tracey McTemaghan, ²Aine McMullan, ²Martin Hayes, ¹Max Watson, ¹Christopher Jenkins. ¹Hospice UK, Belfast, UK; ²Health and Social Care Board, Belfast, UK

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Introduction Project ECHO (Extension for Community Healthcare Outcomes) is a tele-mentoring programme that uses video-conferencing technology to deliver, evidence-based education from specialists and case-based learning with peers.

The Health and Social Care Board in Northern Ireland identified Project ECHO as a methodology to implement change. The vision was to engage with medical professionals to develop communities of practice, enhance knowledge, skills, and ultimately improve patient/client care. Project ECHO networks were established with a specific focus on (neurology, gynaecology, musculoskeletal, dermatology, ENT, cardiology, diabetes, and gastroenterology), along with a 'GP support' network. Network participants identified topics to be included within their curriculum ensuring a tailored approach to education delivery. Participants set the network objectives and the outcomes they hoped to achieve. ECHO sessions were held monthly and each network typically delivered nine sessions.

Method Participatory monitoring and evaluation was used to identify outcomes for ECHO network participants. Evaluation surveys were issued after the final session.

Results 361 medical professionals attended at least one ECHO session across the networks outlined above. 36% (131/361) responded to the evaluation survey. Results indicated participants valued access to education from specialists, to ask questions directly, and seek advice from secondary care colleagues. Participants reported knowledge of conditions and symptoms, confidence and capacity to treat patients in primary care increased. Improvements in relationships between primary and secondary care were also reported. Benefits reported by 'GP

Support' included the ability to get advice from experienced colleagues, and that topics covered in the sessions were not usually covered in training for GPs. Also, joining the sessions remotely was a frequently cited as a benefit and to be a productive use of time. Professional isolation was reduced and satisfaction was increased.

Conclusion Project ECHO is an ideal methodology for not only delivering education and advice to medical professionals but also as a mechanism for support in an isolated profession.

P-201 INTRODUCING PROJECT ECHO TO SUPPORT END-OF-LIFE CARE EDUCATION IN PRIMARY CARE DURING A PANDEMIC

Toni Flanagan, Jade Reberio, Gary Lee. *St Giles Hospice, Lichfield, UK*

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Project ECHO is an innovative tele-mentoring programme designed to create virtual communities of learners by bringing together health care providers and subject matter experts using videoconference technology, brief lecture presentations, case-based learning, fostering an 'all teach, all learn' approach. In April 2020 a six-month pilot of Project ECHO was commenced to support end-of-life care education in primary care as a response to the COVID-19 pandemic.

A scoping exercise was undertaken with the multidisciplinary primary care team across a defined geographical area. Following the scoping exercise a curriculum was devised. Speakers were arranged which included a palliative care medical consultant, a specialist pharmacist and speciality doctor who led the taught aspects of each of the six sessions drawing on their clinical expertise and previous teaching experience. The attendees had the opportunity to submit a case study for discussion during each ECHO session, the case studies were used to evoke discussion, promote shared learning and develop a community of practice. During the pandemic this format also created an opportunity for peer supervision and sharing of clinical knowledge and experience across a wider network of practitioners.

Considering the project took place during a pandemic there was 83% attendance from those that had booked onto the sessions. At the end of each session an instant poll was available to be completed by the attendees to evaluate the session. Attendees fed-back how valuable they found the sessions especially the opportunity to discuss case studies, share best practice and debrief during what has been a particularly difficult time for the primary care sector. The online format allowed more people to attend than would normally be achieved in face-to-face training. Due to the project's success further funding was agreed to extend the project beyond the original six-month pilot.

P-202 CO-CREATING OUR CORE COMPETENCIES

Sarah Ireland. *St Margaret's Hospice, Somerset, UK*

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Aims To develop a core competencies framework building on our values, review the organisational appraisal process and

start defining career pathways. To use the framework as the basis for a different approach to performance and recruitment. **Methods** The principles framing the project were: What is the business need? How does the process support our value proposition? How does this process recognise high performance, improve retention and support potential talent?

The critical incident technique used consisted of a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems, and developing broad psychological principles. The working group collected, reviewed and analysed more than 100 pieces of data; developed behavioural indicators based on the data, and then sense-checked the results with staff across the hospice. The working group included representatives from all departments of the hospice. Pilots were used to test the initial framework in interviews, performance conversations and appraisals.

Results The core competency framework was co-created between December 2019 and March 2020, signed off and implementation started on 1 April 2020 and created a behavioural baseline. A test, learn, adapt approach increased ownership. All staff have been introduced to the framework through live webinars enabling active engagement. Staff are using the new adaptive approach to performance after a period of testing. Core competencies are used in job adverts, job descriptions and appraisals. A bank of resources was created to support implementation including live webinars, leaflets and a self-assessment tool.

Conclusion There is a clear ownership by staff created by the inclusive process and an understanding of how core competencies can be used. Their feedback supports this:

- Encourages honesty and openness.
- Gives a focus to performance reviews.
- Relevant for all staff.
- Communicates expectations with respect to values and behaviours.
- Enables people to feel comfortable with what's expected of them.

P-203 ABSTRACT WITHDRAWN

P-204 INCLUSION AND ENGAGEMENT – CREATING A BLACK, ASIAN & MINORITY ETHNIC STAFF NETWORK AT ST GEMMA'S HOSPICE

Heather McClelland, Clare Dixon. *St Gemma's Hospice, Leeds, UK*

10.1136/spcare-2021-Hospice.219

Background St Gemma's Hospice in Leeds provides care and support for patients and families in a vibrant, multi-cultural city. Through community engagement work we have identified gaps and improved access to hospice services right across the communities of Leeds, but this is not reflected in our workforce. Like many hospices we have poor representation of Black, Asian and Minority Ethnic communities in the workforce, especially in clinical and education services. Supported by the Employee Engagement Group, the trustees, and Human Resources this year, we started a Black, Asian & Minority Ethnic staff network aiming to: