

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*

10.1136/spcare-2021-Hospice.217

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*

10.1136/spcare-2021-Hospice.218

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:

- Develop and maintain a representative workforce.
- Hear shared experiences and highlight common issues.
- Raise the profile of the contribution of Black, Asian & Minority Ethnic staff.
- Influence strategy and service development.
- Ensure all staff reach their potential.

What we did All staff from a Black, Asian & Minority Ethnic background, in all services across the hospice, were personally invited to the first network meeting. It was held face-to-face, in a COVID-19 secure environment. The network was led by a member of the finance team and Chair of the Employee Engagement Group, with an academic fellow who gave a presentation about COVID-19 and the impact on Black, Asian & Minority Ethnic communities and the importance of vaccination.

How it's going: To date four meetings have been held, with over 75% of our Black, Asian & Minority Ethnic staff attending at least one meeting. The group have set their own agenda, have shared their experiences of working at St Gemma's and had another presentation by one of the trustees, who has set up a similar network in primary care in the city. Staff are enthusiastic about the network, are keen to share and influence the organisation, with the next steps of agreeing a name for the group, creating some terms of reference and a plan for the year.

P-205 CULTURE ENGAGEMENT SURVEY

Diane Jenner. *Heart of Kent Hospice, Aylesford, UK*

10.1136/spcare-2021-Hospice.220

Background In 2019 the hospice launched our Culture Framework which gave us one shared common definition of our culture. Our purpose and values were translated into a mind-set and four behaviours. The annual colleague survey was developed to provide insight into how colleagues experience this culture in their work, enabling us to track whether the culture was being seen and felt in action. The survey aims to:

- Establish a snapshot of the culture framework in action.
- Assess levels of engagement, perspective on the current culture, inform strategy and identify priorities.
- Better understand enablers and barriers to completion.
- Track our journey to date.

Methods Using an online survey to gather quantitative and qualitative data, which focused on how colleagues experienced the four behaviours of 'I care', 'I learn', 'I own' and 'I improve' in action. The response rate was a tool to assess the level of engagement with the culture framework.

Results The results demonstrated a high level of engagement with the response rate improving from 62% in 2018 to 85% in 2020. The results provided insight into how colleagues experience their work, and measured how well we are living the defined purpose, values, mind-set and behaviours. It enabled us to understand how important the culture is for creating a great place to work.

Conclusions The survey is an important platform to listen, understand, improve, and encourage further dialogue. If we are fully engaged in our work, we can provide even better care to our patients, their families and the communities we serve. Colleagues believe in the importance of the culture

framework and are committed to living it to provide an outstanding service.

P-206 PROGRESSING THROUGH THE PATH OF THE PANDEMIC WITH DYSLEXIA – A SENIOR LEADER'S PERSPECTIVE

Tracy Cunningham. *St Luke's Hospice, London, UK*

10.1136/spcare-2021-Hospice.221

Introduction I am Assistant Director of Care and Quality at St. Luke's Hospice working internally and externally with health and social and voluntary care providers. I have dyslexia and was undergoing coaching and training on the use of new software for my dyslexia when the pandemic struck.

Aims To raise awareness of dyslexia and hidden disabilities, the specific challenges it has brought through the pandemic with implications for the wider workforce and the impact of not being able to continue my dyslexia support from an external organisation.

Discussion I was required to formulate a prompt response to the pandemic and rapidly changing guidance to inform, direct and support the diverse wider workforce. The reduction of face-to-face contact with colleagues, and a significant increase in demand for visiting dying patients at home presented huge challenges with the introduction of virtual technology. This impacted on my role both professionally and personally, requiring me to declare my dyslexia openly more than ever before.

In a position of influence, having strategic vision and role modelling remained crucial whilst promoting inclusiveness that empowered others. Emergency response meetings meant information could not be shared early, a key consideration for staff with dyslexia. Assimilation of the information to make this meaningful and implementation of new ways of working was a constant challenge whilst supporting others at a crucial time. The Equality Act and what this truly means in practice came into sharp focus. Training around facilitative technology for dyslexia was suspended replaced with self-taught techniques alongside the need to be continually creative and resilient.

COVID-19 provided an opportunity to raise awareness and highlight the specific needs that staff with dyslexia may have when required to work at pace within an ever changing landscape. It was imperative that the same compassionate tolerance, inclusivity and fairness, cornerstones of hospice care provision, was afforded to all staff at this time, particularly those with dyslexia.

P-207 PEOPLE WANT TO HELP, BUT WILL WE LET THEM? VIEWS ON VOLUNTEER INVOLVEMENT IN END-OF-LIFE CARE

^{1,2,3}Jessica Blake, ¹Guy Peryer. ¹University of East Anglia, Norwich, UK; ²James Paget University Hospital, Great Yarmouth, UK; ³East Coast Community Healthcare, Lowestoft, UK

10.1136/spcare-2021-Hospice.222

Background The National Health Service *Long Term Plan* (2019) recommends that healthcare services work in partnership with the voluntary sector, and aims to double the number of healthcare volunteers by 2035. This includes volunteering in end-of-life care, a sector with a strong