

**P-33** DIGITAL BEREAVEMENT TRAINING TO PRODUCE COMPASSIONATE EMPLOYERS AND PUBLIC FACING ORGANISATIONS

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10.1136/spcare-2021-Hospice.54

**Background** Marie Curie's recent 'Better End of Life Care' report highlighted a lack of bereavement support nationally despite excess need exacerbated by COVID-19. Bereavement support should increase peoples' ability to cope and improve wellbeing, fundamental to enable bereaved individuals to return to work. Systems approaches to mass bereavement must create compassionate employers.

**Aims** To produce and evaluate a digitally delivered bereavement training package for employers and public-facing organisations.

**Methods** St Oswald's Hospice's regional bereavement service started providing bereavement training for public and private sector employers in 2021. This unique enterprise teaches individuals in positions which support staff wellbeing about the experience and impact of being bereaved, how they can support bereaved employees and why it is important. Participants are asked to express how confident they feel supporting someone who has been bereaved both before and after the training and to complete a quantitative and qualitative evaluation.

**Results** 229 participants from 59 nationwide organisations including councils, charities, universities, and health-services have been trained. Those that were confident to help and support someone who has been bereaved increased from 21% before to 76% after training. Participants also felt more comfortable talking about death and dying (34% before, 78% after training). 98% of participants felt their expectations of the training were met and 88% stated they would recommend the training. Qualitative comments focussed on the sessions being informative, practical, and well delivered.

*'The session was very informative and was delivered with great sensitivity. I'd highly recommend this to anyone working in or leading a team.'*

**Conclusion** This project demonstrates that bereavement training can be effectively delivered to a wide range of employers and public-facing-organisations, increasing participants' confidence in supporting employees who have been bereaved. The next phase of this project is to expand training and perform qualitative evaluation with employers, including assessing whether training has resulted in modifications to participating organisations' bereavement policies.

**P-34** INCORPORATING MINDFULNESS MEDITATION INTO A THERAPEUTIC BEREAVEMENT GROUP

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10.1136/spcare-2021-Hospice.55

**Background** The role of hospices in providing bereavement support is well-established (Department of Health, 2008). One effective strategy is the provision of therapeutic bereavement groups (Spence & Smale, 2015; Vlasto, 2009) where participants receive emotional comfort from being with others who have undergone similar experiences, with a professional facilitator. However, previous service users often report feeling

emotionally drained at the end of each session, and for a short period afterwards. Therefore we decided to explore the impact of incorporating a self-care activity at the end of each session.

**Aims** To investigate the effectiveness of a mindfulness meditation activity at the end of each bereavement group session on the subsequent mood of participants. The benefits of mindfulness meditation include improved feelings of wellbeing (Carmody & Baer, 2008) and reduced psychological distress (Coffey & Hartman, 2008) and could therefore be expected to lift the mood of participants after each group session.

**Methods** Participants completed a Core 10 assessment tool at the beginning and end of a six-week bereavement group programme to measure any overall changes in mood and functioning. Qualitative feedback was sought in the form of a participant questionnaire with open questions. Participants also gave verbal feedback with a particular focus on the incorporation of the self-care activity.

**Results** A related t test revealed a statistically significant difference between beginning and end Core 10 scores  $p \leq 0.05$ . Verbal feedback indicated that participants generally left each session in a positive mood, and a word cloud analysis of written feedback revealed that 'uplifted', 'calm' and 'relaxed' were most frequently chosen to describe the mindfulness meditation activity.

**Conclusion** Including a self-care activity at the end of a therapeutic bereavement group session is beneficial in improving the mood of participants and may mitigate against the emotionally draining experience of participating in such a group. Further research into the most beneficial self-care activity would be useful for the planning and delivery of future groups.

**P-35** ENGAGING HOSPICE INPATIENTS TO SHARE A CONVERSATION ABOUT 'WHAT'S MOST IMPORTANT TO ME'

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10.1136/spcare-2021-Hospice.56

**Introduction** Engaging people who have life-limiting conditions to talk about what matters most to them should be a key activity of all palliative care services. 'What's most important to me?' is more than just clinical care, it is: What I really care about; What is special to me; What I want to do or achieve.

**Aims** Our aim is to give every individual that comes into our care the opportunity to share with us what is most important to them (if they wish to do so), enabling: Provision of holistic, person-centred care; the courage to dream and aspire to achieve in whatever time they have; support in opening those conversations with those close to them.

**Methods**

- Care Team Journal Club shared article and 'What Matters Conversations' film and thereafter were keen to progress this idea for improvement.
- A nurse shared her experience of using slate hearts to record people's wishes at another hospice.
- Quality improvement methodology applied to test the idea.
- Large blue heart poster created for individuals to write on as they wish.

## Results

- Positive response with hearts used to record thoughts, hopes, ideas, aspirations, dreams.
- Hearts taken home or, for bereaved people, the blue hearts create a meaningful keepsake.
- Blue heart conversations have enabled a visit from a horse, a recorded message from a celebrity and has opened the door to many conversations between those who are dying and their loved ones.

**Conclusion** A simple idea successfully translated in to practice with very little cost but incredible benefit. Empowers people who use our service to share what truly matters to them and has enabled them to achieve, in some cases, what they never dreamed possible.

**P-36** **START THE CONVERSATION (STC) – A COLLABORATIVE COMMUNITY APPROACH TO END-OF-LIFE DISCUSSIONS**

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10.1136/spcare-2021-Hospice.57

**Background** Advance care planning (ACP) is increasingly recognised as an integral part of achieving excellence at the end of life, but death and dying are not easy conversations to have, and as such the reluctance to talk about these issues increases the likelihood that a person's preferences will not be discussed or met (Byw Nawr, 2016). The Compassionate Communities Charter recognises that raising awareness and promoting palliative and end-of-life care needs to be part of all aspects of health and social care and not the sole responsibility of those providing the services, encouraging communities to support people and their families who are dying or living with loss.

An end of life task and finish group consisting of NHS providers, local hospice and County Council representatives was established to co-produce a simple yet effective solution.

**Aims** To reduce the barriers to advance care planning conversations by offering tools and opportunities to empower communities to drive the conversation amongst themselves and their health care providers.

**Method**

- Created a leaflet and poster suggesting topics to think about, and introduce ACP.
- Developed an informative website - starttheconversationtoday.org.uk - launched in Dying Matters Week 2021.
- Downloadable ACP template.
- Host free two-hours STC workshops.
- Run monthly death cafés.
- Identify and train partners and community champions to promote and engage further.

**Results to date** 2000 leaflets and 200 posters distributed around target area; 60 participants at STC workshop; engaged four partners; 188 hits on the website.

*'I understand much more now about what and how things happen around death, and how to be better prepared in advance so that it's easier for everyone.'*

**Conclusions** Early results are showing increased interest in: end-of-life and advance care planning conversations, addressing taboos and expectations of death and dying, and engaging new partners.

**P-37** **SUPPORTING ADVANCE CARE PLANNING FOR PEOPLE WITH LEARNING DISABILITIES IN THE WYRE FOREST CARE HOMES**

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10.1136/spcare-2021-Hospice.58

**Background** Advance care planning (ACP) empowers people to think about what is important to them and provides an opportunity to record their wishes for future care (Gold Standards Framework, 2018). NICE recognise that people growing older with a learning disability should have the same opportunities as everyone else to plan for the future (National Institute for Health and Care Excellence, 2018). Working collaboratively allowed the ACP Facilitator and Learning Disabilities Liaison Nurse to provide better opportunities for ACP discussions.

**Aims** To provide people with a learning disability living within a care home in the Wyre Forest with an opportunity to explore ACP; ensuring we capture what is important to people and record a summary of clinical recommendations for care and treatment on a ReSPECT form (Resuscitation Council UK, 2021). Provide support and training to the care home staff to increase their knowledge and understanding of ACP and effective communication skills. Ensuring that we include everyone that should be involved in ACP discussions was vitally important and as shown in the LeDeR review not always happening within practice (LeDer, 2020-21).

**Methods** In collaboration with the care homes, relevant health-care professionals and advocacy services where appropriate to provide residents and their loved ones opportunities to have open and honest ACP discussions. Reviewing all previously recorded ACP to ensure completed correctly and valid.

**Results** Increased uptake of ReSPECT forms and ACPs for residents within the local learning disability care homes. Development of staff communication skills and understanding of ACP. Good verbal and written feedback following teaching sessions and regarding the support provided.

**Conclusion** ACP is recognised as having a very important role for empowering people to think about what is important to them. These discussions are just as important for people who have a learning disability, and they should be given the same opportunities to have open and honest discussions (PCPLD Network & NHS England, 2017). We must ensure we involve all appropriate people. This collaborative working approach has allowed different skills and knowledge to work together to provide better opportunities for residents.

**P-38** **NO BARRIERS HERE! ADVANCE CARE PLANNING AND PEOPLE WITH INTELLECTUAL DISABILITIES**

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10.1136/spcare-2021-Hospice.59

An easy read version of the abstract to accompany the oral presentation is available from the first named author.

An abstract for the oral presentation (O-8) is available on page A3 of this supplement.