0-6 ENHANCING BEREAVEMENT GROUP SUPPORT – CHANGING FROM A SOCIAL TO A PSYCHO-EDUCATIONAL MODEL

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10.1136/spcare-2021-Hospice.6

Background Evidence indicates that psycho-educational models of bereavement group support provide greater bereavement support than social models (Marotta; Drake, 2021), due to the dual process of peer support and information sharing. At Mary Ann Evans Hospice, the bereavement support group ('Jigsaw') previously followed a social model facilitated by volunteers where bereavement was discussed in an open, unstructured way. The impact of staff changes, combined with low uptake of new group members, led to a qualitative review in February 2020 being undertaken. Clients felt unable to discuss their bereavement freely fearing dominant group members, negatively comparing their grief to others and feeling dissatisfied with the unstructured format.

Aims Improve client experience by enhancing bereavement support provision, including bereavement education to understand grief and encouraging peer support.

Methods A qualitative evaluation/thematic analysis of the current model was undertaken. Current client and volunteer feedback, combined with evidence (Näppä, Lundgren, Axelsson, 2016; de Willoughby, 2013/14; Belmont, 2017), led to a new group structure and programme being created and delivered by an experienced psycho-educational group counsellor. Three new groups started using this model from August 2020.

Results The COVID-19 pandemic changed bereavement and a new structured programme was able to address this directly. Clients discussed, and shared, a new sense of disenfranchised grief (Albuquerque, Teixeira, Rocha, 2021).

- 75% increase in new group members since August 2020.
- Increase in male group members.
- A more time efficient model utilising the skills of one, highly trained staff member as the facilitator rather than a number of volunteers.
- Feedback is positive, with clients feeling they understand their grief more and gained new coping strategies with the benefit from peer support.

Conclusion The psycho-educational model enhances bereavement support by allowing the structured education of bereavement, gaining of coping strategies, establishment of peer support and a normalisation of grief that comes from sharing similar experiences. The use of skilled professionals enabled group dynamics to be better managed and facilitation to be more effective.

0-7 TRANSFORMATION OF DEATH AND BEREAVEMENT SUPPORT PROCESSES ACROSS CHILDREN AND ADULT HOSPICE SERVICES

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10.1136/spcare-2021-Hospice.7

Introduction Across Havens Hospices services there were 445 deaths in the 2020-2021 year. Around 1.2 bereaved people per death go on to access bereavement information or support

pre- COVID-19 (Penny & Relf, 2017), this is expected to rise significantly post- COVID-19. Following a period of organisational transformation (re-location to new adult hospice, re-design of children's hospice service and COVID-19), the care after death and bereavement process became overly complicated causing significant level of frustration. A review confirmed this view. Process mapping of care after death in the adult in-patient unit demonstrated an onerous process with some duplication and unnecessary blocks to workflows with multiple patient information and internal information between care, fundraising and communications departments.

Aims To review the care after death and bereavement support process to ensure:

- The bereavement process is person-centred and led by the needs of the bereaved, thus empowering them to access the right support at the right time.
- Improvement and simplification of the death workflow process.
- Documentation digitalised to increase efficiency and improve record keeping.

Methods

- Review of best practice guidance.
- Process-mapping.
- Feedback, compliments, and complaints.
- Cross-directorate workstream.
- Collaborative working with hospice stakeholders.
- Collation and review of multiple documents in use.

Results Simplified information designed professionally for all newly bereaved people. Improved SystemOne template for death recording. Creation of SystemOne death pack for care team improving record keeping. Bereavement support and fundraising details to more families.

Conclusion Havens Hospices have implemented simplified information for newly bereaved people containing bereavement support, fundraising details and how to provide feedback. A simplified and more efficient care after death process has been developed with an associated SystemOne template. A further project is required to review consistency of bereavement follow-up across adult and children's services.

0-8 NO BARRIERS HERE! ADVANCE CARE PLANNING AND PEOPLE WITH INTELLECTUAL DISABILITIES

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10.1136/spcare-2021-Hospice.8

In the UK there are more than 1.5 million people with an intellectual disability. Many experience health inequalities, have a lower life expectancy, and die avoidable deaths (Emerson, Baines, Allerton, et al., 2012). Despite Advance Care Planning (ACP) being an essential part of palliative care, health care professionals frequently avoid end of life conversations with people with intellectual disabilities (Voss, Vogel, Wagemans, et al., 2017).

Aims The primary aim is to address inequalities and include people with intellectual disabilities in ACP. Secondary aims were to: increase ACP discussions, co-develop education, and improve community awareness.

Methods The project steering group developed four workshops: (1) All about me. (2) Who and what matters. (3) Choices and wishes. (4) Legacies.

Results

- Online art ACP workshops with reasonable adjustments
- Co-delivered online education
- Film
- Community artwork
- Twitter handle
- Pilot led to NHS Charities Together funding for qualitative research, education and art workshops for people excluded by identity, culture, ethnicity or race.

'It's great how the group shared things. I felt safe to do that.'

'If you're cynical about what art-making adds to health-based discussion, this project will challenge that cynicism.'

Conclusion It is important that people are supported to identify end of life wishes (PCPLD Network & NHS England, 2017). 'No Barriers Here' increased awareness of the challenges people with intellectual disabilities experience and how using a creative approach can improve conversations.

Please note an easy read version of this abstract is available from the first named author.

Parallel Session 3.1 – Thinking differently through networks, knowledge and narratives (Thursday 4 November, 10:45 – 12:00)

0-9 ABSTRACT WITHDRAWN

0-10 SUSSEX HOSPICES COLLABORATION

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10.1136/spcare-2021-Hospice.9

Background Since 2018 the seven Sussex adult hospices have been actively pursuing opportunities to collaborate. This gives opportunities to combine resources, share knowledge and speak effectively with one voice, raising the quality and profile of hospice care in Sussex. This chimes with key themes from the Hospice UK Future Vision Programme (2020), the NHS 'Next Steps' document (NHS England and NHS Improvement, 2020) and the Ambitions Framework (National Palliative and End of Life Care Partnership, 2021).

Aims

- To increase collective reach.
- Create sustainable hospices capable of influencing and leading the wider health and social care system and responding coherently to threats and opportunities.
- Share learning and resources to improve existing variation and inefficiency.
- Create flexibility allowing hospice sub-sets to work at place level.
- Seek to standardise and improve statutory funding.

Methods

- Autumn 2018 – scoping work done.
- March 2019 – joint meeting of Trustees/Chief Executive Officers to agree initial work programme.
- May 2019 – combined launch event with staff.
- June-October 2019 – five workstreams developing proposals.
- November/December 2019 – proposals brought to hospice Boards. Financial commitment for 18-month programme and memorandum of understanding signed. Collaboration Steering Group established.
- March 2020 – pause due to pandemic, joint work to establish basis for additional beds funding.
- September 2020 – programme recommenced.

Results

- Set up Project ECHO superhub for care home education.
- Agreed joint mandatory and management learning programmes.
- Creating Sussex Education Hub to combine resources in one jointly-owned entity.
- Benchmarking core activity.
- Working on common data set.
- Created Sussex Hospices brand.
- Appointed Programme Manager.
- Shared posts.
- Place-based collaboration.
- Growing influence and representation with commissioners and in ICS planning forums.
- Selected as a pilot area for NHSE sustainability work.

Conclusions We are now seeing growing momentum and, from the evidence so far of our ability to cost share, exchange knowledge and influence thinking in key forums, we are convinced of the imperative for this work if we are to make the best use of our knowledge and resources for the benefit of the people of Sussex.

0-11 DEVELOPMENT OF A JOURNAL CLUB TO IMPROVE CARE IN A HOSPICE THROUGH EVIDENCE BASED PRACTICE

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10.1136/spcare-2021-Hospice.10

Background Many palliative care organisations use journal clubs to support educational development for staff. However, to date, the potential to use journal clubs to directly improve clinical care in hospices (through quality improvement activity) has not been described in the literature.

Aims We describe the development of a multidisciplinary hospice journal club, through which aimed to (1) develop research questions to clinical care problems in the hospice and (2) identify solutions to these problems to improve care delivery.

Methods In January 2019, we established fortnightly journal club meetings, which provided staff with the opportunity to present hospice-relevant palliative care research. In these meetings, we discussed the main findings, clinical practice implications and future research questions. Initially, the meetings were in-person, but we later hosted these online (via