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BEREAVEMENT SERVICES DURING A PANDEMIC; AN ADAPTED MODEL OF CARELorraine Blanking. *St Helena Hospice, Colchester, UK*

10.1136/spcare-2021-Hospice.115

St Helena Hospice bereavement services provides therapeutic support to adults, irrespective of cause of death, and sits within a catchment that has approximately 360,000 individuals across North and Mid Essex. On average the service supports approximately 255 bereaved service users at any one time. The majority of these clients have no prior affiliation with the hospice and have frequently been bereaved in traumatic circumstances and may also have pre-existing mental health conditions.

The bereavement service adapted its model of care during the COVID-19 pandemic, from a 'face-to-face' counselling and support service to a virtual one. The entire team moved 'out of the office' and began a new routine of home working, with just 36 hours' notice, which continued for 15 months (to date).

Counsellors, support workers and support volunteers offered video or telephone consultation to all clients in service and found that the vast majority opted for telephone support instead of video consultation. In the first nine months of home working, as well as providing support to clients already referred, the team reached out to all care homes and GP surgeries in the vicinity and offered emotional support to staff, service users and families. In total, the service supported 98 care homes to manage the devastating impact of COVID-19 deaths of residents and staff.

Service waiting lists grew in the final six months of the pandemic as referral numbers increased. To manage this, the service reduced the length of support sessions from 50 minutes to 30 minutes and staff were asked to increase their caseloads to ensure that we offered support to as many individuals as possible. The service is working to seek funding via external sources, but also working positively with commissioners to recognise the service need locally.

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A QUALITY IMPROVEMENT BEREAVEMENT INITIATIVE IN RESPONSE TO THE PANDEMIC – ST WILFRID'S HOSPICEAndrea Dechamps. *St Wilfrid's Hospice, Eastbourne, UK*

10.1136/spcare-2021-Hospice.116

Background From November 2020 St Wilfrid's Hospice participated in the six-months Hospice UK ECHO quality improvement (QI) programme upskilling hospices in bereavement support for those affected by COVID-19. Our QI project built on a pilot we had set up early in the pandemic, extending our hospice bereavement support to the community, in response to what we knew and anticipated – a significant gap in services and a tsunami of COVID-19 related need (Pearce, Honey, Lovick, et al, 2021). Our challenge at the start of the QI programme was immediate sustainability of the pilot. Our questions at that point were about uncertain demand, impact and the long-term future for this new service.

Aims

- To extend our community bereavement support pilot by six months with precise markers for success (reach, reduction in vulnerability, responsiveness).
- To consolidate delivery using QI methodology.
- To reach an informed decision regarding continuation of the service with significant steps taken towards long term sustainability as relevant.

Methods

- Recruited additional counsellor.
- Widened referral criteria to include keyworkers.
- Introduced outcome measure, evaluation questionnaires, measurement of responsiveness.
- Conducted communications initiatives to raise public awareness.
- Continued networking with external partners to raise profile (e.g. care homes).
- Used knowledge and skills acquired from ECHO programme to fine-tune delivery (e.g. virtual support).
- Used QI methodology and tools to improve (e.g. PDSA cycle, driver diagram).

Results

- 50 referrals responded to (39% above target).
- Response within eight working days for 78% of referrals accepted.
- Consistently positive feedback.
- Senior leadership decision to continue community bereavement offer.
- Future sustainability secured with budget allocation for counselling post.
- Work commenced on staffing restructure to further embed new service.

Conclusion Despite challenges and with learning along the way we have successfully delivered a bereavement project in response to the particular challenges of COVID-19. QI methodology has been instrumental in enabling a swift and courageous response to an unprecedented challenge.

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COVID-19 BEREAVEMENT SERVICES: THE DEVELOPMENT AND IMPLEMENTATION OF A COMMUNITY BASED SERVICELynne Alberts, Louise Bowen. *Marie Curie, Newcastle, UK*

10.1136/spcare-2021-Hospice.117

Background Due to the pandemic a death from COVID-19 has meant families have little time to prepare for the death of a loved one, the ability to say goodbye following a death can be taken away, the opportunity to hold a traditional funeral can be prohibited, and coping with the bereavement can cause additional distress due to a person having limited support around.

Aim To develop a bereavement support service for people in the local community and surrounding region in the North East of England.

Method Marie Curie North East were able to recruit an additional bereavement coordinator. This individual was tasked with developing a specific service and scoping additional projects. The service was developed with the strategic aim of extending the reach of the hospice into the community.