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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.

Engagement work with local health providers/community groups guided development of service provision. The service was promoted through local media and social media sources. Volunteer recruitment, training and ongoing supervision were established. Interventions offered are monthly bereavement support/weekly counselling sessions depending on assessment of risk and need. Sessions delivered via telephone/digital platform. Referrals accepted from health care professionals as well as self-referral pathways.

Results Between September 2020 and June 2021, 34 referrals were received with 199 contacts. Patients on average had six contacts from a counsellor or highly trained volunteer. The volunteer workforce makes up 80% of team and are invaluable to continued service. Qualitative patient feedback has been positive.

'For me it was perfect, 100% what I needed. Being able to talk and offload my feelings has helped so much... having someone listen to me and tell me that all I was feeling was normal.'

Conclusions Marie Curie Bereavement services need to adapt to meet the changing needs and demands in response to pandemic. Engagement work across the community has been integral to the development, outreach and promotion of the service.

101 THINKING DIFFERENTLY AND THINKING QUICK IN THE MIDDLE OF A PANDEMIC

Megan Boyle, Aneta Saunders, Kate Heaps. *Greenwich and Bexley Community Hospice, London, UK*

10.1136/spcare-2021-Hospice.118

Background The effects of the COVID-19 pandemic dramatically diminished the income generation capacity of hospices and posed significant risk to their ability to meet increasing need. According to one survey, 29% of charities were not confident they would be able to continue post-lockdown (Blackbaud & Chartered Institute of Fundraising, 2020). The importance of the decisions made in response cannot be overlooked. While no one can offer the 'right answer', even with hindsight, our hospice embraced an agile, go-getting approach that reaped reward and set us up for a promising year.

Aims Our priority was to protect the financial position of the hospice, maximising on opportunities to generate income.

Methods We chose not to furlough our fundraisers. We applied an agile decision making process and utilised our resources flexibly, re-allocating team time. This included whole-team support for the emergency appeal, covering hospice reception duties, securing PPE and supporting clinical teams with testing. We embraced digital channels and delivered an emergency appeal within weeks of lockdown. Our team, empowered to work differently, delivered an almost complete calendar including virtual mass participation challenges and a Christmas grotto.

Results

- Emergency appeal raised £400K+.
- Overall income exceeded budget.
- 195 hours supporting the inpatient unit with testing.
- Working closer with colleagues has improved perception of the fundraising team and fostered a mutual respect across the organisation.
- Fundraisers remained connected with the cause.

- Thinking creatively, remaining agile and contingency planning have become habit.
- Trustees have better understanding of value and reach of our teams' work.
- We laid foundations for further development of key income streams.

Conclusion Investing in the right way and at the right time was a better strategy for us than to focus on cost management. An ambitious, bold approach powered new ways of working which proved fruitful and has shaped team practice and culture going forward.

P-102 EMPOWERING FUNDRAISERS TO RESPOND TO THE FUNDRAISING GAP CAUSED BY THE PANDEMIC

Ann-Marie Kelly, Cheri Strudwick. *Heart of Kent Hospice, Maidstone, UK*

10.1136/spcare-2021-Hospice.119

When restrictions were enforced in March 2020, Heart of Kent Hospice feared the writing was on the wall – we faced very real risk of closure. Although we had grown our reserves, we had three months to find a solution and fill a projected £800,000 gap in funding generated through the closure of shops and cancelled fundraising events. We aimed to:

- Be transparent about the challenges we were facing with colleagues.
- Be honest about the scale of the challenge with our supporters.
- Retain donor relationships and recruit additional support.
- Look after the emotional wellbeing of our colleagues as they transitioned to home working.
- Fill the financial gap that had been created to secure the future of the hospice.

Clear guidance was provided on the potential scale of the challenge to the fundraising and communications team and we re-forecast organisational expenditure assuming reaching a worst case scenario and meeting the needs of an increasing caseload of patients.

The fundraising and communications team were trusted to be creative and:

- Respond to the eagerness of the local community to want to help us.
- Try new ideas for income generation – we had nothing to lose!
- Seek alternative ways to engage with our local community who were experiencing sudden loss; we launched a schools bereavement project and guidance for companies.
- Look after each other.

Our urgent fundraising appeal raised £1.2 million including a grant of £500,000 to support our recovery post pandemic. Our worst and best case fundraising targets were exceeded.

As a consequence, we have invested in fundraising resource this year to encourage donors to continue supporting us during the rest of the pandemic and into recovery. Heart of Kent Hospice did not furlough any of the fundraising and communications team; instead, we used agility and creativity to survive and strengthen our potential to recover fundraising.