**Abstracts**

**Poster Presentations**

**Bereavement**

**P-1**  SUPPORTING PATIENTS, BEREAVED RELATIVES, AND THE CLINICAL TEAM: A NEW ROLE TO BRIDGE THE GAP

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**Introduction** Recent changes in the daily running of the inpatient unit have increased bed occupancy from 79%–90%. This is of great benefit to patients and families but had an impact on the daily workload: resulting in no designated person being available to meet the increased number of newly bereaved relatives returning to collect paperwork and belongings after death.

**Aim**

- To offer a set appointment for bereaved relatives to collect the Medical Certificate of Cause of Death (MCCD) and receive support.
- For this appointment to be conducted by a nurse who had been involved in the care of the patient from pre-admission to death.

**Approach**

A new band 4 role was created for a clinical support worker (CSW). The CSW works in partnership with the patients, clinical team and families. This involves meeting the patients, prior admission and being involved in care during admission and conducting set appointments daily for relatives to return to collect the MCCD. At these appointments an opportunity to view the body is offered, advice is given about how to proceed with the funeral arrangements and return equipment. The role offers career progression for assistant nurses, streamlines the daily running of the unit, and ensures bereavement support is given early in the bereavement.

**Evaluation**

A telephone poll of four other hospices in the area established that this is a more comprehensive approach than offered by similar hospices. Relatives’ evaluations of the process are captured by feedback slips: comments have endorsed the value of the time spent with the CSW. This process has potential to positively affect bereavement.

**Conclusion**

The CSW role means that relatives are supported by a nurse who has been involved throughout their hospice experience. This approach could be adopted by other hospices to offer career progression and an experience for relatives.

**P-2**  USING ART THERAPY TO EXPLORE BEREAVEMENT AND DEVELOP PERSONAL UNDERSTANDING

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The Starlight Centre at the Peace Hospice Care has a focus on supporting people through their end-of-life experience and aims to enhance a person’s full potential through rehabilitation programmes and promoting wellbeing. It also supports people through the provision of counselling; both pre- and post-bereavement. The team is multi-professional and the clients have a host of needs, come from diverse backgrounds and are of varying ages.

Two streams; that of art psychotherapy and bereavement counselling combined to set up a closed group where participants could, through art work, build new relationships and share and explore the impact of lost relationships. It was hoped that there would be a potential for relationships formed to continue beyond the life of the formal group. Worden’s four tasks of grieving were used to inform the aims and objectives for the group.

The pilot group was small (three clients, one dropped out just before the start of that group and another could not commit to the six sessions) and were recruited following an assessment which included drawing a picture of a bridge. The focus was less on artistic skills but more on the meaning of the imagery used, the feelings evoked by the imagery and the opportunity to verbally express and share their thoughts and feelings.

At the end of the six sessions, clients reviewed their work and analysed their journey in an hour long session with a ‘bereavement’ counsellor.

The group was managed throughout by the art psychotherapist and the bereavement counsellor.

**P-3**  THE POTENTIALS OF REGIONAL BEREAVEMENT ALLIANCES FOR PROMOTING BEST PRACTICE IN BEREAVEMENT CARE

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The Hertfordshire and Bedfordshire Bereavement Alliance is a coalition of bereavement service providers working across the NHS, private and charitable sectors to promote best practice in bereavement support provision.

The group are accountable to our local End of Life Care Network Specialist Palliative Clinical Care Group – (NSPCCG) and as a pilot, sitting as a regional group of the newly formed National Bereavement Alliance (NBA).

It is envisaged that such regional groups could be nationally formalised, under the National Bereavement Alliance, enhancing community engagement in line with initiatives such as the Ambitions for End of Life Care (2013) and the Compassionate City Charter (2015).

The Hertfordshire and Bedfordshire Bereavement Alliance have adopted the Bereavement Care Service Standards (2014) as a work plan framework focussing on the seven work streams;

**Planning**

For the Alliance to actively consider the needs of the bereaved population in Hertfordshire and Bedfordshire.

**Awareness and access**

For the Alliance to support services and bereaved individuals with clear information on resources and signposting through a mapping exercise and production of a local resources directory.

**Assessment**

For the Alliance to continue to support the development of an assessment tool that can be used by services and bereaved individuals in support of best practice.

**Support and supervision**

For the Alliance to encourage and promote access to regular support and supervision for staff and volunteers in bereavement service provider organisations.

**Education and training**

For the Alliance to continue the rollout of its education packages to enable access to bereavement training and development for staff and volunteers working with bereaved individuals.

**Resources**

For the Alliance to support bereavement services in accessing appropriate resources for providing bereavement care.

**Monitoring and evaluation**

For the Alliance to review and monitor its performance and support its member organisations to do so, thereby encouraging developments in bereavement services.