

QI Hospice-Led COVID-19 Bereavement ECHO Knowledge Network

Account of Progress Template

This will need to be filled monthly and used at least once as the template for the account of progress to peers within the ECHO. Over time, these will build into an account of the life of your project during six month of Hospice UK involvement.

ECHO ID: *(for administrative use)*

Name of presenter or person creating the report/ Hospice Site: Marianne Grant

Report for month: January 2021

1. Key theme for discussion

Decide what the key issues you wish to highlight are and, the objectives of the intervention or change. Consider the ECHO participants and how you may be able to demonstrate value for them.

Challenges:

1. Engagement with Partners – Impacts of COVID, staff feeling overwhelmed due to workload and lack of time to participate
2. Reluctancy and lack of trust for reasons why we are offering our project to them

2. Background information/setting the scene

What was the case for e.g. change? The Aim? Introduction of new tools, new referral criteria? Include here key points which will help participants understand the situation.

Our project is to extend our bereavement support in the community to Care Homes and community organisations. The project with Care Homes will not only residents and families but also staff who had been affected by the increase of death relating to residents in their care homes. The model of bereavement Information Hubs and Bereavement Workshops would help to provide more support to those who have been directly affected.

- To produce a poster/flyer to promote the project and encourage Care Homes to take part and offer this bereavement model as support to staff, residents and families.
- To develop specific Bereavement Information Hub for men, extending our offer in Wolvrehampton for men who have been affected by loss and grief

- Set up new sustainable hubs for the future in response to COVID and the increased numbers of people affected by bereavement.

3. Interventions/ development / change

Interventions/ actions/ activities. Key points e.g. what you did or observed.

Issues with initially engaging with Care Homes and community groups we originally planned to expand our offer to. We recognised that we needed to present the project as an opportunity for partners to help their staff as a priority.

- Discussions held with local CCG lead for Care Homes to discuss issues and identify solutions to present the project as an opportunity for them to opt into.

We have successfully established a relationship with Wolves Foundation to establish the men's Bereavement Information Hub

- Planning meetings scheduled to discuss project and how we can extend our offer.

4. Output, Progress update

Key points - what it took to achieve the change / intervention. Were there any barriers / constraints?

Care Homes:

- Produced a leaflet to help promote our offer and allow Care Homes the opportunity to get involved and offer this support to residents, families and staff
- Barriers: Issues with Care Homes feeling very overwhelmed with the current pressures on them due to COVID. Staff not having the time to attend workshops or Bereavement Information Hubs during their working hours.
- No further communication received from CCG or Care Homes to start the project. Concerns raised with CCG contact to highlight lack of progress with introducing the offer.

Community Organisation:

- Initial meeting held and Wolves Foundation have confirmed that they would like to set up a hub. Further meeting scheduled with Health and Wellbeing Lead to discuss implementation and facilitation.

5. Evaluation and outcomes (what difference did you make and how do you know?).

Lasting Impact (what long term difference did you make?)

Any impact on patient/family, you and/or your service, other services or the wider health and social care system. Include here outcomes e.g. the changes that were made because of the interventions either by you or by your service. What might have happened without this intervention?

We are offering a new support service to a community that we have not engaged with. There currently is no provision in place to support staff and residents in Care Homes so we aim to see an increase in participation and referrals.

Without this service we would expect Care Homes to feel unsupported and left out of the healthcare system relating to bereavement.

The partnership with Wolves Foundation has been received positively and they identify with our objectives to help increase the support for men and mental health. This project has enabled us to have an offer that can be in place to meet our objectives but also there objectives.

6. Reflections (what have you learned from the project), questions and points for discussion

How do we improve the way we engage and promote our service to a hard-to-reach group that is currently under significant pressure due to COVID?

Reflections:

We have learnt that whilst our offer is beneficial for individuals and communities, the current climate is very difficult to introduce a new service or support when Care Homes are experience extreme pressures.

Improved understanding of the operations of Care Homes – this lack of knowledge has impacted the project and has slowed down the development and engagement.

7. Plan for next period

1. To agree the frequency and suitable times to deliver hubs and workshops to ensure that people can attend and be supported by their organisation.
2. To promote the hubs and workshops available – communicate the referral pathway to the service.
3. To escalate issue with Care Homes with CCG lead to agree next steps.

8. Consideration regarding dissemination (how will you share and spread your project?) and sustainability (how will you be continuing the project?)

Who have you talked to about this work? Inside and outside your organisation

Internal Comms have been completed with an all staff email sent out in December to inform Compton Care staff of the project.

Poster/flyer produced to engage with Care Homes to inform them of the project and our offer to them. This to be circulated via local CCG and Local Authority.

9. Risks, Support needs

Risks:

1. Care Homes reluctant to take on offer due limited staff resources and pressures relating to COVID
2. Lack of IT equipment available in Care Homes to access virtual group support
3. No. of sessions being organised not sufficient for the number of people attending
4. More support required from CCG to help engage and commence conversations with care home managers.

10. Consent for your report to be used in grant reporting