

QI Hospice-Led COVID-19 Bereavement ECHO Knowledge Network

Account of Progress Template

This will need to be completed monthly and used at least once as the template for the account of progress to your colleagues within the ECHO. Over time, these will build into an account of the life of your project during the six months of Hospice UK involvement. Please be mindful that this form may be improved over time so confirm with us that you are using the most up to date version at each session.

ECHO ID: *(for administrative use)*

Chris Warner – St Christopher’s Hospice

Report for month: December

1. Key theme for discussion

Decide: what are the key issues you wish to highlight in discussion and note the objectives of the intervention/change. Consider how you may be able to demonstrate value for your ECHO participant colleagues

To get the virtual Help Point spaces up and running in a short space of time and be able to disseminate the information to the community. Access to IT and training of both volunteers and visitors is an issue that needs to be addressed.

Specific – Provide informal support to bereaved people based on our existing proven model of Bereavement Help Points being delivered virtually in order to reach those who lack access to this type of support particularly following COVID-19.

Measurable –

Quantitative: Numbers of Virtual Sessions provided – 6 minimum

Numbers of upskilled volunteers who have attended training

Numbers of attendees to Virtual Sessions

Website monitoring of visitors to online resources

Qualitative: Feedback from volunteers and visitors to Help Points and monitoring via SurveyMonkey

Evaluation of training

Achievable – Realistically the spaces can be provided. Attendance will depend on success of outreach. Plan to work with Community Action team to ensure success.

Time-bound – 6 months from November 2020-end April 2021.

2. Background information/setting the scene

What was the case for change? The aim? Was there introduction of new tools? Was it a new referral criterion? Include here key points that will help participants understand the current situation.

Before commencing this project we had ceased the face to face Help Points. There were no records of visitors therefore contact was lost with most attendees. Some however were contactable at more established HP Bromley. Attempted to set up the virtual space but visitors unhappy with the technology and numbers dwindled to 1. Learned that we need to help out more with access to the zoom platform and encourage users to try the service out. – This can be done with phone support before the visitors attend and AL is able to provide support when required. Referral has been widened by the nature of internet access so that geographically anyone can visit rather than just locals.

3. Interventions / development / change

Key points - Interventions/ actions/ activities/stakeholder engagement. What it took to achieve the change / intervention. Were there any barriers / constraints?

Working with **Community Action team**.- referral to HP, Compassionate Neighbours, Xmas connections and presents given out.
Developed training on line Listening Skills
IT – sourced tablets for volunteers or visitors to enable access. Training can be provided by IT on zoom use.
Bereavement Team – Able to engage newly bereaved on follow up calls as well as offer this service to those waiting for formal counselling.
Social Work team – Providing student to support Lewisham virtual help Point which is to start Jan. Also referral to the Virtual HP's via Social workers in the community.
St Christopher's shops – printed leaflets and posters for the windows which were put up just before Christmas.
Comms – Website designed and populated ongoing. Form developed for access to Virtual Spaces along with diary of events and mailbox address for easy access by Community team and Bereavement Team.

4. Progress Update; Evaluation and outcomes (what difference did you make and how do you know?).

Key points – What you have achieved

Training developed and delivered – 10 attendees
Evaluation forms given out and returned. Outcomes tba
Website – planned and being rolled out. Application and diary done. Links to BHP mailbox.
Zoom links planned and booked.
Lambeth Carers HP continuing attendees 4 regular.- **one referral to Compassionate Neighbours**
Lewisham Carers – Have met and agreed to commence VHP in January. Social Work student will assist as will member of staff from Lewisham Carers.
CW to be on podcast Library Lunch 6th January to update on VHPs.
CW asked to present to Executive Team with progress and report on collaboration between Bereavement and Community Team.
Wednesday HP expanding now has 2 male visitors and 2 prospective females. **1 male received Christmas gift and card from Comm Team as identified by volunteers.1 male referred directly from Bereavement fu1 calls. At risk – due to collaborative work from Bereavement team, Virtual HP now visited 2 x to VHP and will receive support going forward. No longer considered risk.**

5. 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 as a result of the interventions either by you or by your service. What might have happened without this intervention?

At risk client A : FU1 call referral to VHP. Attended 2 x already. No longer considered risk. Is now in system for further support from Bereavement Team and being held in VHP space.
Client B – Lambeth Carers – lonely, - matched with compassionate neighbour.
Client C – Wednesday visitor – received present from our Community Team as identified as lonely Xmas time.

All of the above would have been more at risk. Client A has gone from high to low risk. 3 people have now received connections to other services provided by the Hospice and are able to benefit as a result with their mental health and wellbeing going forward.

Impacts would have affected GP and possibly hospital services and this has been alleviated. Client C has been visiting HP since face to face and not needed to access formal support from counselling services.

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

I have learned that collaboration and connection with other departments widens the reach and service for the community. It also serves to give myself support in planning and supporting the volunteers who provide the service.

Questions: What is best way to advertise this and get the word around.

Can we as Hospices get a website whereby quick access is given to all for all regional services and resources.

7. Plan for next period

Delivery updates to ET and Hospice UK
Roll out the information to GP surgeries, Hospitals and community services locally.
Train more volunteers
Formalise process for accessing the VHPs.
Survey via Survey Monkey to enable qualitative and quantitative feedback.
Continue to populate the website with resources and make this accessible to all.

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

Executive Team
Community Team
Plans to work alongside Community team to develop face to face as well as continue virtual spaces.

9. Risks, Support needs

Risks: Sustainability of funding.
Lack of resources – volunteers.

In keeping with requirements of this grant, this account of progress will be used in grant reporting.