
Bereavement Care Services Compliance and Recommendations in HOSPITALS across Cumbria and Lancashire

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Bereavement Services in Hospitals in Cumbria and Lancashire: Compliance of Trusts against the Eight Key Service Recommendations

Background

The network specification detailed the agreed standards of bereavement services that should be in place in a hospital. It has been written to support the development of an equitable, high quality, co-ordinated Bereavement Service across all hospitals in the Cumbria and Lancashire End of Life Care Network and builds on existing good practice and national guidance. A gap analysis has been undertaken to determine the present status of bereavement services in hospitals.

Key Findings

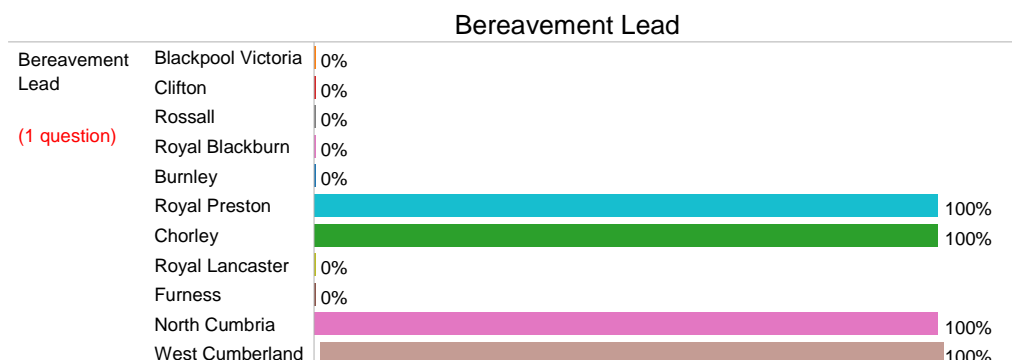
All five acute trusts completed and returned the gap analysis for each hospital site; the findings have been collated as below. The provision of a comprehensive bereavement service is mixed, with two acute trusts in the network providing a complete service and meeting the majority of the recommendations. The 8 key service recommendations are:

- | | |
|------------------------------|------------------------------------|
| 1. Senior Managerial Support | 2. Bereavement Office |
| 3. Ward | 4. Chaplaincy Service |
| 5. Mortuary Service | 6. Information |
| 7. Policy and Procedure | 8. Monitor and Measure the Service |

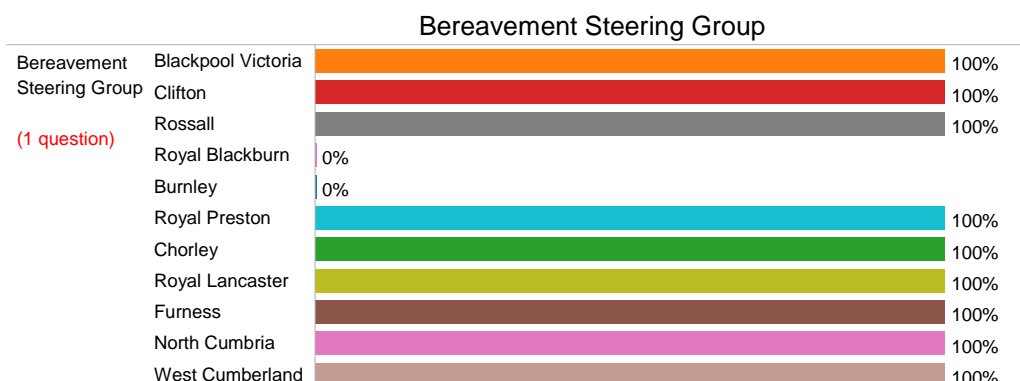
BEREAVEMENT SERVICE – Key recommendations

1. Senior Managerial Support – As a minimum there should be:

- A named lead for the service in each Trust who is responsible for the co-ordination of the Bereavement Service



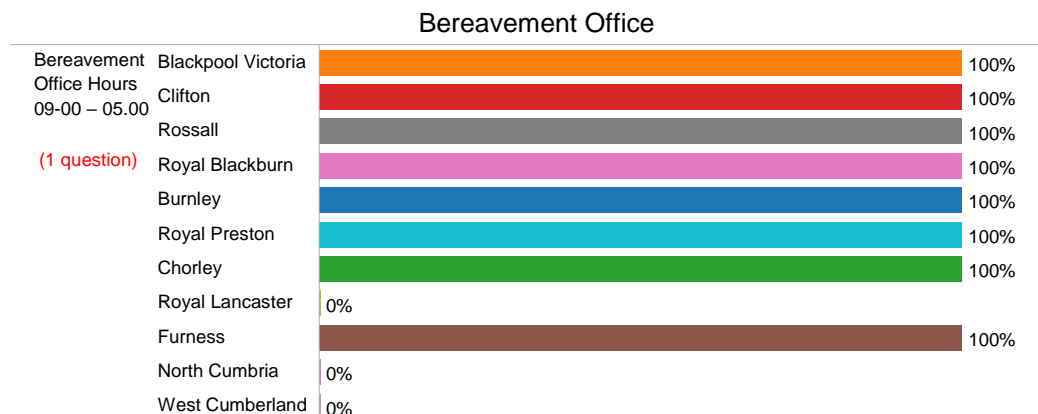
- A Bereavement Care Steering Group – with a clear mechanism for reporting through to the Trust Board (*This could be through the Trust End of Life Care Group*)



2. Bereavement Office - As a minimum there should be:

Service

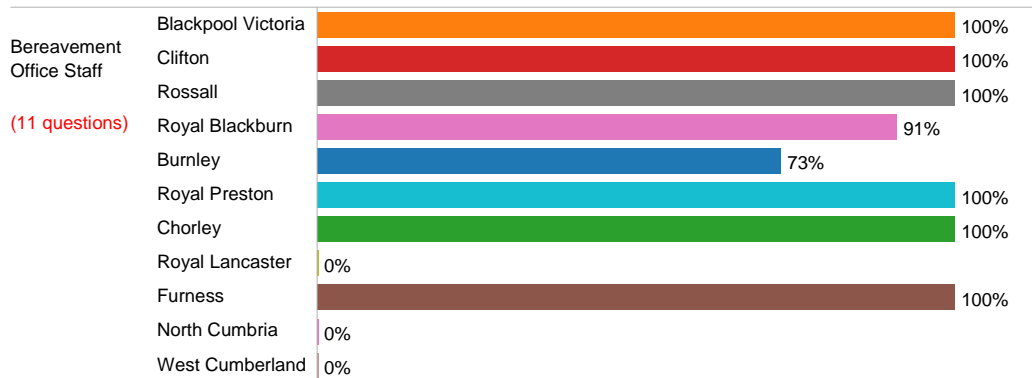
- Monday to Friday – 9:00 – 17:00 – *(Consider flexible or extended hours)*



Bereavement Office Staff who are:

- Able to coordinate the timely release of the medical case notes from the wards
- Able to make documents available for medical staff and communicate with all departments in the Trust
- Able to ensure the completion and issue of the Medical Certificate Cause of Death (MCCD) within one working day *(Cultural or Religious practices may require the MCCD to be completed on the same day)*
- Able to give out the MCCD to families, carers and significant others, along with a clear explanation of the certified cause of death *(if requested)*, together with clear information on how to register the death
- Able to provide an explanation of the role of the Coroner, Coroners Officers and Registrar to bereaved families, carers, significant others and health professionals
- Able to signpost to NW Regional Donor Transplant Coordinator for organ and tissue donation or a University for the donation of a body to medical science
- Able to liaise with local faith, ethnic, community groups and have the ability to discuss out of hours release of a body for social, religious and cultural practices
- Able to liaise with the mortuary staff when required *(e.g. Post Mortems (P.M.s), Coroner referral, cremation forms, and the release of the body)*
- Able to arrange appointments for families, carers and significant others to view the deceased. *(It is good practice to have a family accompanied when viewing)*
- Able to recognise the need for bereavement care and support and who can signpost to other organisations. **
- Adopt a co-ordinated approach within the hospital and work in partnership with other service providers, relevant external agencies and third sector bodies

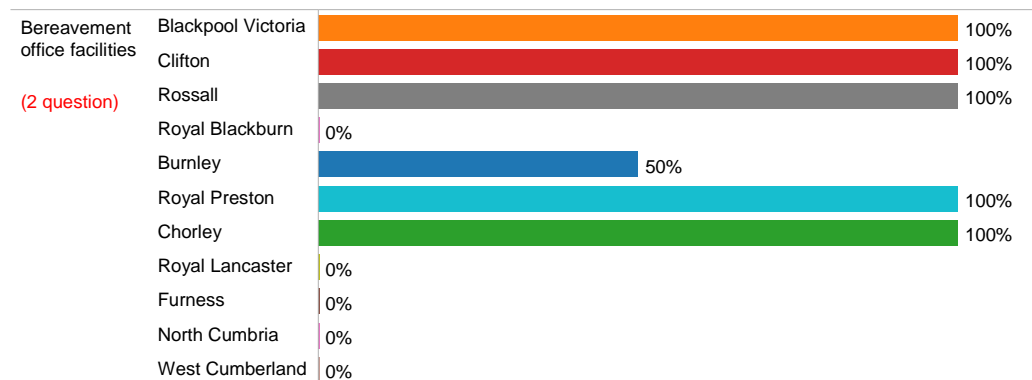
Bereavement Office Staff



Facilities

- A dedicated office with private waiting facilities that are accessible to all families, carers and significant others at each hospital site
- Clear explicit signage to the Bereavement Office, using the term bereavement as appropriate

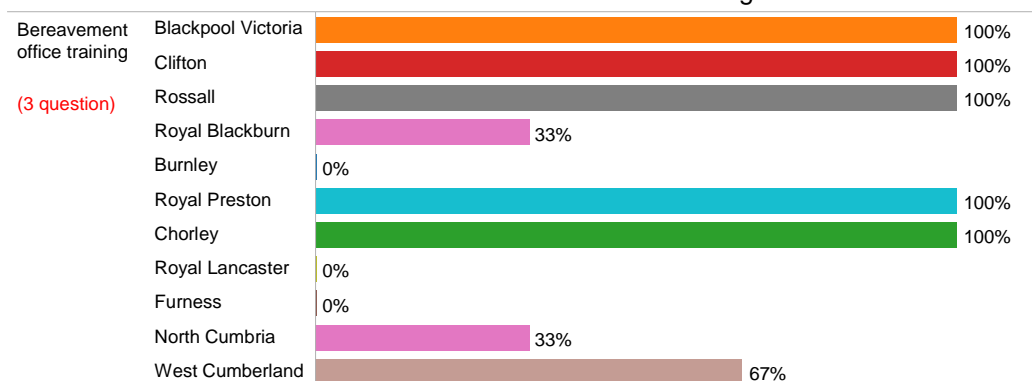
Bereavement Office Facilities



Training

- Staff who are trained appropriately to develop, maintain and enhance their knowledge and skills in bereavement, loss and grief
- Staff who have conversations around issues such as post mortems examinations, organ and tissue donation, verification of death, trained for the purpose and regularly updated on changes in protocol and legislation
- Support and supervision for all the bereavement office staff, as required

Bereavement Office Training

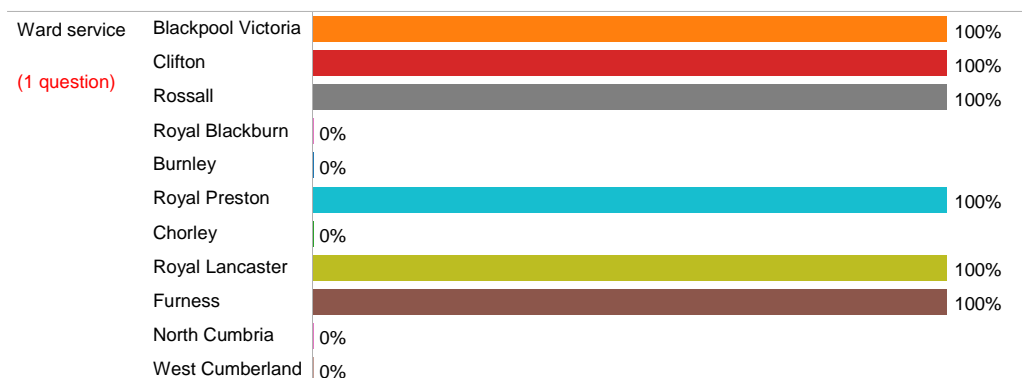


3. Ward – As a minimum there should be:

Service

- At all times

Ward Service

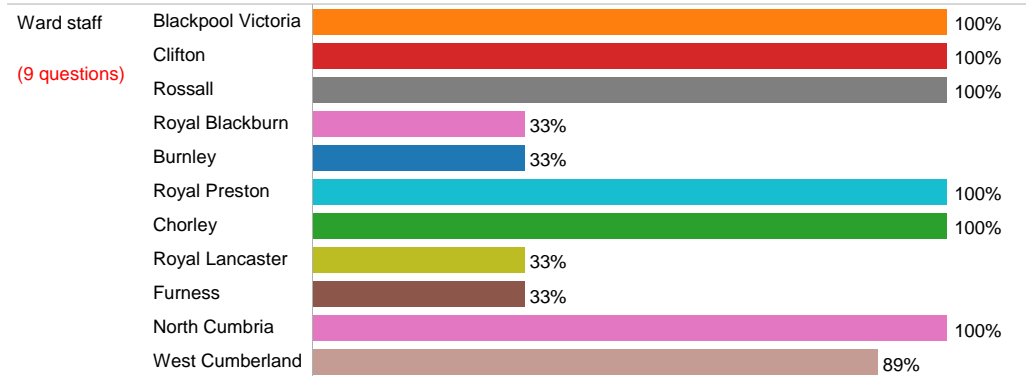


Ward Staff who are able to:

- Ensure all patients who die on the ward are on a 'Care after Death Pathway'
- Care for patients according to the 'Care after Death' (*Last Offices*)
- Have sensitive conversations with families and carers regarding the potential to assist with 'Last Offices'
- Have sensitive conversations about organ, and tissue donation services and signpost where appropriate
- Have sensitive conversations with families, carers and significant others about death, explaining the hospital bereavement booklet and what to do next
- Recognise the need for bereavement care and support and who can signpost to other organisations. **
- Communicate with the portering department when arranging the respectful and dignified transfer of the deceased from the ward to the mortuary
- Coordinate with other departments to allow the early release of a body for social, cultural or religious practices, during and outside normal working hours

- Communicate with the mortuary when arranging an appointment for families, carers and significant others to view the deceased. *(It is good practice to have a family accompanied when viewing)*

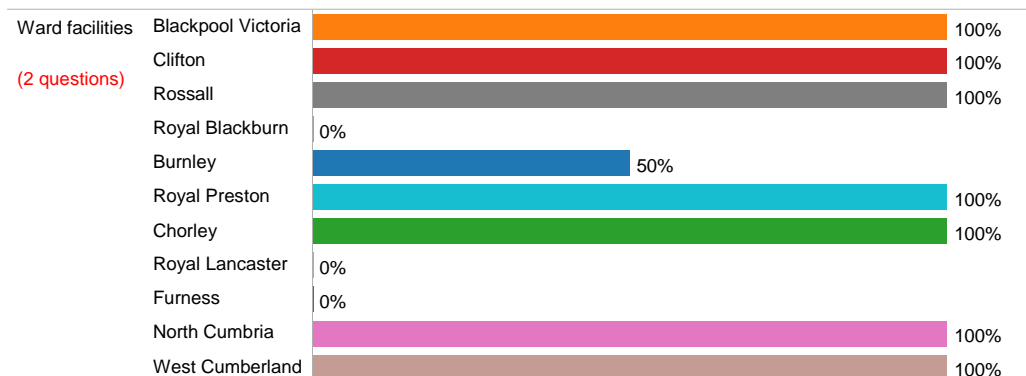
Ward Staff



Facilities

- A separate private room available for significant conversations located near the ward
- A designated quiet room or area for families, carers and significant others within the hospital

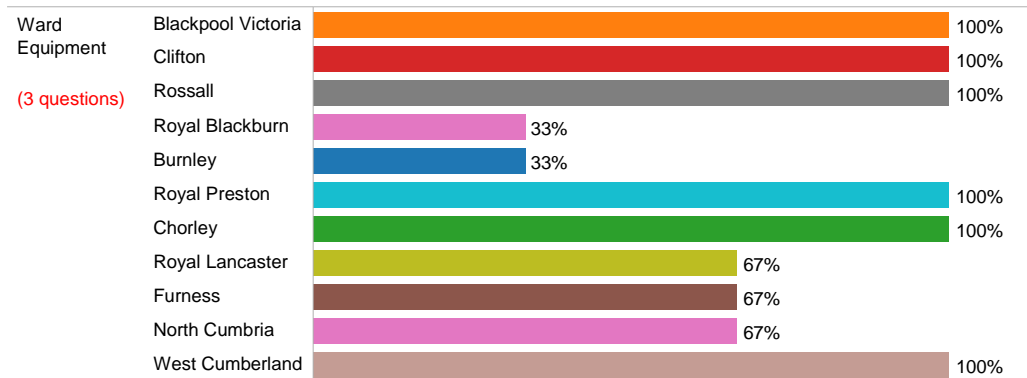
Ward Facilities



Equipment

- Bereavement Box on each ward, containing cultural, non religious and religious items, together with a copy of Cultural and Religious Guidelines for reference and other appropriate information
- Body bags for use when required, in case of leakage or infection control
- Non-descript / plain property bags sensitively packed, and returned to families, carers and significant others in accordance with hospital policy

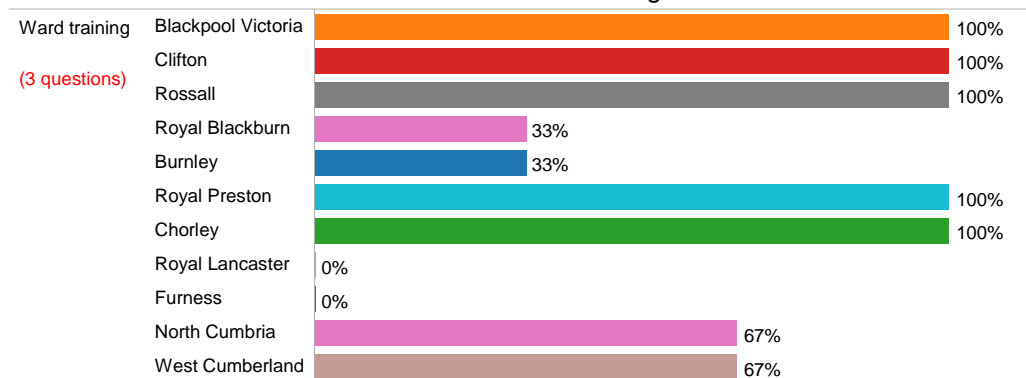
Ward Equipment



Training

- Staff who are trained appropriately to develop, maintain and enhance their knowledge and skills in bereavement, loss and grief
- Staff who have conversations around issues such as post mortems examinations, organ and tissue donation, verification of death, trained for the purpose and regularly updated on changes in protocol and legislation
- Support and supervision for all the ward staff, as required

Ward Training



4. Chaplaincy Service – As a minimum there should be:

Service – Multi Faith

- Monday to Friday – 9:00 – 17:00 and an out of hour's on-call service 24/7

Chaplaincy Service – Multi Faith



Chaplaincy Staff who are able to:

- Provide spiritual, cultural and religious care and support for all patients, families, carers and significant others after a death in the hospital
- Provide spiritual, cultural and religious guidance and support for all hospital staff, and volunteers after a death in the hospital
- Provide assistance with funeral service arrangements, if requested

Chaplaincy Staff



Facilities

- A Multi Faith Room

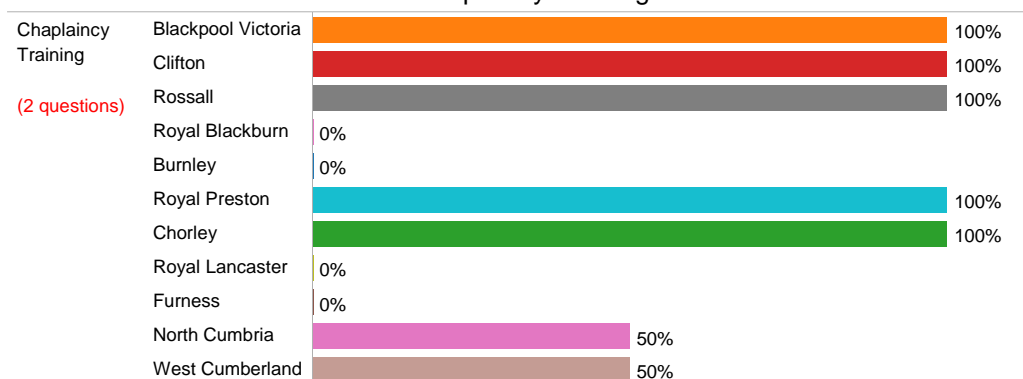
Chaplaincy Facilities



Training

- Staff who have conversations around issues such as post mortems examinations, organ and tissue donation, verification of death, trained for the purpose and regularly updated on changes in protocol and legislation
- Support and supervision for all the bereavement office staff, as required

Chaplaincy Training



5. Mortuary Service

As a minimum there should be:

Services

- Monday to Friday – 8:00 – 16:00 – (*Consider flexible or extended hours*), with an out of hours on-call service available

Mortuary Service Hours



Mortuary Staff who are:

- Able to communicate with the ward and portering staff when arranging an appointment for families, carers and significant others to view the deceased
- Able to communicate with the funeral director, to arrange the transfer of the deceased from the hospital to their chapel of repose
- Able to promote a co-ordinated approach within the hospital and in partnership with other service providers, relevant external agencies and third sector bodies

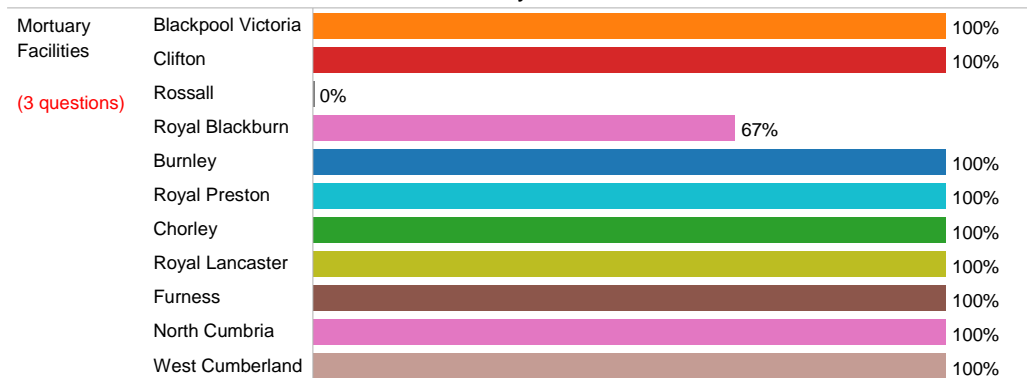
Mortuary Staff



Facilities

- Refrigerated storage facilities for all deceased bodies – adults, children and babies
- A room near to the mortuary where hospital staff can talk to families, carers and significant others
- A private and dignified area for the collection of the deceased by funeral directors

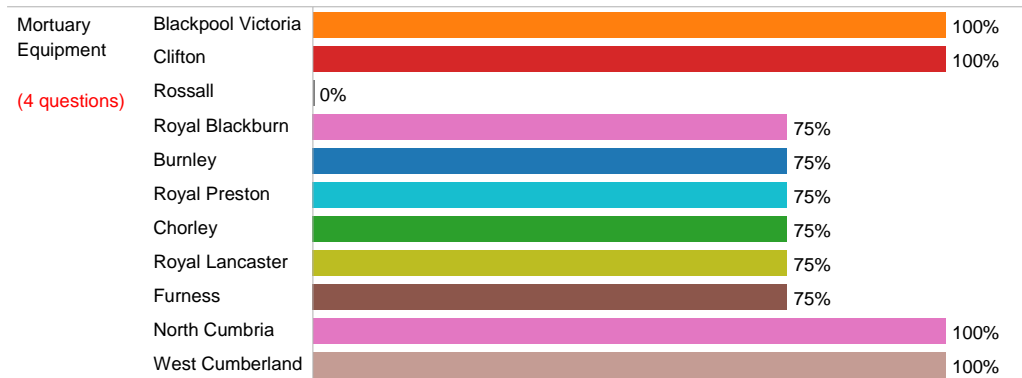
Mortuary Facilities



Equipment

- A concealment trolley for standard and obese bodies
- A bariatric cover for use with a bariatric bed when a specialised concealment trolley is not available
- Body bags for use when required, in case of leakage or infection control
- Transportation carriers for babies

Mortuary Equipment



Training

- Staff who are trained appropriately to develop, maintain and enhance their knowledge and skills in bereavement, loss and grief
- Staff who have conversations around issues such as post mortems examinations, organ and tissue donation, verification of death, trained for the purpose and regularly updated on changes in protocol and legislation
- Support and supervision for all mortuary staff, as required

Mortuary Training

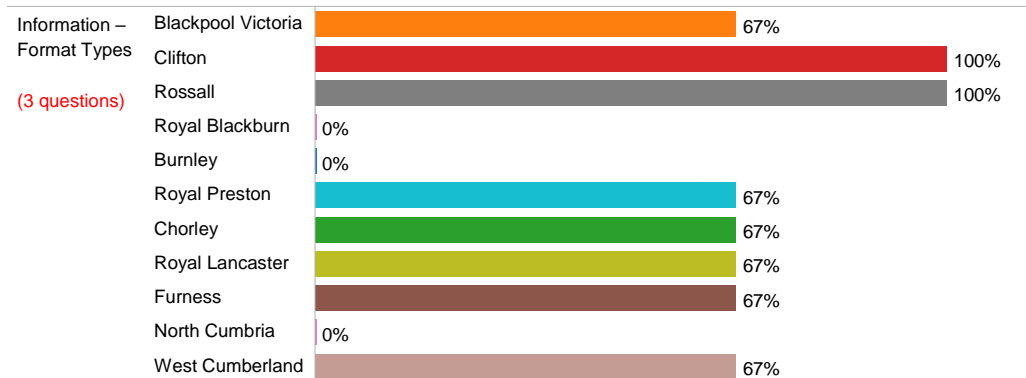


5. Information

The following information should be given:

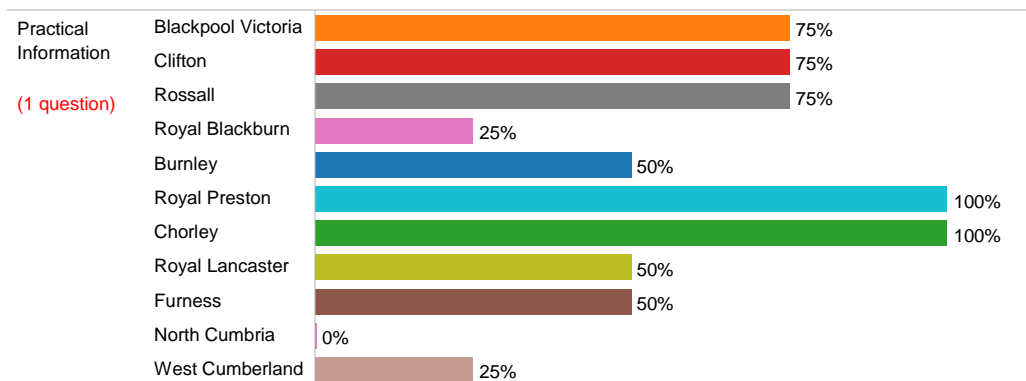
- A comprehensive hospital bereavement booklet with up to date information for all families, carers and significant others
- A bereavement folder containing the MCCD, and practical information for families, carers and significant others
- Advice for bereaved people on how to take forward concerns and signpost to PALS and the Complaints Department as appropriate

Information – Format Types



- Local and National Bereavement Information and Support Services

Information – Practical Information



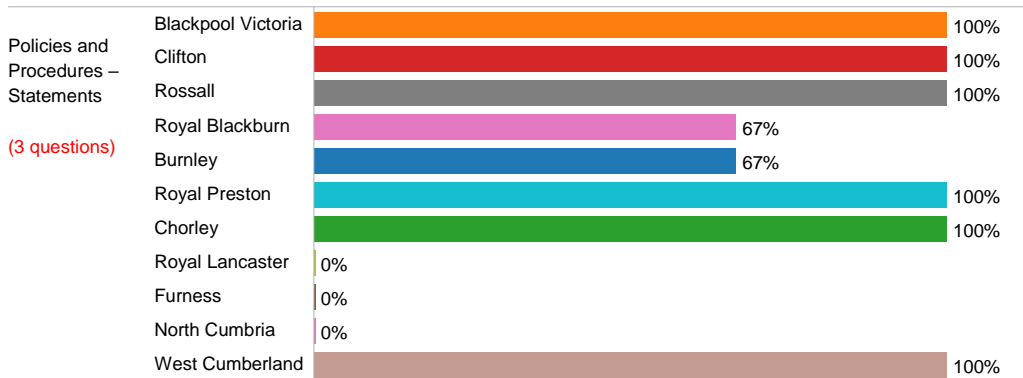
7. Policy and Procedure

There should be a trust wide bereavement policy and procedure to ensure staff deal appropriately with the death of a patient. The policy should ensure that appropriate support and information is given to those who have been bereaved and everyone is treated with dignity, respect and sensitivity.

The policy and procedure should include the following:

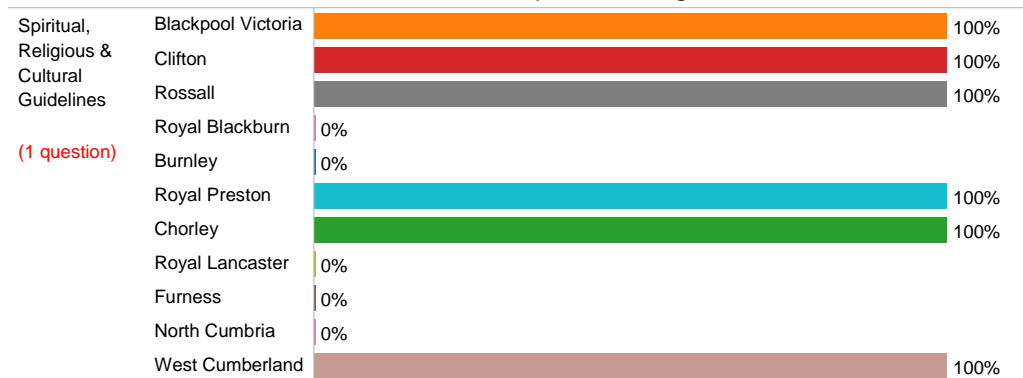
- The verification of death and last offices policy. Refer to ‘Guidance for Staff responsible for care after death’ – (*Last Offices April 2011 RCN*)
- A statement that bereavement care will be provided on an equitable basis to all families, carers and significant others following a death
- A statement that there will be coordination of all individual departments to ensure the early release of a body for social, cultural or religious practices, during and outside normal working hours

Policies and Procedures



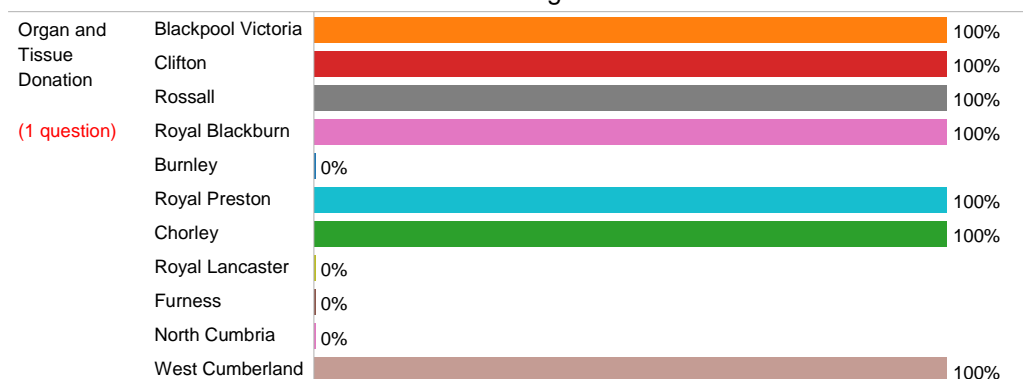
- **Spiritual, Religious and Cultural Guidelines**

Policies and Procedures – Spiritual, Religious and Cultural



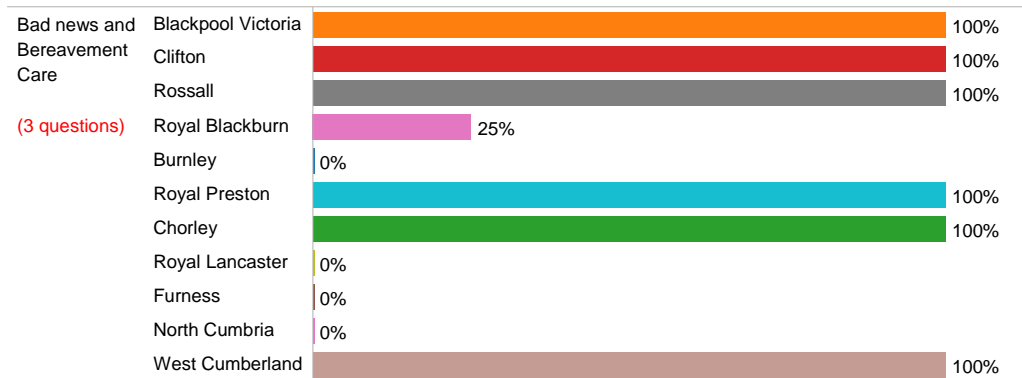
- **Organ and Tissue Donation**

Policies and Procedures – Organ and Tissue Donation



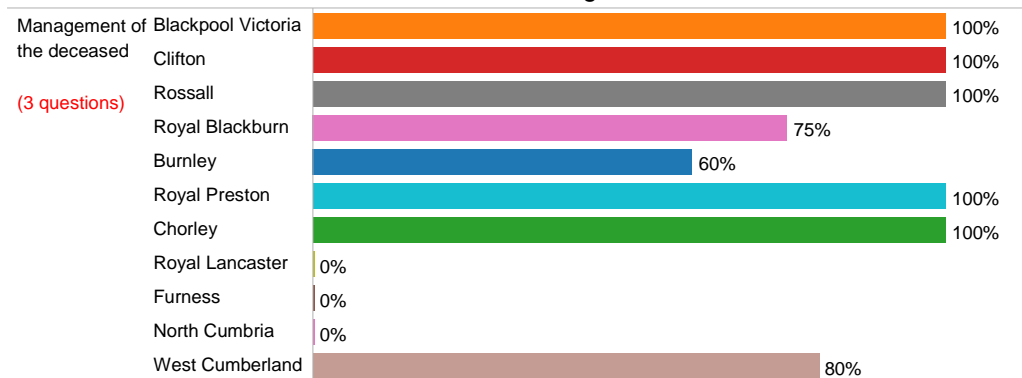
- Managing the transfer of the deceased (*adults and children*) from the ward to the mortuary including infection risks, use of body bags, and details of any relevant devices
- Managing the transfer of a foetus following an intra-uterine or neonatal death or miscarriage from the ward to the mortuary
- The breaking of significant news

Policies and Procedures – Breaking News and Care



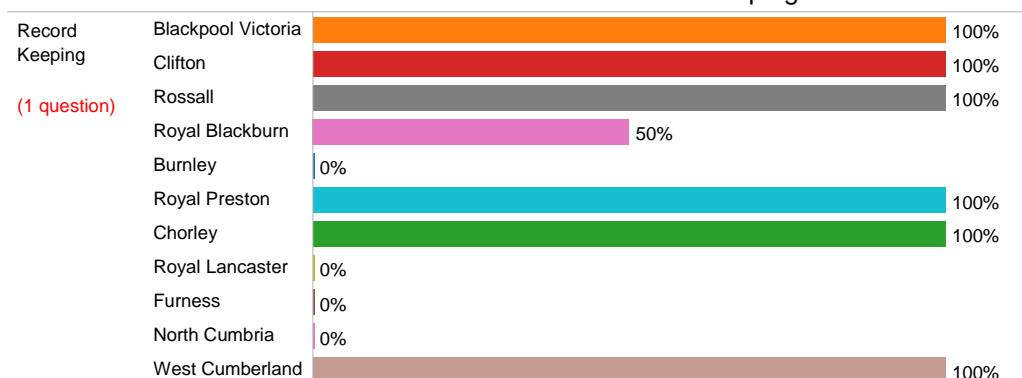
- Viewing of the deceased. *(to include normal working hours and out of hours procedures)*
- The return of the deceased patient's property, personal belongings and valuables
- Informing the GP Practices of the death of a patient within 24 hours

Policies and Procedures – Management of the deceased



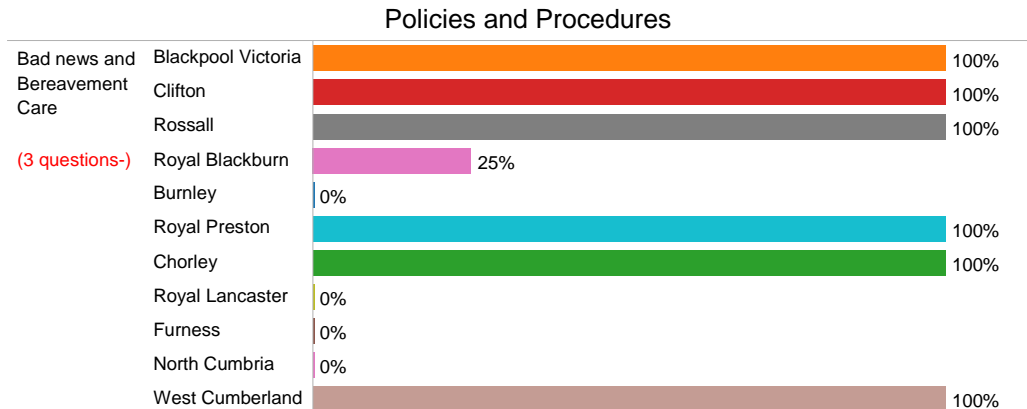
- The detailed record keeping of each death – *(Minimum format to be agreed)*

Policies and Procedures – Record keeping

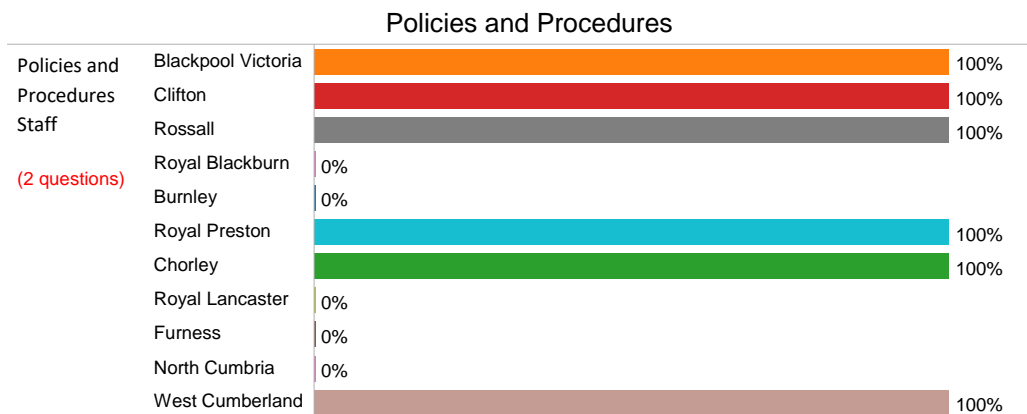


- Recognising the need for the newly bereaved to raise questions and offer an opportunity for them to do so
- Promoting a co-ordinated approach to bereavement care, within the hospital and in partnership with other service providers, relevant external agencies and third sector bodies

- Bereavement care on the ward



- Staff education and training
- Staff support and supervision

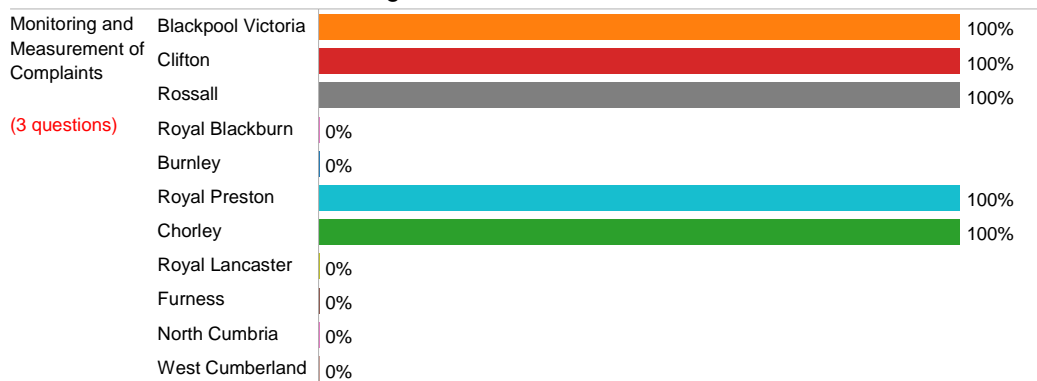


8. Monitor and Measure

The bereavement service should be monitored and measured to assess impact, effectiveness and enable the service to develop and evolve. The following are some examples of measures that can be used:

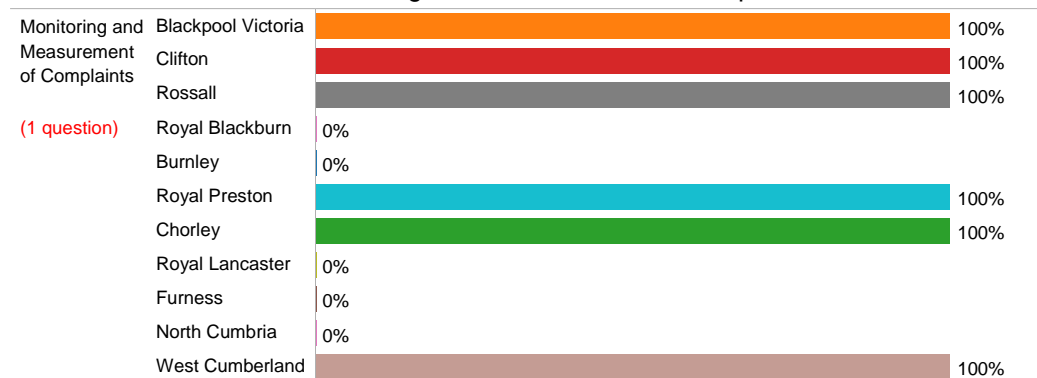
- Number of people accessing the service and when on the pathway
- Number of bereaved families, carers and significant others who receive information booklets
- Number of questionnaires/surveys returned and the feedback received from bereaved families, carers and significant others

Monitoring and Measurement of Service Users



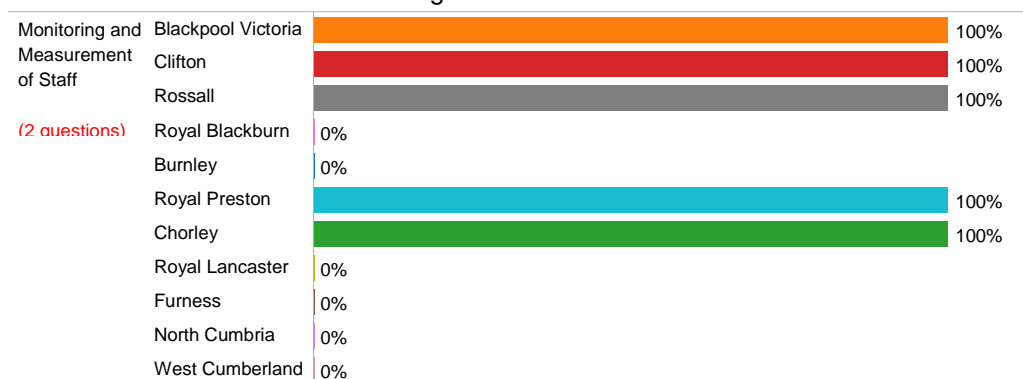
- Number of complaints received and their content

Monitoring and Measurement of Complaints



- Staff audit – To consider the impact of delivering the services and to identify training and support issues
- Number of staff accessing training programmes for bereavement support

Monitoring and Measurement of Staff



Additional Comments

- Bereavement Steering Groups – four of the five Trusts now have Bereavement Steering Groups.

East Lancs Hospital NHS Trust

- The Trust EOLC Steering Group recommended a Bereavement Steering Group be set up. This has now been set up and the first meeting has taken place.

University Hospitals Morecambe Bay

- Royal Lancaster Infirmary Bereavement Centre – work has commenced on the Bereavement Centre, a Bereavement Coordinator recruited and 3 part-time office staff. The coroner's officers will have an office on site next to the bereavement centre. The Bereavement Centre represents 15% of the Trust's CQUIN for 2012-13

North Cumbria University NHS Trust

- Carlisle Hospital Site – The EOLC meetings have stopped and they do not have a Bereavement Steering Group or a Bereavement Office. The bereaved families have to collect the MCCD's, belongings from the wards.

Conclusion

The gap analysis data reflects bereavement service provision in all hospitals in each of the five Trusts. The final analysis provides us with a complete overview of bereavement services in Cumbria and Lancashire and shows a marked improvement over the last two years.

The introduction of the 'In Your Loss' bereavement folder which holds the MCCD (Medical Certificate Cause of Death) and the 'When a Patient has Died' booklet is now given to all families when a death has occurred. The folders have been distributed to all hospitals, hospices, general practitioners, care homes, and all organisations where a death may occur enabling the standardisation of information given to families in Cumbria and Lancashire.

Finally, although there have been improvements in some areas, there are still gaps in bereavement services, especially in staff training and awareness. All Trusts need to develop an action plan from the gap analysis documents to ensure families receive an equitable, high quality, co-ordinated bereavement service.

Wendy Lewis Cordwell
Macmillan Network Bereavement Lead
June 2013