# Bereavement Services Policy

<table>
<thead>
<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CLASSIFICATION:</td>
<td>Clinical</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>To set out the principles and framework for the Bereavement Service within the Trust to ensure that all relevant staff understand their roles and responsibilities.</td>
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<tr>
<td>Controlled Document Number:</td>
<td>12</td>
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<td>Version Number:</td>
<td>004</td>
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<tr>
<td>Controlled Document Sponsor:</td>
<td>Executive Chief Nurse</td>
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<tr>
<td>Controlled Document Lead:</td>
<td>Lead Nurse End of Life Care, Bereavement and Chaplaincy Services</td>
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<tr>
<td>Approved By:</td>
<td>Chief Executive</td>
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<tr>
<td>On:</td>
<td>August 2017</td>
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<td>Review Date:</td>
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<tr>
<td>Distribution:</td>
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<tr>
<td>• Essential Reading for:</td>
<td>Trust staff caring for dying patients and their families. Trust staff delivering care after death to patients and bereaved relatives</td>
</tr>
<tr>
<td>• Information for:</td>
<td>All Trust staff</td>
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Bereavement Services Policy

Issue Date: 23.08.2017

Controlled Document number: 012

Version: 004
1. Policy Statement

1.1 University Hospital Birmingham NHS Foundation Trust (the ‘Trust’) is committed to providing a holistic service for patients, their relatives and carers until such time after death the patient’s body is released for burial or cremation.

1.2 The purpose of this policy and associated documents is to ensure staff understand the different religions and cultural customs surrounding dying and death, and providing a high quality empathetic service recognising the diversity of the population.

1.3 Once death has occurred, the Trust has legal responsibilities to issue a medical certificate confirming death, to carry out post mortems and work with Her Majesty’s (HM) Coroner’s Office when there are questions related to the cause of death.

1.4 Comprehensive and robust processes around post mortem, the issuing of the medical certificate, and, if required, referral to HM Coroner provides assurance of the cause of death and the absence of misconducts in relation to the death. It also plays an important role in public health surveillance. Where the deceased is to be cremated, correct completion of cremation certification is a legal requirement and provides additional safeguards.

1.5 In developing this policy, consideration has been given to the Department of Health 'End of Life Care Strategy' (2008) and associated update reports including ‘Transforming end of life care in acute hospitals: The route to success ‘how to’ guide’ (2015) promoting high quality care for dying patients and their families.

1.6 This policy also recognises and includes principles identified in the Leadership Alliance for the Care of Dying People (LACDP) document ‘One Chance to get it right’ (2014).

1.7 The key objectives of this policy are:

1.7.1 To set out the principles and framework for the Bereavement Services Policy.

1.7.2 To ensure all staff understand their roles and responsibilities in connection with the Bereavement Service.

1.7.3 To ensure compliance with national policy and guidance related to the Bereavement Service.
2. **Scope**

2.1 This policy applies to all areas and activities of the Trust and to all individuals employed by the Trust. This includes contractors, volunteers, students, locum, bank and agency staff as well as staff employed on honorary contracts, who are involved in Trust business on or off the premises.

2.2 The policy applies in the case of all patients who die whilst in the care of the Trust.

3. **Framework**

3.1 This section describes the broad framework for the Bereavement Services Policy. Detailed instructions are provided in the associated procedural document ‘Bereavement Care Procedure’.

3.2 The Executive Chief Nurse will approve all procedural documents associated with this policy and any amendments to such documents, and is responsible for ensuring that such documents are compliant.

3.3 The Trust will provide a dedicated Bereavement Service, that will:

3.3.1 Provide a resource centre for all staff and others involved in the care of the dying, both within the hospital setting and in the community, providing advice, guidance and education/training on issues surrounding death and bereavement.

3.3.2 Provide support, education and training to clinical staff related to the Bereavement Service, care of the dying and care after death.

3.3.3 In the absence of the requirement to make a referral to HM Coroner, aim to provide the person leading on funeral arrangements with the Medical Certificate of Cause of Death (MCCD) within two working days of the death thus enabling the death to be registered at Birmingham Registrar’s Office.

3.3.4 Provide referral to HM Coroner within one working day following the death if the circumstances of the death meet the criteria set by the Coroner.

3.3.5 Facilitate the completion of cremation papers by liaising with the Medical Examiners to ensure junior doctors are supported to accurately complete documentation. This includes identification and assessment of potential devices and other materials which may prove hazardous for bodies undergoing cremation.

3.3.6 Provide a Medical Examiner to ensure compliance with the legal and procedural requirements associated with the current
processes of certification, investigation by Coroner and registration of deaths within Birmingham.

3.3.7 To support doctors with medical advice on suspected natural causes of death before they prepare an MCCD and provide general medical advice to the Coroner.

3.3.8 To scrutinise the certified causes of deaths in a way that is compliant with the proposed local and national protocols.

3.3.9 Explain to bereaved relatives cause of death in a transparent, tactful and sympathetic manner, which respects different faith, cultural, ethnic and diversity considerations.

3.3.10 Liaise with the Organ Donation Team to ensure that the families of the deceased are kept updated with progress of the donation when these occur within the mortuary after death.

3.3.11 Liaise with mortuary services and ward/department staff to facilitate viewings within bereavement and mortuary working hours.

3.3.12 Liaise with funeral directors and other outside agencies as appropriate to provide required documentation correctly completed and within the agreed timeframe.

3.3.13 Provide guidance to staff on the use and availability of pro-forma wills for use in emergency situations, as detailed in the Trust’s ‘Procedure for Arranging a Will for a Patient’ including access to the list of solicitors approved by the Trust.

3.3.14 Provide information to relatives in order for them to access appropriate support and counselling services.

3.3.15 Ensure that information, guidance and support provided for the bereaved reflects individual needs and cultural, religious and spiritual beliefs.

3.3.16 Draw as appropriate upon the specialist guidance and support from the Trust’s multi-faith/belief Chaplaincy Team.

3.4 The Trust will provide guidance to staff related to information on how different faiths deal with death and dying.

3.5 Each ward or department shall have two End of Life and Bereavement Champions, a registered and non-registered nurse selected by the senior sister/charge nurse, who will receive appropriate training by
attending regular study sessions led by the Lead Nurse for End of Life Care Bereavement and Chaplaincy Services.

3.6 Each ward or inpatient department shall provide a designated area where resources and equipment pertaining to care after death can be readily available and maintained.

3.7 The Trust will provide support to staff caring for dying patients and their families in collaboration with Lead Nurse for End of Life Care Bereavement and Chaplaincy Services, Staff Support services and the Occupational Health Department. Support is also available for staff who have suffered a personal bereavement via the Staff Health and well-being service with contact details on Me@QEHB.

4. Duties

4.1 The Executive Medical Director

The Executive Medical Director will:

4.1.1 Support the appointment of the team of Medical Examiners; and

4.1.2 Receive exception reports from Medical Examiners when their initial scrutiny of care triggers the requirement for further investigation.

4.2 The Executive Chief Nurse

The Executive Chief Nurse will:

4.2.1 Sponsor the Bereavement Services policy and procedural document;

4.2.2 Receive reports from Bereavement Services via the Care Quality Group;

4.2.3 Be responsible for reporting issues related to Bereavement Services to the Board of Directors; and

4.2.4 Monitor compliance with this policy and the associated procedures.

4.3 Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing, Deputy Directors of Nursing and Matrons

Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing, Deputy Directors of Nursing and Matrons will:
4.3.1 Ensure that staff are aware of and comply with this policy and related procedural documents and know how to access them;

4.3.2 Ensure staff are provided with and attend appropriate training to enable them to put procedures and guidelines into practice;

4.3.3 Ensure that staff who are involved with the release of bodies out of hours have access to the appropriate information and process to enable this to happen safely;

4.3.4 Ensure that staff involved in facilitating viewings out-of-hours have access to the process to enable this to happen safely;

4.3.5 Ensure that when an incident occurs because Trust policy has not been followed, a Trust incident management form is completed and submitted and escalated to the Lead Nurse End of Life Care, Bereavement and Chaplaincy Services;

4.3.6 Monitor incidents and liaise with Lead Nurse End of Life Care, Bereavement and Chaplaincy Services taking action as necessary; and

4.3.7 Ensure that the lessons learnt from incidents are fed back to the appropriate staff and clinical areas.

4.4 **Lead Nurse for End of Life Care, Bereavement and Chaplaincy Services**

The Lead Nurse for End of Life Care, Bereavement and Chaplaincy Services will:

4.4.1 Ensure all Bereavement Services procedural documents are current and reflect best practice;

4.4.2 Manage the Bereavement Service;

4.4.3 Ensure that notes for deceased patients are available for the Trust legal department as requested;

4.4.4 Chair the End of Life and Bereavement Steering Group;

4.4.5 Review all Trust incident reports and complaints made in relation to end of life care and the Bereavement Service. Ensuring examples of good practice or required changes in practice are shared throughout the organisation through the Care Quality Group;
4.4.6 Ensure a robust referral process is in place for the Site Team in order that the quality of the Bereavement Service continues during and outside normal working hours;

4.4.7 Lead a programme of end of life and care after death related audits to evaluate the quality of care received by dying patients and their families. This will include the bereaved relatives’ questionnaire and in conjunction with mortuary services audit compliance with last offices practice. Reporting findings to Care Quality Group and giving individual feedback to clinical areas as appropriate;

4.4.8 Ensure a robust infrastructure is in place during and outside normal working hours for Bereavement Services;

4.4.9 Ensure that the End of Life and Bereavement Champions are provided with regular updates regarding incidents, audits and changes related to end of life and bereavement care so that information can be promptly fed back to clinical areas;

4.4.10 Ensure the provision of information for bereaved relatives to access ongoing support as well as signposting to other agencies and organisations outside of the Trust;

4.4.11 Actively promote good practice within the Trust through robust communication with relevant wards and departments.

4.4.12 Work collaboratively with services inside and outside the Trust related to the Bereavement Service;

4.4.13 Work collaboratively with other Trusts to ensure good practice is shared across the region; and

4.4.14 Attend Professional Leads meeting chaired by HM Coroner ensuring if unable to attend a deputy is sent.

4.5 **Members of the End of Life, Bereavement and Chaplaincy Steering Group**

4.5.1 The members of the End of Life, Bereavement and Chaplaincy Steering Group will meet on a quarterly basis and will be chaired by the Lead Nurse End of Life, Bereavement and Chaplaincy Services.

4.5.2 The members of the End of Life, Bereavement and Chaplaincy Steering Group will:
a) Support the development, delivery and monitoring of training and the provision of best practice;

b) Oversee and monitor the development and delivery of required standards of training and development for bereavement care;

c) Monitor incidents related to bereavement care and care after death;

d) Ensure the lessons learned from adverse incidents and near misses, both within and external to the Trust, are considered and relevant actions and changes are implemented across the organisation;

e) Monitor the implementation of findings from the bereaved relatives survey, complaints, patient experience feedback and Patient Advice and Liaison Service (PALS) contacts;

f) Monitor compliance of working practices with legal and national requirements in relation to bereavement care; and

g) Provide a quarterly report from End of Life and Chaplaincy Steering Group to the Care Quality Group

4.6 Clinical Site Managers

Clinical Site Managers will:

4.6.1 Ensure that any requests for viewings of the deceased, out-of-hours are facilitated provided it is appropriate;

4.6.2 Ensure that any deceased patients that require immediate release for burial for religious reasons are facilitated as per policy; and

4.6.3 Comply with out-of-hours requests to release deceased patients for forensic investigation into the care of the Coroner’s funeral director.

4.7 Legal Services Department

Members of the Legal Services Department will:

4.7.1 Inform the Bereavement office when a case is being referred by the Coroner for an inquest; and
4.7.2 Request the medical records of the deceased from the Bereavement Office.

4.8 **Senior Sisters/Charge Nurse**

The Senior Sisters/Charge Nurse will:

4.8.1 Ensure staff are aware of this policy and associated procedural documents;

4.8.2 Ensure staff attend, or are provided with, appropriate training to enable them to put the procedures detailed in the associated procedural documents and guidelines into practice;

4.8.3 Incorporate the End of Life and Bereavement Care Champions roles and responsibilities into their appraisal;

4.8.4 Ensure the ward/department has a registered and a non-registered End of life and Bereavement Care Champion;

4.8.5 Ensure that the property of deceased patients is dealt with in accordance with the Policy for the Handling of Patients’ Cash, Valuables and Property;

4.8.6 Identify non-adherence to the procedures by monitoring completed incident reports and complaints and take action to ensure compliance; and

4.8.7 Ensure that the lessons learned from incidents and complaints as well as compliments are fed back and discussed at ward level

4.9 **Mortuary Manager**

The Mortuary Manager will:

4.9.1 Provide advice and guidance regarding the care of a deceased patient’s body;

4.9.2 Ensure that any body parts that are required to be re-united with a patient’s body prior to release are so re-united;

4.9.3 Provide advice and guidance regarding the care of products of conception adhering to ‘Guidance on the disposal of pregnancy loss or termination’ (2015) Human Tissue Authority and the Trust's standard operating procedure for ‘The management of patients experiencing the loss of a pregnancy at less than 17 weeks gestation and the management of their lost products of conception’;
4.9.4 Facilitate the release of bodies and viewings within mortuary opening hours;

4.9.5 Provide training for staff who support mortuary services out of hours regarding manual handling, facilitating release of bodies and viewings within the mortuary; and

4.9.6 Ensure active representation of mortuary services at the End of Life, Bereavement and Chaplaincy Steering Group.

4.10 Chaplaincy Team Leader

The Chaplaincy Team Leader will:

4.10.1 represent the chaplaincy at the End of Life and Bereavement Steering Group;

4.10.2 Work in collaboration with the Lead Nurse End of Life Bereavement and Chaplaincy Services and Clinical Nurse Specialist (CNS) Bereavement;

4.10.3 Provide appropriate and timely training, advice and guidance in relation to spiritual, religious and cultural issues surrounding death and bereavement; and

4.10.4 Provide support for bereaved relatives and staff as required to meet their spiritual, religious and cultural needs.

4.11 End of Life and Bereavement Champions

Staff who are End of Life and Bereavement Champions will:

4.11.1 Attend at least two End of Life and Bereavement Champion workshops annually. Where they are unable to attend to send a ward/department representative to the remaining workshops;

4.11.2 Ensure that updates and information from workshops is disseminated to ward/department staff;

4.11.3 Act as a resource for end of life and bereavement care queries at ward/department level;

4.11.4 Ensure that the equipment required to perform last offices is available, regularly checked and replenished;

4.11.5 Ensure adequate supplies of the Trust Bereavement Service booklet “and the purple deceased patient property bags are available on the ward/department;
4.11.6 Act as a role model for staff when caring for dying patients and their families by offering refreshments and promoting open visiting, and following Trust guidelines for relatives staying overnight utilising the 'Priorities of Care' window signs; and

4.11.7 Promote the use of end of life care resources for dying patients and their families such as the Comfort Care packs and the leaflet 'Information for you when your loved one is dying'.

4.12 All Nursing Staff

All Nursing Staff will:

4.12.1 Familiarise themselves with all relevant Trust procedures and guidelines referred to within this document. They must ensure that they read, comply with and apply these guidelines in their areas of work;

4.12.2 Attend appropriate training (as outlined in the associated procedural documents) to ensure they familiarise themselves with this policy and the associated procedural documents and guidelines and are able to implement the guidance in practice where appropriate; and

4.12.3 Ensure that any incidents relating to end of life care or bereavement services are reported on the Trust incident management system as well as to their line manager or other manager as appropriate.

4.13 All Medical Examiners

All Medical Examiners will:

4.13.1 Review the causes of in-hospital deaths prior to issue of the MCCD. They must scrutinise the notes and discuss with the responsible medical team to ensure accuracy of documentation;

4.13.2 Advise on referrals made to the HM Coroner;

4.13.3 Support the training of junior doctors in completion of MCCD to ensure accuracy of certification and be involved in preparation and completion of cremation paperwork; and

4.13.4 Discuss care of the deceased with bereaved relatives explaining in layman's terms the information on MCCD.
4.14 All Medical Staff

All Medical Staff will:

4.14.1 Familiarise themselves with all relevant Trust procedures and guidelines referred to within this document. They must ensure that they read, comply with and apply these guidelines in their areas of work;

4.14.2 Attend appropriate training (as outlined in the associated procedural documents) to ensure they familiarise themselves with this policy and the associated procedure documents and guidelines and are able to implement the guidance in practice where appropriate;

4.14.3 Provide referrals to HM Coroner within one working day following the death if the circumstances of the death meet the criteria set by the Coroner;

4.14.4 Ensure that any incidents relating to end of life or bereavement care are reported to their line manager or other manager as appropriate. Ensure that the Trust incident management form is completed; and

4.14.5 Respond to requests from the Bereavement team and the Medical Examiners to ensure that paperwork is completed appropriately.

5. Implementation and Monitoring

5.1 Implementation

5.1.1 The policy and the associated procedural documents will be available on the Trust intranet.

5.1.2 Education will be made available as outlined within the associated procedural document.

5.2 Monitoring

Appendix A provides details on how the policy will be monitored.

6. References

Guidance on the disposal of pregnancy loss or termination (2015) Human Tissue Authority

One Chance to get it right – improving peoples experiences of care in the last few days and hours of life (2014) Leadership Alliance for the Care of Dying People

Spiritual & Religious Care Competencies for Specialist Palliative Care. (Marie Curie)


7. **Associated Policy and Procedural Documentation**

   Bereavement Care Procedure

   Faith Requirements for Patients at or near the end of life (UHB 2012) booklet

   Guidelines for relatives/carers of a patient staying overnight on a ward

   Infection Prevention and Control Policy

   Organ Donation Policy

   Policy for the handling of patients’ cash, valuables and property

   Process for Arranging a Will for a Patient

   Procedure for Managing the Death of a Patient with an Infectious Condition

   Risk Management Strategy and Policy

   Standard Operating Procedure for the management of patients experiencing the loss of a pregnancy at less than 17 weeks gestation and the management of their lost products of conception
## Monitoring Matrix

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<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
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<tbody>
<tr>
<td>Breaches of the policy</td>
<td>Lead Nurse End of Life, Bereavement and Chaplaincy Services</td>
<td>End of Life, Bereavement and Chaplaincy Steering Group Care Quality Group</td>
<td>If the policy is breached an incident form should be generated and appropriate actions completed.</td>
<td>Quarterly review at End of Life, Bereavement and Chaplaincy Steering Group</td>
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<tr>
<td>Relative/ carer experience</td>
<td>Lead Nurse End of Life, Bereavement and Chaplaincy Services</td>
<td>End of Life, Bereavement and Chaplaincy Steering Group Care Quality Group</td>
<td>Monitor the implementation of findings from bereavement survey responses, complaints, compliments, and Patient Advice and Liaison Service (PALS) contacts An annual review of Bereavement Service Questionnaire responses presented to Care Quality Group</td>
<td>Reviewed monthly and themes and issues reported quarterly to End of Life &amp; Bereavement Core Steering Group Annually</td>
</tr>
<tr>
<td>Last offices standards of practice</td>
<td>Lead Nurse End of Life, Bereavement and Chaplaincy Nurse</td>
<td>End of Life, Bereavement and Chaplaincy Steering Group Care Quality Group</td>
<td>A bi-annual audit of last offices practices involving physical review of the deceased and associated documentation.</td>
<td>Every 2 years</td>
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<tr>
<td>End of Life patient and family centred care audit</td>
<td>Lead Nurse End of Life, Bereavement and Chaplaincy Nurse</td>
<td>End of Life, Bereavement and Chaplaincy Steering Group Care Quality Group</td>
<td>Retrospective audit of the last 7 days of life</td>
<td>Annual</td>
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