Bereavement Care Services Policy

<table>
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<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<tr>
<td>CLASSIFICATION:</td>
<td>Clinical</td>
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<tr>
<td>PURPOSE</td>
<td>To set out the principles</td>
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<td>and framework for the</td>
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<td>bereavement service within</td>
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<td>the Trust to ensure</td>
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<td>that all staff understand</td>
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<td></td>
<td>their roles and</td>
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<td>responsibilities.</td>
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| Controlled Document Number: | 12                        |
| Controlled Document Sponsor: | Executive Chief Nurse     |
| Controlled Document Lead:   | Lead Nurse Bereavement    |
| Approved By:                | CEAG                      |
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**Distribution:**
- Essential Reading for:
  - All Trust staff who are involved in the care of patients and their carers/family pre, peri and post death.
- Information for:
  - All Trust staff
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1 Policy Statement

1.1 The Trust is committed to providing a holistic service for patients throughout their patient journey. Whatever the reason for the patient’s admission, it is important that the holistic care given extends to include care of the dying and their relatives and carers through to the period immediately after death, and until such time as the patient’s body is released for burial or cremation.

1.2 It is important for staff to understand the rituals surrounding death and dying across different cultures and religions and to provide a high quality empathetic service to all sectors of the Trust’s population.

1.3 Once death has occurred, the issuing of a medical certificate, which is an important legal responsibility also falls within the responsibility of the Trust, as does the carrying out of post mortems and liaising with the Coroner’s office when there are queries over 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 to the relatives and friends of the deceased 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 The Trust will implement the framework for the bereavement service as detailed in Department of Health (2009) "When A Person Dies”. This details the elements required to maintain a sensitive and responsive bereavement service for patients, bereaved relatives and staff.

1.6 In developing this policy, consideration has been given to the Government’s End of Life Care Strategy (DH, 2009). This promotes high quality care for all adults at the end of life. The strategy aims to provide people approaching the end of life with more choice about where they would like to live and die; it encompasses all adults with advanced, progressive illness and care given in all settings.

1.7 The key objectives of this policy are:

1.7.1 To set out the principles and framework for the bereavement service.

1.7.2 To ensure all staff understand their roles and responsibilities in connection with bereavement service.

1.7.3 To ensure compliance with national policy and guidance related to bereavement service.
2 **Scope**

The policy applies in the case of all patients who die whilst in the care of the Trust, on Trust premises and to patients who have died elsewhere, but for whom the Trust is responsible for under certain circumstances.

It applies to all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts who are involved in Trust business on or off the premises.

3 **Framework**

3.1 This section describes the broad framework for the bereavement service throughout the Trust. Detailed instructions are provided in the associated procedural document entitled Bereavement Care Guidelines.

3.2 The 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 with this Policy.

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

3.3.1 Act as 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 training to nursing and medical staff about the Bereavement Service, care of the dying and last offices

3.3.3 Provide relatives with the medical certificate which is completed correctly in order for them to register the death

3.3.4 Ensure cremation papers are completed in a timely manner by ensuring appropriate training is given to junior doctors which includes pacemakers and other materials which may prove hazardous for bodies undergoing cremation

3.3.5 Liaise with the Organ Donation Team

3.3.6 Liaise with mortuary services and ward staff to facilitate viewings in working hours and to inform mortuary services if reunification of body parts is required

3.3.7 Liaise with funeral directors and other outside agencies as appropriate
3.3.8 Provide guidance to staff on the use and availability of pro-forma wills for use in emergency situations, as detailed in the Wills procedural document.

3.3.9 Provide information to relatives in order for them to access appropriate support / counselling services.

3.3.10 Ensure that information, guidance and support provided for relatives reflects individual needs and cultural, religious and spiritual beliefs.

3.4 The Trust will provide guidance to staff about basic information on how the major faiths deal with death and dying.

3.5 Each ward or department shall have a link nurse who will have received appropriate training or, by exception, shall have agreed alternative arrangements with the Lead Nurse for Bereavement Services.

3.6 Each ward or inpatient department shall maintain a Last Offices resource pack.

3.7 Property of deceased patients will be returned by wards or departments to relatives in accordance with the Policy for the Handling of Patients’ Cash, Valuables and Property.

3.8 The Trust will provide support to staff involved in care of the dying through the Trust Occupational Health Department.

4 Duties

4.1 Board of Directors

The Board of Directors is directly responsible for ensuring appropriate bereavement services are available throughout the Trust. It will ensure that effective systems are in place for bereavement services and that systems are monitored and reviewed.

4.2 The Chief Nurse

The Chief Nurse will:

4.2.1 Sponsor the Bereavement Care Policy and procedural documents

4.2.2 Receive reports from bereavement services via the Care Quality Group

4.2.3 Be responsible for reporting issues related to bereavement to the Board of Directors
4.2.4 Provide an annual report to the Board of Directors regarding bereavement services

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

The Divisional Directors, Divisional Directors of Operations, Associate Directors of Nursing and Matrons will:

4.3.1 Ensure ward and department staff are aware of and comply with this policy

4.3.2 Ensure that staff are aware of the Trust procedures and guidelines and know how to access them

4.3.3 Ensure that each ward or department has a trained bereavement service link worker

4.3.4 Monitor and assist the bereavement care link nurses with the bereavement benchmarking and action planning

4.3.5 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

4.3.6 Comply with the associated procedures when releasing a body or facilitating viewings

4.3.7 Ensure that incident forms are completed when necessary and forwarded to the Risk Management Department

4.3.8 Monitor all bereavement service related incidents and take action as necessary

4.3.9 Ensure that the lessons learned from incidents are fed back and discussed at ward level.

4.4 Lead Nurse for Bereavement Services

The Lead Nurse for Bereavement 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 Chair the Bereavement Steering Group

4.4.4 Provide specialist advice on bereavement care
4.4.5 Ensure all healthcare professionals within the Trust have access to appropriate training in regard to the bereavement service

4.4.6 Review all Trust incident reports and complaints made in relation to end of life and the bereavement service and ensure examples of good practice or required changes in practice are shared throughout the organisation through the Trust Bereavement Steering Group

4.4.7 Ensure a robust infrastructure is in place in order to ensure that the quality of the bereavement service continues during and outside normal working hours

4.4.8 Lead the relevant bereavement care audits e.g. annual audit of last offices practices and facilitate bereavement benchmarking on an annual basis

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

4.4.10 Work collaboratively with services inside and outside the Trust that are related to the bereavement service

4.4.11 Work collaboratively with other Trusts to ensure good practice is shared across the region.

4.5 Bereavement Steering Group

4.5.1 The Bereavement Steering Group will meet on a quarterly basis and will be chaired by the Lead Nurse Bereavement Services.

4.5.2 The membership of the group is in the terms of reference which are approved by the Care Quality Group.

4.5.3 The Bereavement 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 the bereavement service

c) Monitor compliance with this policy and the associated procedures

d) Monitor incidents related to the bereavement service and end of life care

e) 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

f) Monitor the implementation of findings from complaints, patient experience feedback and Patient Advice and Liaison Service (PALS) contacts

g) Monitor compliance of working practices with legal and national requirements in relation to the bereavement service

h) Provide an annual report to the Care Quality Group.

4.6 Senior Sisters/Charge Nurse

Senior Sisters/Charge Nurses will:

4.6.1 Ensure staff are aware of this policy and associated procedural documents

4.6.2 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

4.6.3 Incorporate the bereavement care link nurse roles and responsibilities into their appraisal

4.6.4 Ensure the ward/department has a bereavement service link nurse

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

4.6.6 Ensure the ward/department completes the bereavement benchmarking as required

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

4.6.8 Ensure that the lessons learned from incidents are fed back and discussed at ward level.

4.7 Mortuary Manager

The Mortuary Manager will:
4.7.1 Work in collaboration with the Bereavement Service

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

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

4.7.4 Ensure that mortuary staff complete and respond to incident forms as required

4.7.5 Facilitate release of bodies and viewings within mortuary opening hours

4.7.6 Ensure active representation of mortuary services on the Bereavement Steering Group

4.8 Chaplaincy Team Leader

The Chaplaincy Team Leader will ensure active representation of chaplaincy on the Bereavement Steering Group and ensure that the Chaplaincy Service shall:

4.8.1 Work in collaboration with the Bereavement Services

4.8.2 Provide advice and guidance in relation to spiritual and religious issues surrounding death and bereavement

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

4.9 Organ Donation Team Members

4.9.1 Work in collaboration with the Bereavement Services

4.9.2 Provide advice, guidance, and education/training on issues surrounding organ donation

4.9.3 Record and report national potential donor audit data as required

4.10 Bereavement Service Link Nurses

Bereavement Service Link Nurses will:

4.10.1 Attend one link nurse study day annually and ensure 80% attendance at link nurse meetings and disseminate information to ward staff
4.10.2 Complete the bereavement benchmarking as required

4.10.3 Ensure the Last Offices Resource Pack is available and stocks are available to refill after use

4.10.4 Act as a resource for bereavement queries at ward level

4.10.5 Use the standard Trust last offices teaching pack as required to support the teaching of last offices to ward staff. Maintain records of teaching provided

4.10.6 Ensure adequate supplies of the Trust Bereavement Service Leaflets.

4.11 All Nursing Staff

All nursing staff must:

4.11.1 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

4.11.2 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

4.11.3 Ensure that any incidents relating to end of life care or bereavement services are reported to their line manager or other manager as appropriate. Ensure that incident report forms are completed.

4.12 All Medical Staff

All medical staff must:

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 procedure documents and guidelines and are able to implement the guidance in practice where appropriate

4.12.3 Familiarise themselves with the reasons for reportable deaths and the appropriate procedure
4.12.4 Ensure that any incidents relating to end of life care or bereavement services are reported to their line manager or other manager as appropriate. Ensure that incident report forms are completed.

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

5.2.1 Appendix 1 provides details on how the policy will be monitored.

6 **References**


7 **Associated Policy and Procedural Documents**

7.1 Consent to Examination or Treatment Policy and Procedures

7.2 Human Tissue Act

7.3 Infection Prevention and Control

7.4 Organ Donation Policy

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

7.6 Procedure for managing the death of a patient with an infectious condition

7.7 Wills procedure document – Process for arranging a will for a patient

7.8 Pathology and mortuary guidelines

7.9 Bereavement Care Guidelines
7.10 Risk Management Policy
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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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<tr>
<td>Breaches of the policy</td>
<td>Lead Nurse Bereavement</td>
<td>Bereavement Steering Group, Care Quality Group</td>
<td>If the Policy is not adhered to in any occasion an incident form will completed and monitored.</td>
<td>Quarterly</td>
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<td>Relative/ carer experience</td>
<td>Lead Nurse Bereavement</td>
<td>Bereavement Steering Group, Care Quality Group</td>
<td>Monitor the implementation of findings from complaints, patient experience feedback and Patient Advice and Liaison Service (PALS) contacts</td>
<td>Reviewed Monthly and reported Quarterly, Annually</td>
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<td>Last offices standards of practice</td>
<td>Lead Nurse Bereavement</td>
<td>Bereavement Steering Group, Care Quality Group</td>
<td>An bi-annual audit of last offices practices</td>
<td>Every 2 years</td>
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