Bereavement Services Policy

CATEGORY:	Policy
CLASSIFICATION:	Clinical
PURPOSE	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 in caring for dying or deceased patients and their relatives.
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Controlled Document Lead:	Head of End of Life and Bereavement Care
Will this Controlled Document impact upon any contracts held by the Trust?	☐ Yes[1] ☒ No
Approved By:	Chief Executive
On:	24/07/2019
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Distribution: • **Essential Reading for:** • **Information for:**	Trust Staff caring for dying patients and their families. Trust Staff delivering care after death to patients and bereaved relatives. All Trust Staff

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[1] If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

Contents

1. Policy Statement

1.1 University Hospitals 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 deceased patient's body is released for burial or cremation.

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

1.3 The key objectives of this policy are:

1.3.1 To set out the principles and framework for the Bereavement Policy and its associated procedures.

1.3.2 Once death has occurred, to ensure the Trust complies with its legal responsibilities to issue a Medical Certificate Confirming Cause of Death (MCCD), to carry out post mortem examinations and work with Her Majesty's Coroner's (HMC) Office when there are questions related to the cause of death.

1.3.3 To ensure comprehensive and robust processes around post mortem are in place for issuing of the Medical Certificate, and, if required, referral to HMC for providing 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.

1.3.4 To ensure all staff understand their roles and responsibilities in connection with the Bereavement Policy.

2. Scope

2.1 This policy applies to all areas and activities of the Trust and to all individuals employed by the Trust who provide end of life care for patients and support to their families. 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 (including the Solihull Community Services).

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 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 national and local requirements regarding end of life.

3.3   The Trust's Bereavement Services will support the implementation of this policy through the following arrangements:

3.3.1   Provide support 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   If the circumstances of the death meet the criteria set by HMC to refer, this should occur within one working day following the death.

3.3.3   In the absence of the requirement to make a referral to HMC, the aim is to provide the person leading on funeral arrangements with the Medical Certificate of Cause of Death (MCCD) within three working days of the death thus enabling the death to be registered at the Registrar's Office. Ensure that any rapid release request for burial is dealt with in a timely manner and that the necessary paperwork is completed by the Doctor to enable the release of the deceased patient to occur before 8pm.

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

3.3.5   Support the Medical Examiner's Service to ensure compliance with the legal and procedural requirements associated with the current processes of certification, investigation by HMC and registration of deaths within Birmingham and Solihull.

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

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

3.3.8 Liaise with ward staff/cashier to ensure any property not returned at ward level is delivered to the bereavement office in a timely manner to ensure it is reunited with the deceased patient's family when they come to collect the MCCD. The Patient Property Policy and Procedure should be referred to.

3.3.9 Provide information to relatives in order for them to access appropriate support services including CRUSE Bereavement Care.

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

3.4 Each clinical area will have two End of Life and Bereavement Champions, a Health Care Assistant and a registered practitioner, who will receive appropriate training by attending regular study sessions led by End of Life and Bereavement Clinical Nurse Specialists (CNSs).

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

3.6 The Trust will provide support to staff caring for dying patients and their families in collaboration with the Head of End of Life and Bereavement Care. Staff Support services and the Occupational Health Department are also available for staff who have suffered a personal bereavement via the Staff Health and Well-Being service and self-referral to CRUSE Bereavement Care.

4. Duties

4.1 Chief Nurse

The Chief Nurse will:

4.1.1 Sponsor the Bereavement Services policy and procedural documents;

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

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

4.1.4 Receive assurance of compliance with this policy and the associated procedures, from the Head of End of Life and Bereavement Care.

4.2 Medical Director

The Medical Director will:

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

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

4.3 Divisional Directors, Associate Directors of Nursing and Matrons

Divisional Directors, Associate Directors of Nursing and Matrons will:

4.3.1 Ensure that staff within their Division are aware of and comply with this policy and related procedural documents;

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

4.3.3 Ensure staff who hold line management responsibilities are familiar with this policy and monitor their staff's adherence;

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

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

4.3.6 Ensure that when an incident occurs because Trust policy has not been followed, a Trust Datix form is completed and submitted and escalated to the Head of End of Life and Bereavement Care;

4.3.7 Monitor incidents and liaise with Head of End of Life and Bereavement Care taking action as necessary; and

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

4.4 Head of End of Life and Bereavement Care

The Head of End of Life and Bereavement Care Service will:

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

4.4.2 Manage the End of Life and Bereavement CNSs;

4.4.3 Chair the End of Life and Bereavement Strategy Group;

4.4.4 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 End of Life and Bereavement Strategy Group and Care Quality Group;

4.4.5 Work collaboratively with other organisations to ensure good practice is shared across the region; and

4.4.6 Attend Professional Leads meeting chaired by HMC ensuring, if unable to attend, that a deputy is sent.

4.5 Bereavement Clinical Nurse Specialists (CNSs)

The Bereavement Clinical Nurse Specialists (CNSs) will:

4.5.1 Ensure that notes for deceased patients are available for the Trust's Legal Services Department as requested;

4.5.2 Manage the Bereavement Service;

4.5.3 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;

4.5.4 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 audit compliance with last offices practice. Reporting findings to Care Quality Group and giving individual feedback to clinical areas as appropriate;

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

4.5.6 Ensure that the End of Life and Bereavement Champions are provided with regular updates regarding audits and changes related to end of life and bereavement;

4.5.7 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;

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

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

4.6 **Clinical Site Managers**

Clinical Site Managers will:

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

4.6.2 Ensure that any request for immediate release of the deceased patient for burial is 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 HMC's funeral director.

4.7 **Ward and Department Managers**

Ward and Department Managers will:

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

4.7.2 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;

4.7.3 Ensure the ward/department has a registered and a non-registered End of life and Bereavement Care Champion and sufficient time is granted to attend regular updates and/or study days;

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

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

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

4.8   Mortuary Manager

The Mortuary Manager will:

4.8.1 Provide advice and guidance regarding the care of a deceased patient's body;

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

4.8.3 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;

4.8.4 Provide access to the mortuary for medical staff to enable them to review the deceased patient's body. This will allow for the completion of cremation paperwork to occur;

4.8.5 Facilitate the release of deceased patients and viewings within mortuary opening hours; to arrange for post mortem examinations to occur in a timely manner when requested by HMC or request made via the family of the deceased patient;

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

4.8.7 Ensure active representation of mortuary services at the End of Life and Bereavement Strategy Group.

4.9   Chaplaincy Team

The Chaplaincy Team will:

4.9.1 Attend the End of Life and Bereavement Strategy Group;

4.9.2 Provide support for relatives, staff and patients as required to meet their spiritual, religious and cultural needs; and

4.9.3 Provide appropriate and timely training, advice and guidance in relation to spiritual, religious and cultural issues and on how different faiths deal with death and dying.

4.10 End of Life and Bereavement Champions

End of Life and Bereavement Champions will:

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

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

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

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

4.10.5 Ensure adequate supplies of the Trust Bereavement Service booklet and the deceased patient's property bags are available on the ward/department;

4.10.6 Act as a role model for staff when caring for dying patients and their families. Ensuring that refreshments are offered, open visiting is promoted, that Trust procedures for relatives staying overnight are being adhered to, along with utilising the 'Priorities of Care' window signs and ensuring comfort observations are in place; and

4.10.7 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'.

4.11 All Nursing Staff

All Nursing Staff will:

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; and

4.11.3 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.

4.12   All Medical Examiners (ME)

All Medical Examiners will:

4.12.1 Review the causes of in-hospital deaths prior to issue of the MCCD;

4.12.2 Support junior doctors in completion of MCCD to ensure accuracy of certification and provide medical advice on suspected natural causes of death before they prepare an MCCD and provide general medical advice on referrals to HMC;

4.12.3 Be involved in the preparation and completion of cremation paperwork;

4.12.4 Scrutinise notes and discuss with the responsible medical team to ensure accuracy of documentation in a way that is compliant with the proposed local and national protocols.

4.12.5 Discuss the care of the deceased patient with bereaved relatives explaining the cause of death in a transparent, tactful and sympathetic manner, which respects faith, cultural, ethnicity and diversity.

4.13   All Medical Staff

All Medical Staff will:

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

4.13.2 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;

4.13.3 Discuss the cause of death with an ME and Consultant in charge of the care and agree a cause of death;

4.13.4 Complete the MCCD and ensure the deceased patient is viewed after death in order to complete Cremation part 4 (if applicable) within 1 working day of the death occurring;

4.13.5 Provide referrals to HMC within one working day following the death if the circumstances of the death meet the criteria set by the HMC;

4.13.6 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.

5. Implementation and Monitoring

Implementation

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

5.2 Training and Education will be made available as outlined within the associated procedural documents.

Monitoring

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

6. References

End of Life Care Strategy. Department of Health (2008) Department of Health, London

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)

Transforming end of life care in acute hospitals: The route to success 'how to' guide (2015) NHS England

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

7. Associated Policy and Procedural Documentation

Bereavement Care Procedure

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

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

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

Appendix A   **Monitoring Matrix**

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Breaches of the policy	Head of End of Life & Bereavement Care	End of Life & Bereavement Strategy Group	If the policy is breached an incident form must be generated and appropriate actions completed.	Adhoc
Relative/carer experience	Head of End of Life & Bereavement Care	End of Life & Bereavement Strategy Group	An aggregated report which monitors the implementation of findings from bereavement survey responses, complaints, compliments, and Patient Advice and Liaison Service (PALS) contacts.	Quarterly
Relative/carer experience	Head of End of Life & Bereavement Care	Care Quality Group	An annual review of Bereavement Service, including an update on audits and questionnaire responses. Breaches of the policy are reported as incidents and would be included in this report.	Annual
Last offices standards of practice	Head of End of Life & Bereavement Care	Care Quality Group	A bi-annual audit of last offices practices involving physical review of the deceased and associated documentation.	Every 2 years