## Bereavement Care Services Policy

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<td>CLASSIFICATION:</td>
<td>Clinical</td>
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<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 in caring for dying or deceased patients and their relatives.</td>
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<tr>
<td>Controlled Document Lead:</td>
<td>End of Life &amp; Bereavement Strategic Advisor Corporate Nursing</td>
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<tr>
<td>Approved By:</td>
<td>Chief Executive</td>
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<tr>
<td>On:</td>
<td>26&lt;sup&gt;th&lt;/sup&gt; April 2023</td>
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<td>26&lt;sup&gt;th&lt;/sup&gt; April 2026</td>
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<tr>
<td>Distribution:</td>
<td>Trust Staff caring for dying patients and their families. Trust Staff delivering care to deceased patients and bereaved relatives.</td>
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Version Control

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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 and adhere to the national and regional coronial/legal requirements following the death of a patient. To recognise religious and cultural commitments at the end of life and facilitate these as much as is practicable in conjunction with family, faith leaders and the Trusts Chaplaincy service. The Trust Chaplaincy Service will have a central role in both training and delivering on both religious and cultural needs to provide high quality, empathic individualised care and information for patients at end of life and their relatives.

1.3 The key objectives of this policy are:

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

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

1.3.3 To ensure that all staff know how both to refer and involve the Chaplaincy Service in the delivery of the various religious and cultural needs encountered in situations surrounding death and dying.

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 children and adult 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 to all staff involved in the inpatient care of children and adult patients who die whilst in the care of the Trust. For patients less than 28 days old please refer to UHB Bereavement Pathway for Miscarriage, Stillbirth, Termination of Pregnancy (TOP) and Neonatal Death and Procedure for the care, receipt and release of deceased babies (non-registerable/registerable) and pregnancy remains for bereavement care of miscarriage, stillbirth or neonatal death.
3. **Framework**

3.1 This section describes the broad framework for the Bereavement Care 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 Care 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 Mortuary services to liaise with ward/department staff to facilitate viewings within mortuary working hours. In exceptional circumstances viewings will take place out of hours facilitated by the Clinical Site Team.

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

3.3.4 Through close collaboration with the Trust Chaplaincy Service, ensure that information, guidance and support provided for bereaved relatives reflects individual needs and cultural, religious and spiritual beliefs.

3.4 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. This will include updated contact details for the Trust Chaplaincy Service for both routine and emergency referrals.

3.5 The Trust and the Trust Chaplaincy Service will provide support to staff caring for dying patients and their families in collaboration with the Lead Nurse for End of Life and Bereavement Care.

4. **Duties**

4.1 **Chief Nurse**

The Chief Nurse will:

4.1.1 Sponsor and approve the Bereavement Care Services policy and procedural documents;

4.1.2 Receive reports from Bereavement Care Services via the Care Quality Group;
4.1.3 Be responsible for reporting issues related to End of Life & Bereavement to the Board of Directors; and

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

4.2 **Divisional Senior Management Teams and Matrons**

Divisional Senior Management Teams and Matrons will:

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

4.2.2 Ensure staff are provided with information to enable them to put procedures and guidelines into practice;

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

4.2.4 Ensure that staff who are involved with the release of deceased patients out of hours, following training and information provided by End of Life and Bereavement CNS’s, have access to the appropriate information (available in Clinical Site offices) to enable this to happen safely;

4.2.5 Ensure that staff (Clinical Site Team) involved in facilitating viewings out-of-hours have access to, and PI the procedural document to enable this to happen safely;

4.2.6 Ensure that when an incident occurs, a Trust Datix form is reported in line with Trust Policy for End of Life and Bereavement Care;

4.2.7 Monitor incidents and liaise with Lead Nurse for End of Life and Bereavement Care taking action as necessary; and

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

4.2.9 Ensure effective communication with the Trust Chaplaincy Service on the implementation and improvement of this policy.

4.3 **Lead Nurse End of Life and Bereavement Care Services**

The Lead Nurse End of Life & Bereavement will:

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

4.3.2 Liaise with the Strategic Advisor for End of Life and Bereavement on the strategic vision for End of Life and Bereavement Care;

4.3.3 Manage the End of Life and Bereavement CNSs;
4.3.4 Attend the End of Life and Bereavement Operational Assurance Group;

4.3.5 Attend the End of Life Quality Improvement Programme (QIP) meetings;

4.3.6 Provide quarterly reports for Care Quality Group;

4.3.7 Support the divisions with their review of Trust incidents and complaints made in relation to end of life care and bereavement. Ensuring examples of good practice or required changes in practice are shared throughout the organisation through the QIP Care Quality Group and EOL & Bereavement Operational assurance group;

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

4.3.9 Attend Professional Leads meeting chaired by HM Coroner ensuring, if unable to attend, that a deputy is sent; and

4.3.10 Collaborate with the Trust Chaplaincy Service in insuring that religious and cultural needs are met in an effective and timely manner, especially in out of hours situations.

4.4 Bereavement and End of Life Care Clinical Nurse Specialists (CNSs)

The Bereavement and End of Life Care Clinical Nurse Specialists (CNSs) will:

4.4.1 Manage the Bereavement Care Service;

4.4.2 Ensure information and support is available for the Clinical Site Team to facilitate viewings (in exceptional circumstances) and deceased patient releases outside normal working hours;

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

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

4.4.5 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;

4.4.6 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;
4.4.7 Actively promote good practice within the Trust through robust communication with relevant wards and departments;

4.4.8 Work collaboratively with services internally and externally to the Trust related to the Bereavement Care Service;

4.4.9 Ensure close collaboration with the Trust Chaplaincy Service in the assessment, delivery and monitoring of religious and cultural needs; and

4.4.10 Ensure the Bereavement Officers act as a single point of contact for initial compassionate phone calls and provide ongoing advice for bereaved family and friends. All information will be recorded on the ME/Bereavement databases including: NOK details, deceased’s occupation, funeral director and type of funeral.

4.5 **Clinical Site Managers**

Clinical Site Managers, following the procedure; having been provided with training and information by End of Life and Bereavement CNS’s, will:

4.5.1 In exceptional circumstances, ensure that any requests for viewings of a deceased patient, out-of-hours are facilitated, if appropriate;

4.5.2 Comply with out-of-hours requests to release deceased patients for forensic investigation into the care of HMC’s funeral director; and

4.5.3 Consider a request from family for the rapid release of a deceased patient for burial for religious reasons before formal registration of the death has taken place (as per Rapid Release procedure).

4.6 **Line Managers**

Line Managers 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 Ensure that all staff are aware of, and confident in, their execution of referrals to the Trust Chaplaincy Service;

4.6.4 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;
4.6.5 Ensure that the property and valuables of deceased patients are dealt with in accordance with the Policy for the Handling of Patients’ Cash, Valuables and Property;

4.6.6 Investigate incidents and complaints and contribute to action plans; and

4.6.7 Ensure that the lessons learned from incidents and complaints as well as compliments are fed back and discussed at local 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 and ensure Statutory obligations/ requirements are adhered to and the trust incident reporting policy is used when required; Guidance for professionals | Human Tissue Authority (hta.gov.uk)

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 In conjunction with the Maternity Bereavement Team 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 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;

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

4.8.6 Ensure representation of mortuary services at the regular Bereavement/Mortuary Services meetings.

4.9 Chaplaincy Team

The Chaplaincy Team will:

4.9.1 Provide support for relatives, staff and patients both in and out of hours as required to meet their spiritual, religious and cultural needs; and
4.9.2 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 All Nursing Staff

All Nursing Staff will:

4.10.1 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;

4.10.2 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

4.10.3 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.

4.11 All Medical Staff

All Medical Staff will:

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

4.11.2 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; and

4.11.3 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

Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 (2021)
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) this is an external organisation and the contents may change.


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
Reviewing Inpatient Deaths Policy

InpatientDeathReviewPolicy.pdf (uhb.nhs.uk)
Policy for the Handling of Patients’ Cash, Valuables and property
Procedure for Managing the Death of a Patient with an Infectious Condition
Mortuary procedure - MOR.S004 Procedure for the care, receipt and release of deceased babies (non registerable/registerable)

and pregnancy remains

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

BereavementPathwayForMiscarriageStillbirthTerminationOfPregnancyTOPAn dNeonatalDeath.pdf
care of the baby - UHB bereavement pathway

http://uhbpolicies/assets/BereavementPathwayForMiscarriageStillbirthTerminat
Copies of the mortuary polices below can be obtained by the Quality Lead in Cellular Pathology

MOR.S001 – Receipt and Release of Deceased Patients and Daily Routine in the mortuary
MOR.S003 – HTA Reportable Incidents (HTARIs)
MOR.S004 – UHB Reception and Dignified Holding and Release of Babies, Foetus and Products of Conception
MOR.S005 – UHB Mortuary Viewing Procedure
MOR.S006 – Post Mortem Consent Procedure
## Appendix A

### Monitoring Matrix

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<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
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<th>MONITORING FREQUENCY</th>
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<tr>
<td>Relative/carer experience</td>
<td>Lead Nurse End of Life &amp; Bereavement Care</td>
<td>Care Quality Group</td>
<td>An aggregated report which monitors the implementation of findings from bereavement survey responses, complaints, compliments, and Patient Advice and Liaison Service (PALS) contacts and breaches of the Bereavement policy</td>
<td>Quarterly</td>
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<tr>
<td>Relative/carer experience</td>
<td>Lead Nurse End of Life &amp; Bereavement Care</td>
<td>Care Quality Group</td>
<td>An annual review of Bereavement Service, including an update on audits and questionnaire responses</td>
<td>Annual</td>
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<td>Last offices standards of practice</td>
<td>Lead Nurse End of Life &amp; Bereavement Care</td>
<td>Care Quality Group</td>
<td>Annual audit of last offices practices involving physical review of the deceased and associated documentation.</td>
<td>Annual</td>
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