

# **Dying, Death and bereavement: a re-audit of HSC Trusts' policies, procedures and practices when death occurs**

## **Organisational Audit**

**June - August 2015**

**Supplementary Report produced: 15 March 2016**

# Dying, Death and bereavement: a re-audit of HSC Trusts' policies, procedures and practices when death occurs

## Organisational Audit

In June 2009, the Department of Health, Social Services and Public Safety endorsed 'The Health and Social Care (HSC) Services Strategy for Bereavement Care', the development of which was a recommendation from the audit 'Northern Ireland Dying, Death and Bereavement Policies, Procedures and Practices in Hospital and Hospice Settings'.

The following questions were designed to identify each Trust's progress with implementation of the recommendations from the original audit. One proforma was received from each of the 5 HSC Trusts.

**N = 5**

Trust Name
Northern Health & Social Care Trust (NHSCT)
Southern Health & Social Care Trust (SHSCT)
Belfast Health & Social Care Trust (BHSCT)
Western Health & Social Care Trust (WHSCT)
South Eastern Health & Social Care Trust (SEHSCT)

### 1.0 Does your organisation have a Bereavement Forum?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

Terms of reference and information on HSC Services Strategy for Bereavement Care implementation/action plans were submitted as evidence (see Appendix 1.0 for further details)

## 2.0 Is information on dying, death and bereavement included in corporate induction?

Answer	Number of HSC Trusts
Yes	4 (80%)
No	1 (20%) <i>WHST</i>

Is this delivered via: N=4

Trust	E-learning	Face to face presentation	Information packs/leaflets
NHST	-	-	✓
SHST	-	-	✓
BHST	-	✓	-
SEHST	-	✓	✓
Overall	-	2 (50%)	3 (75%)

## 2.1 Is information on dying, death and bereavement included in profession specific induction programmes?

Yes	Number of HSC Trusts
Nursing/Midwifery	5 (100%)
Doctors	5 (100%)
Allied Health Professions	2 (40%) <i>*No information NHST, BHST, WHST</i>
Other staff	3 (60%) <i>*No information – WHST, SEHST</i>

If Yes, for which professional groups?

Nursing/Midwifery N=5	Yes, via E-learning	Yes, face to face presentation	Yes, via Information packs/leaflets
NHSCT	-	✓	-
SHSCT	-	✓*	✓
BHSCT	-	✓	-
WHSCT	-	✓	✓
SEHSCT	-	✓	✓
<b>Overall</b>	<b>-</b>	<b>5 (100%)</b>	<b>3 (60%)</b>

\*Note – Option to attend death and bereavement awareness session/meet Bereavement Co-ordinator as part of induction/rotational programme.

Doctors N=5	Yes, via E-learning	Yes, face to face presentation	Yes, via Information packs/leaflets
NHSCT	-	✓	-
SHSCT	✓	✓	✓
BHSCT	-	✓	✓
WHSCT	-	-	✓
SEHSCT	-	✓	✓
<b>Overall</b>	<b>1 (20%)</b>	<b>4 (80%)</b>	<b>4 (80%)</b>

Allied Health Professions N=2	Yes, via E-learning	Yes, face to face presentation	Yes, via Information packs/leaflets
SHSCT	-	✓	-
SEHSCT	-	✓	-
Overall	-	2 (100%)	-

Other staff N=3	Yes, via E-learning	Yes, face to face presentation	Yes, via Information packs/leaflets
NHSCT	-	✓	✓
SHSCT	-	✓	-
BHSCT	-	✓	-
Overall	-	3 (100%)	1 (33.3%)

**If Other staff, please specify:**

**NHSCT – Face to face presentation and Via Information packs/leaflets**

- Mental Health Older People’s Services: Information included in induction checklist for multidisciplinary staff referring to relevant information on dying death and bereavement.
- Onsite training and competency assessment is undertaken with all mortuary staff, with specific aspect on communicating with relatives, nursing staff and medical staff. Includes awareness of Trust policies associated with bereavement.
- Induction for porters relating to procedures for transport, storage of bodies and need for dignity when handling remains and need for courtesy when dealing with bereaved relatives.

**SHSCT – Face to face presentation**

- Social Work induction programme for students and new staff includes information on Grief and Loss.
- All Trust staff who care for or come into contact with dying, deceased patients and grieving relatives as part of their role are able to attend a 1 hour information session on safe and sensitive practice delivered by the Trust Bereavement Co-ordinator (TBC), either as part of induction or continuing professional development/update.
- Bespoke sessions tailored to particular disciplines/teams/services on Death and Bereavement – a guide to sensitive practice is available on request eg Intensive Care

Unit, Theatres, Emergency Department/Domiciliary Care Team/Domestic Services Team/Community Children's Nursing Team/District Nurses/Trust Residential Facilities.

- Porters are made aware of the Standard Operating Procedure to follow when transferring bodies to the mortuary.

**BHSCT – Face to face presentation**

- HCA – face to face.
- Mortuary – face to face.
- Contracted funeral director.

**Comment:**

**WHSCT**

Bereavement Care SharePoint site now available for all staff – information to be included in future induction sessions.

**3.0 Please indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in your organisation:**

**Is there Trust guidance on Last Offices?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Trust has adopted Royal Marsden Guidance on Care after Death with Procedure on Personal Care after Death, but no Trust specific document in place. Royal Marsden Document available on Trust Business area and in departments.
SHSCT	Personal care after death – Last Offices. Chapter 8 Patient Comfort and end of life care Royal Marsden Manual of clinical nursing procedures. 9 <sup>th</sup> Ed.
BHSCT	Appendix 8 Care of the body after death in Policy Guidance on actions to be taken after a patient’s death in hospital.
WHSCT	WHSCT Last Offices Policy 2009.
SEHSCT	Last Offices Policy for SET Hospitals SET/PtCtCare (188) 2014.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments/ Teams	Other
NHSCT	-	✓	✓	-
SHSCT	✓	-	-	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	✓	-
<b>Overall</b>	<b>4 (80%)</b>	<b>3 (60%)</b>	<b>3 (60%)</b>	<b>1 (20%)</b>

If Other, please specify: N=1

WHST	Trust Bereavement Care SharePoint Site
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Is there Trust guidance on the identification and transfer of bodies?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

If Yes, please specify:

(i) Document Name: N=5

Trust	Document Name
NHST	Body transfer form in place – Trust guidance notes in place and available on each book.
SHST	Procedure on Transfer of deceased patient to the mortuary. Procedure on arranging the release of a deceased baby/child from hospital wards. Porters – Standard Operating Procedure (SOP) transferring bodies to the mortuary.
BHST	Appendix 8 Care of the body after death in Policy Guidance on actions to be taken after a patient’s death in hospital. Appendix 10 Body Transfer Forms.
WHST	Histopathology User Manual v 1.0 section 4.0, April 2014. Body Transfer Form Guidance notes. WHST Last Office Policy 2009.
SEHST	Last Offices Policy for SET Hospitals SET/PtCtCare (188) 2014 and Policy.

(ii) Where can this be accessed by staff? N=5

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments/ Teams	Other
NHST	-	-	✓	-
SHST	✓	✓	✓	✓
BHST	✓	✓	-	-
WHST	✓	✓	✓	✓
SEHST	✓	-	✓	-
<b>Overall</b>	<b>4 (80%)</b>	<b>3 (60%)</b>	<b>4 (80%)</b>	<b>2 (40%)</b>



**If Other, please specify: N=2**

<b>SHSCT</b>	The document 'Mortuary Manual' is accessed through the laboratory document management system 'Q-pulse'.
<b>WHSCT</b>	Trust Bereavement Care SharePoint Site, Body Transfer Book

**Is there Trust guidance on the storage, viewing and release of bodies?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

**If Yes, please specify:**

**(i) Document Name: N=5**

<b>Trust</b>	<b>Document Name</b>
<b>NHSCT</b>	Guidance in place for Antrim site and local protocols in place for other sites. Antrim Site: CMP-MOR-018 Mortuary Policy (Main Document). CMP-MOR-001 HSC Regional Body Transfer Form 1A. CMP-MOR-002 HSC Regional Body Transfer Form 1B. CMP-MOR-013 Coroner's Authority to Release Body. CMP-MOR-014 Guidance on death, stillbirth and cremation certification. CMP-MOR-019 Mortuary Duties.
<b>SHSCT</b>	Departmental Guidance followed.
<b>BHSCT</b>	Release of Bodies from the mortuary MP408003. Release of Babies from RJMS Quiet Room M1408020. Release of a baby or child from the place of death. Mortuary arrangements for relatives to view a body.
<b>WHSCT</b>	WHSCT Last Offices Policy. Histopathology User Manual v 1.0 section 4.0, April 2014.
<b>SEHSCT</b>	Receiving Deceased into the Mortuary, Clinical Pathology Laboratory, Ulster Hospital. Release of Deceased from Mortuary.

(ii) Where can Trust guidance on the storage, viewing and release of bodies be accessed by staff? N=5

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments/ Teams	Other
NHSCT	-	-	✓	-
SHSCT	-	✓	✓	✓
BHSCT	✓	-	✓	✓
WHSCT	✓	✓	✓	✓
SEHSCT	-	-	✓	-
<b>Overall</b>	<b>2 (40%)</b>	<b>2 (40%)</b>	<b>5 (100%)</b>	<b>3 (60%)</b>

If Other, please specify: N=3

<b>SHSCT</b>	The document 'Mortuary Manual' is accessed through the laboratory document management system 'Q-pulse'. Human Tissue Authority and DHSSPS guidance and codes of practice accessible from their websites.
<b>BHSCT</b>	Intranet/Bereavement, Tissue Path V drive.
<b>WHSCT</b>	Trust Bereavement Care SharePoint Site.

**Is there Trust guidance on the verification of death?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	NHSCT/14/835 'Death Verification Policy' 24 November 2014.
SHSCT	Guidelines for the verification of life extinct and the protocol for actions to be taken following the death of a patient/client (in hospital). Procedure for the verification of death by a registered nurse.
BHSCT	Appendix 1 Verifying life extinct in Policy Guidance on actions to be taken after a patient's death in hospital. Verifying life extinct by community nurses policy in development.
WHSCT	WHSCT Verification of Life Extinct Policy. WHSCT Junior Doctors Handbook.
SEHSCT	Verifying of Life Extinct Policy SET/PTCTCare/Mge (01) 2009.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments/ Teams	Other
NHSCT	✓	✓	-	-
SHSCT	✓	✓	✓	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	✓	-
<b>Overall</b>	<b>5 (100%)</b>	<b>4 (80%)</b>	<b>3 (60%)</b>	<b>1 (20%)</b>

**If Other, please specify: N=1**

WHSCT	Trust Bereavement Care SharePoint Site.
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**Is there Trust guidance on the Issuing of a Medical Certificate of Cause of Death?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	NHSCT/12/492 'Medical Certificate Cause of Death (MCCD) – (Completion of)' Policy reviewed 2015 – finalised and being processed via policy standards and guidelines committee.
SHSCT	The SHSCT Guidelines on verification of life extinct include a guidance on issuing MCCDs which meets the DHSSPS 2008 Guidance on Death, Stillbirth and Cremation Certification.
BHSCT	Appendix 3 Certifying the medical cause of death in Policy Guidance on actions to be taken after a patient's death in hospital.
WHSCT	Guidance on Death, Stillbirth and Cremation Certification, DHSSPS 2008. WHSCT Junior Doctors Handbook.
SEHSCT	Last Offices Policy SET Hospitals SET/PtCtCare (188) 2014.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	-	-
SHSCT	✓	✓	-	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	✓	-
<b>Overall</b>	<b>5 (100%)</b>	<b>4 (80%)</b>	<b>2 (40%)</b>	<b>1 (20%)</b>

If Other, please specify: N=1

<b>WHST</b>	Trust Bereavement Care SharePoint Site.
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Is there Trust guidance on the management of sudden/unexpected death?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

If Yes, please specify:

(i) Document Name: N=5

Trust	Document Name
<b>NHST</b>	Flowchart for staff signposting relevant policies and guidelines – Quick guide to death in Acute setting.
<b>SHST</b>	The SHST Guidelines on verification of life extinct include the considerations that arise as a result of a sudden or unexpected death and actions to be taken in this situation are outlined in the protocol for actions after death flow chart in this document. Suicide: support to families in the aftermath of a sudden death due to apparent suicide is managed through the SD1 process. This is a regional process developed in partnership with the PSNI.
<b>BHST</b>	Appendix 4 Referral to the Coroner in Policy Guidance on actions to be taken after a patient's death in hospital. Appendix 8 Care of the body after death. Appendix 2 Protocol for actions to be taken.
<b>WHST</b>	WHST Last Offices Policy. WHST Incident Reporting Policy (2015). Guidance on Death, Stillbirth and Cremation Certification, DHSSPS 2008.
<b>SEHST</b>	Last Offices Policy for SET Hospitals SET/PtCtCare (188) 2014.

(ii) Where can this be accessed by staff? N=5

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	✓	✓	-
SHSCT	✓	✓	-	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	-	-
Overall	4 (80%)	4 (80%)	2 (40%)	1 (20%)

If Other, please specify: N=1

WHSCT	Trust Bereavement Care SharePoint Site.
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Is there Trust guidance on reporting deaths to the Coroner?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

**If Yes, please specify:**

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Procedure for referring a Patient/Client's Death to the Corner (Adult Hospital Death Only) NHSCT/09/103. Referrals of Hospital Neonatal Deaths to the Coroner NHSCT/10/297.
SHSCT	The procedure for reporting deaths to the Coroner is included in the Guidelines on verification of life extinct and protocol for actions following death of a patient/client to meet the recommendations for practice in the DHSSPS/Coroners Service 2008 Guidance on death, stillbirth and cremation certification.
BHSCT	Appendix 4 Referral to the Coroner in Guidance on actions to be taken ...
WHSCT	Guidance on Death, Stillbirth & Cremation Certification, DHSSPS 2008. WHSCT Incident Reporting Policy (2015). WHSCT Junior Doctors Handbook.
SEHSCT	Last Offices Policy for SET Hospitals SET/PtCtCare (188) 2014.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	-	-
SHSCT	✓	✓	-	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	✓	-
<b>Overall</b>	<b>5 (100%)</b>	<b>4 (80%)</b>	<b>2 (40%)</b>	<b>1 (20%)</b>

**If Other, please specify: N=1**

WHSCT	Trust Bereavement Care SharePoint Site.
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**Is there Trust guidance on preservation of evidence in forensic cases?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Coroner's Cases Securing and Preserving Evidence NHSCT/10/31
SHSCT	Information on the preservation of evidence is contained in the document 'Mortuary Manual', accessed through the laboratory document management system 'Q-pulse'. Page 30. For Sudden and Unexpected Deaths in Infancy (SUDI) staff follow regional protocol.
BHSCT	Memorandum of Understanding and Evidential Procedures Policy.
WHSCT	WHSCT Incident Reporting Policy (2015).
SEHSCT	Policy for Handling of Forensic Items SET/PtCtCare/Mge (10) 2009.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	-	-
SHSCT	-	✓	✓	✓
BHSCT	✓	-	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>4 (80%)</b>	<b>3 (60%)</b>	<b>2 (40%)</b>	<b>2 (40%)</b>

**If Other, please specify: N=2**

SHSCT	Information available from Paediatric Pathology in Belfast Trust re SUID protocol as required.
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WHST	Other - Not specified.
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Is there Trust guidance on seeking and obtaining consent for hospital/consented post mortem examination?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

If Yes, please specify:

(i) Document Name: N=5

Trust	Document Name
NHST	Consent for Hospital Post Mortem Examination NHST/12/623.
SHST	Consent for Hospital Post Mortem – HSC Regional Policy.
BHST	Consent for Hospital Post Mortem Examination, Regional Policy.
WHST	HSC Consent for Hospital Post Mortem Examination, Regional Policy (2014). Human Tissue Authority Code of Practice 1: Consent.
SEHST	HSC Consent for Hospital Post Mortem Examination, Regional Policy SET/PtCtCare (115) 2012.

(ii) Where can this be accessed by staff? N=5

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHST	✓	✓	-	-
SHST	✓	✓	-	✓
BHST	✓	✓	-	-
WHST	✓	✓	✓	✓
SEHST	✓	-	-	-
Overall	5 (100%)	4 (80%)	1 (20%)	2 (40%)

If Other, please specify: N=2

SHST	DHSSPS website – post-mortem examination section.
WHST	Trust Bereavement Care SharePoint Site.

**Is there Trust guidance on organ donation?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Organ Donation after Brain Stem Death NHSCT/12/629. Organ Donation after Circulatory Death NHSCT/12/628. Corneal Donation referral protocol (information on heart valve donation is also included) NHSCT/12/626.
SHSCT	Policy for organ donation and tissue donation after death. Staff/public information leaflet on organ and tissue donation.
BHSCT	Organ donation from donors following circulatory death. Organ donation from heart beating donors.
WHSCT	WHSCT Organ Donation after Brain Death. WHSCT Organ Donation after Circulatory Death.
SEHSCT	Organ and Tissue Donation Policy SET/PtCtCare (86) 2011.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	-	-
SHSCT	✓	✓	✓	-
BHSCT	✓	-	-	-
WHSCT	✓	✓	✓	-
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>5 (100%)</b>	<b>3 (60%)</b>	<b>2 (40%)</b>	<b>-</b>

**Comment:**

**BHSCT - Intranet/Organ Donation.**

**Is there Trust guidance on Chaplaincy/Spiritual Care?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	NHSCT have adopted the NIHCA Code of Conduct for Health Care Chaplains' 2011.
SHSCT	Spiritual Care Policy. Pastoral care leaflet for patients and staff outlining chaplaincy services.
BHSCT	Spiritual Care.
WHSCT	Chaplaincy Department Information Leaflet.
SEHSCT	Spiritual Care Policy.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	-	✓	-
SHSCT	✓	✓	-	✓
BHSCT	✓	-	-	-
WHSCT	-	✓	✓	-
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>3 (60%)</b>	<b>2 (40%)</b>	<b>2 (40%)</b>	<b>1 (20%)</b>

**If Other, please specify: N=1**

SHSCT	Chaplaincy services information on Trust website.
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**Comment:**

**BHSCT - Intranet/Spiritual Care.**

**Is there Trust guidance on Bereavement Care?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Trust bereavement checklist available for staff, with specific checklist in maternity and paediatric specialties.
SHSCT	Policy on the management of the death of a patient or client Appendix 1 – Guidance for Health and Social Care Staff Caring for Dying and Deceased Patient/Clients and Bereaved Relatives.
BHSCT	Bereavement Care.
WHSCT	Trust Bereavement Booklet. ESHCT Bereavement Care Information and Support Directory. Grief and Bereavement – an Overview for Trust Staff. WHSCT Bereavement Care SharePoint Directory.
SEHSCT	Policy on Management of Bereavement SET/PtCtCare (149) 2013.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	-	✓	-
SHSCT	✓	-	-	-
BHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>4 (80%)</b>	<b>2 (40%)</b>	<b>2 (40%)</b>	<b>1 (20%)</b>

**If Other, please specify: N=1**

<b>WHST</b>	Trust Bereavement Care SharePoint Site. WHSCT Ward Bereavement Resource Packs.
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**Comment:**

**SEHST**

Bereavement Box in all ward areas and Loss Pathways give guidance on bereavement care following miscarriage, stillbirth, neonatal death and the death of a child.

**Is there Trust guidance on 'do not attempt cardio pulmonary resuscitation?'**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

*If Yes, please specify:*

**(i) Document Name: N=5**

<b>Trust</b>	<b>Document Name</b>
<b>NHST</b>	Resuscitation – Do not attempt Cardiopulmonary Resuscitation (DNACPR) policy NHST/12/562
<b>SHST</b>	Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) procedure for adults (Acute Services).
<b>BHST</b>	DNACPR Decisions relating to cardiopulmonary resuscitation in adults.
<b>WHST</b>	WHST Resuscitation Policy.
<b>SEHST</b>	Resuscitation Policy SET/PtCtCare (148) 2013. Policy on Do No Attempt Cardiopulmonary Resuscitation SET/PtCtCare (208) 2015.

(ii) Where can this be accessed by staff? N=5

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	-	-
SHSCT	✓	-	-	-
BHSCT	✓	-	-	-
WHSCT	✓	✓	✓	-
SEHSCT	✓	-	-	-
Overall	5 (100%)	2 (40%)	1 (20%)	-

Is there Trust guidance on advanced care planning for adults?

Answer	Number of HSC Trusts
Yes	4 (80%)
No	1 (20%) <i>WHSCT</i>

*If Yes, please specify:*

(i) Document Name: N=4

Trust	Document Name
NHSCT	NHSCT Advanced Care Planning Guidance.
SHSCT	Guidelines for Advance Care Planning. Critical Care Network NI – Guidelines for End of Life Care in Critical Care Units.
BHSCT	A record of my wishes. Guidelines to support a record of my wishes. Your life and your choices.
SEHSCT	Policy for Advance Care Planning SET/PtCtCare (159) 2014.

(ii) Where can this be accessed by staff? N=4

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	-	-	✓
SHSCT	✓	-	-	-
BHSCT	✓	-	-	-
SEHSCT	✓	-	-	-
Overall	3 (75%)	-	-	1 (25%)

If Other, please specify: N=1

NHSCT	In final draft – submitted to Policy Standards and Guidelines Committee and will be on Policy library once final approval received.
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Comment:

**BHSCT** - Intranet/Palliative and end of life care

Is there Trust guidance on advanced care planning for children?

Answer	Number of HSC Trusts
Yes	3 (60%)
No	2 (40%) <i>BHSCT + SEHSCT</i>

If Yes, please specify:

(i) Document Name: N=3

Trust	Document Name
NHSCT	NHSCT Advanced Care Plan for Children – draft 2015.
SHSCT	A Palliative Perinatal Care Pathway for infants diagnosed with lethal anomalies in the antenatal period. Care planning for children with life limiting conditions and nearing the end to life: the child's condition dictates what and how needs are met. Most of these children will be seen by specialist staff in the Royal Hospital for Sick Children in Belfast and staff from the relevant acute or community teams in this Trust attend multi-professional meetings where parents are included to discuss plans for care tailored to the specific needs of that child and family. Discharge policy for children with complex healthcare needs.
WHSCT	Guidance for managing issues around the end of life care of children and young people for health care professionals working in the community setting WHSCT.

(ii) Where can this be accessed by staff? N=3

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	-	✓	-
SHSCT	✓	✓	-	-
WHSCT	✓	✓	✓	-
Overall	2 (66.7%)	2 (66.7%)	2 (66.7%)	-

Is there Trust guidance on breaking bad news?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-



*If Yes, please specify:*

**(i) Document Name: N=5**

Trust	Document Name
NHSCT	Breaking bad news ... regional Guidelines 2003 DHSSPS
SHSCT	Trust Guideline on Breaking of Bad News and Communicating Difficult Breaking Bad News in Apparent Suicide.
BHSCT	Breaking Bad News DHSSPS guidance.
WHSCT	Breaking Bad News DHSSPS 2003. WHSCT Junior Doctors Handbook.
SEHSCT	Breaking Bad News Policy SET/PtCtCare (219) 2015.

**(ii) Where can this be accessed by staff? N=5**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	-	✓	✓	-
SHSCT	✓	✓	-	-
BHSCT	✓	-	-	-
WHSCT	✓	✓	✓	✓
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>4 (80%)</b>	<b>3 (60%)</b>	<b>2 (40%)</b>	<b>1 (20%)</b>

**If Other, please specify: N=1**

WHSCT	Trust Bereavement Care SharePoint Site.
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**3.1 Does your organisation have an overarching policy or statement on care of the dying patient?**

Answer	Number of HSC Trusts
Yes	4 (80%)
No	1 (20%) <i>WHSCT</i>

*If Yes, please specify:*

**(i) Document Name: N=4**

Trust	Document Name
NHSCT	NHSCT 'Key issues to consider when developing individualised care plans for adult patients at the end of life' January 2014 – available on business area. NHSCT/10/270 'End of life care for all critical care patients' 2010 – available on policy library. NHSCT 'Palliative and end of life care, operational system. Guidance for staff' – in draft 2015 will be available on policy library.
SHSCT	Care of the dying patient; guidance on personalised care planning.
BHSCT	Guidance for symptom management at end of life. Principles of end of life care.
SEHSCT	Symptom Management Guidance for End of Life Care Updated Dec 2013.

**(ii) Where can this be accessed by staff? N=4**

Trust	Trust Intranet/ Policy Library	Trust Intranet/ Business Areas	Within Departments	Other
NHSCT	✓	✓	✓	-
SHSCT	✓	✓	-	-
BHSCT	-	-	-	✓
SEHSCT	✓	-	-	-
<b>Overall</b>	<b>3 (75%)</b>	<b>2 (50%)</b>	<b>1 (25%)</b>	<b>1 (25%)</b>

**If Other, please specify: N=1**

BHSCT	BHSCT Hospital Supportive and Specialist Palliative Care Team Intranet Site.
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**4.0 Does your organisation have a process for:  
Informing other professionals or agencies of a death?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

**Transferring all required information with the body of the deceased to the mortuary or family funeral director?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

**5.0 Is training in seeking consent for hospital/consented post mortem examination available to healthcare professionals who obtain consent?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

**6.0 Within the Trust, are systems in place to support Health and Social Care staff in relation to care of the dying or deceased patients and bereaved relatives?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

**Please tick all that apply: N=5**

Trust	Confidential counselling service	Occupational Health Support	Team based supervision	Bereavement Co-ordinator	Debriefing	Peer Support	Other
NHSCT	✓	✓	✓	✓	✓	✓	-
SHSCT	✓	✓	✓	✓	✓	✓	✓
BHSCT	✓	✓	✓	✓	✓	✓	✓
WHSCT	✓	✓	✓	✓	✓	✓	✓
SEHSCT	✓	✓	✓	✓	✓	✓	-
<b>Overall</b>	<b>5 (100%)</b>	<b>5 (100%)</b>	<b>5 (100%)</b>	<b>5 (100%)</b>	<b>5 (100%)</b>	<b>5 100%</b>	<b>3 (60%)</b>

**If Other, please specify: N=3**

<b>SHSCT</b>	<p>Trust chaplains work with staff to provide 1:1 pastoral support as required, support for teams e.g. on the event of the death of a member of staff and in arranging special services of remembrance.</p> <p>The Bereavement Forum produced guidance in 2014 for staff. "Taking Care of U" recognised the impact that caring around the time of death and bereavement can have on staff and provide information on self care and emotional defusing strategies etc.</p> <p>Promoting Wellbeing Team has created a resource for managers/trust staff on supporting colleagues returning to work following personal loss/traumatic bereavement.</p>
<b>BHSCT</b>	Here4U activities. Remembrance Services.
<b>WHSCT</b>	Resilience and self care for staff input to Bereavement and Palliative Care training sessions. Final Journeys' end of life training available to all staff groups – positive evaluation in terms of increasing staff confidence and competence in caring for patients and relatives at end of life.

**7.0 Are training opportunities in place for staff in relation to care of the dying or deceased patients and bereaved relatives?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

See Appendix 2.0 for further details regarding all training opportunities in place for staff in relation to care of the dying or deceased patients and bereaved relatives including in-house training and training commissioned from other organizations such as CEC and educational institutions

**8.0 Are Governance systems/arrangements in place to actively seek feedback from relatives on care provided to dying or deceased patients and bereaved families either on an ongoing basis or as part of a pilot or individual project?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

***If Yes, please detail these:***

**NHSCT**

- The Trust Complaints and User Feedback Policy is in place which facilitates patients, carers, service users and the public to provide feedback on care received.
- The ‘Your Views Matter’ leaflet is displayed in service areas and encourages feedback, compliments, complaints and suggestions. Feedback can be facilitated via post, phone or email.
- The Trust service user feedback leaflet is available on Trust website and bereaved relatives could email feedback directly through the website.
- The 10,000 Voices project gives patients, families and carers the opportunity to share their experience and highlight important issues. This has resulted in feedback from bereaved relatives being shared with the bereavement coordinator and subsequent learning shared via training opportunities. Chaplains receive specific feedback from the 10,000 Voices project on their service.
- Trust Bereavement Booklet contains a feedback survey relating to experience of care at the end of life, for bereaved relatives to complete and return.
- NHSBT have a system in place (audited internally by NHSCT) to offer all donor families the opportunity to provide feedback via questionnaire 6 months after donation. The responses are feedback from SNOD team 6 monthly.
- ‘Patient Care Survey – inpatient MacMillan unit – tell us your views on our services’. This is an annual survey within the MacMillan unit and plans are being developed to roll it out to other service areas.
- On Antrim site all bereaved parents whose baby dies within the maternity service are asked for feedback on the service they received via a questionnaire which has been designed by midwives in delivery suite and which the parents can return by post.
- When a child dies within the paediatric service, bereaved families attend an appointment with the relevant consultant 6 weeks after the death for a debriefing meeting.
- Feedback was sought from relatives, on care provided in the MacMillan Unit in 2014, using the ECHO-D audit tool from the Marie Curie Palliative Institute Liverpool. This has occurred on 2 different occasions.

- A Palliative Care PPI forum has been in place for the last 2 years – feedback has been obtained from this group in relation to care of their relatives at end of life and into bereavement.
- A project is being commenced in the MacMillan unit to participate in the Famcare survey run by the Association of Palliative medicine. This is a service evaluation of bereaved relatives' satisfaction with end of life care.
- A patient survey has been carried out through ward managers on chaplaincy services – this would include patients with palliative and end of life care needs.
- Feedback is sought from relatives when there has been a serious adverse incident or significant event audit.

#### **SHSCT**

- We Value your Views – is the Trust's pro-active system for seeking information from service users wishing to make compliments, comments or complaints.
- Individual projects have worked with relatives to inform care, practice and resources e.g. a governance project involving women who experienced miscarriage led to a study day being commissioned for staff who care for women at this time and an information booklet for relatives.
- Palliative Care Experience Group – provides a forum for service users to feed back on their experiences of palliative care services and be actively involved/contribute to palliative care service improvement.

#### **BHSCT**

- Vascular project where TBC contacts all bereaved families, Trust bereavement booklet invites comment, various service groups send cards and contact details.

#### **WHSCT**

- Request for feedback on experiences of care included on Trust Internet Bereavement Page and in Trust Bereavement Booklet. Feedback actively sought as part of existing complaints procedure. The 'Involving You' section of the Trust Internet includes a complaints, comments and compliments section which actively seeks feedback.

#### **SEHSCT**

- Pilot Project commenced June 2015 to ascertain the views of relatives re care, before, at the time of and following death.

### **8.1 Are Governance systems/arrangements in place to actively seek feedback from staff on care provided to dying or deceased patients and bereaved families either on an ongoing basis or as part of a pilot or individual project?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>5 (100%)</b>
<b>No</b>	<b>-</b>

***If Yes, please detail these:***

**NHSCT**

- Staff have opportunities via supervision systems to feed back on care provided.
- Feedback is received via team meetings e.g. community weekly caseload meetings provide the opportunity to discuss areas of concern or support.
- Palliative care meetings take place between Community Nursing, GPs and Hospice Nurses.
- All medical and nursing staff involved with an organ donor are given an opportunity to feed back via a questionnaire.
- A staff survey has been completed as an individual team project within the MacMillan Unit in September 2012. Care setting in which staff work is palliative and end of life care.
- Survey completed on teamwork within the Specialist Palliative Care Team in 2015.
- Bereavement debriefs are provided for staff teams when a child dies and feedback on care is received.
- Bereavement Debriefs are arranged within maternity services following the death of a baby on occasions when staff have expressed that they have found situations to be particularly difficult.

**SHSCT**

- Trust staff can use the incident reporting system (DATIX) to log concerns in relation to care.
- A recent project to provide staff with guidance following DHSSPS advice to no longer use the Liverpool Care Pathway involved staff from a range of disciplines and teams to feedback on their experience and inform the guidance document – this is an ongoing project.
- Management and staff are actively encouraged to facilitate informal and/or formal defusing/debriefing opportunities with colleagues as the need arises.
- Morbidity and Mortality meetings are held monthly where cases are reviewed and learning shared. The Trust Bereavement Forum provides a platform for members to feedback on the experience of their profession/services and they facilitate various initiatives and projects to meet the standards for bereavement care.

**BHSCT**

- Debrief, mortality/morbidity review process.

**WHSCT**

- Issues and concerns are identified via staff supervision and team meetings; Trust Bereavement Coordinator responds to various requests for staff debrief after particularly difficult deaths, where staff feedback is sought.

**SEHSCT**

- The Trust Bereavement forum provides a platform to gain feedback from staff. In addition Supervision and training courses are also ways by which feedback is gained.

## **9.0 Describe any processes that are in place to ensure there is learning from complaints made by bereaved relatives/families:**

### **NHSCT**

- The Trust Complaints and User Feedback Policy is in place, within the policy there is a shared learning model proforma, which assists in capturing learning from the complaint if there is Directorate or cross Directorate learning this information is shared via the Safety Alert Broadcast system so that everyone can access learning.
- Complaints reports are shared at Senior Executive level and Directorate level.
- At each meeting of Trust Board, an account of patient/client experience is included. These accounts recount positive experiences as well as stories where a poor experience affected service users.
- Complaints involving nursing care are shared with the Executive Nursing Team and learning shared as appropriate.
- All complaints relating to bereavement care are shared with Trust Bereavement Coordinator by complaints department. These are anonymised, shared at Bereavement Forum and used at training sessions to share learning.

### **SHSCT**

- The Trust publishes a “Learning Lessons” newsletter which focuses on learning and useful information from complaints, user views, incidents and serious adverse incidents.
- Learning from compliments and complaints related to care provided to dying, deceased and bereaved relatives is shared with relevant teams and services at patient safety briefings with Ward Managers and more serious issues raised at Morbidity and Mortality meetings and is an ongoing initiative.
- Where appropriate actions triggered by learning arising from complaints/SAls are addressed by the relevant personnel.

### **BHSCT**

- Complaints Review Group.
- Learning from Experience Group.
- Dissemination of Information to staff teams involved.
- Community – Governance Fora.

### **WHSCT**

- All complaints to the Trust are copied to the Bereavement Coordinator on a weekly basis to ensure that she is aware of any with a bereavement issue. The TBC also offers support to bereaved families, as requested, who are going through the complaints or SAI process and any learning/recommendations are fed back to staff.
- A learning template has been developed by the Complaints Department for all complaints so that information can be easily shared. The SAI process within the Trust ensures that learning is also widely shared. The Trust ‘Share to Learn’ newsletter is made available to all staff and highlights learning from complaints and incidents.
- A ‘Weekly Safety Lesson’ is made available on the home page of the Trust Intranet and an archive of these lessons is also available within the link.



## SEHSCT

- The complaints process provides the opportunity for relatives to meet and discuss particular issues associated with EoL and BC.
- In circumstances when changes to practice or policy are required an Action Plan will be developed which will be monitored to ensure that actions have been completed. In addition the Trust has a Lessons Learnt group which provides a forum for sharing learning from complaints. Other forums such as Lunch and Learn and the Bereavement Forum also provide a platform for learning from complaints.

### 10.0 Does the Trust have written information available for bereaved relatives/families?

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

<i>If Yes, which of the following are available: N=5</i>	NHSCT	SHSCT	BHSCT	WHSCT	SEHSCT	Overall
Trust Bereavement Booklet	✓	✓	✓	✓	✓	5 (100%)
Information Booklet for parents on the death of a child	✓	✓	✓	-	✓	4 (80%)
Information Booklet for parents who suffer a stillbirth or neonatal death	✓	✓	✓	-	✓	4 (80%)
Information Booklet for parents who suffer a miscarriage	✓	✓	✓	✓	✓	5 (100%)
Information for families bereaved through suicide	✓	✓	✓	✓	✓	5 (100%)
When someone close to you dies, a guide for talking with and supporting children	✓	✓	✓	✓	✓	5 (100%)
Dealing with Sudden Death: Common grief reactions	✓	✓	✓	✓	✓	5 (100%)

<b><i>If Yes, which of the following are available: N=5</i></b>	<b>NHSCT</b>	<b>SHSCT</b>	<b>BHSCT</b>	<b>WHSCT</b>	<b>SEHSCT</b>	<b>Overall</b>
<b>Hospital post mortem examination of a child or adult – information for parents/relatives</b>	✓	✓	✓	✓	✓	<b>5 (100%)</b>
<b>Hospital post mortem examination of a baby – information for parents</b>	✓	✓	✓	✓	✓	<b>5 (100%)</b>
<b>Information relating to the Corner’s Service</b>	✓	✓	✓	✓	✓	<b>5 (100%)</b>
<b>Other resources available</b>	-	✓	✓	✓	✓	<b>4 (80%)</b>

***Please detail any other resources available within your Trust: N=4***

**SHSCT**

- There is a Bereavement Information page on the Trust website which provides access to written resources useful to grieving people and those supporting them. The webpage also has a contact list of bereavement support services in the area.
- Neonatal/Special Care Baby Unit: “Making Critical Decisions for your Baby” a booklet for parents produced by Bliss.

**BHSCT**

- CRUSE, Macmillan, Barnardos, SANDS and other organizations resources.

**WHSCT**

- A WHSCT Bereavement Care and Support Directory is available on the Trust Internet Bereavement page and on the Trust Intranet Bereavement Care SharePoint site – this has the advantage of being easily updated and can be printed out in booklet form as needed by staff or by bereaved people.
- All of the bereavement care information is available on the Trust Bereavement Care Internet site for downloading.
- The Coroner’s and Hospital PM Examination booklets are all available on the Bereavement Care SharePoint site and the Baby PM Information Booklet for parents is also available to print out from SharePoint site, in ten languages.

**SEHSCT**

- The Trust internet page has a Bereavement Care link for members of the public who have experienced a recent bereavement.
- The Trust has also an intranet link for staff which contains information including electronic versions of the above documents.

**10.1 Does the Trust audit the provision of the Trust Bereavement booklet to relatives?**

Answer	Number of HSC Trusts
Yes	3 (60%)
No	2 (40%) <i>SHSCT + WHSCT</i>

***If Yes, how is this done? N=3***

**NHSCT**

- A pilot project has been undertaken in the Trust during 2014, where provision of the bereavement booklet was a measure included in a small bundle of quality measures relating to end of life and bereavement care. The measures were used to carry out bimonthly audits on charts of patients who had died in Antrim or Causeway Hospitals. Plans are being put in place to expand this to audit specific wards and monitor real time improvement.

**BHSCT**

- Not everywhere but when families are contacted they are asked if they receive a booklet, and booklets are restocked by TBC as requested.

**SEHSCT**

- Trust Bereavement Booklets are centrally stored by the TBC, requests for additional books are made via their office. The numbers of books and to which area is centrally collated to monitor activity and match areas' mortality rates with the number of books ordered.

**Additional Comment (Trust answered 'No'):**

**SHSCT**

- No formal audit of the issue of the Trust Bereavement Booklets has been undertaken as yet. However its review is initiated by the Bereavement Forum and service user/stakeholder feedback on its content sought. An initial evaluation of staff views on the booklet was carried out when first produced in 2008/2009.

**11.0 Since 2009, within the Trust have there been any:**

**New Buildings for Inpatient Services (including Emergency Departments)?**

Answer	Number of HSC Trusts
Yes	5 (100%)
No	-

***If Yes, how was the need to promote privacy and dignity for dying patients and bereaved families addressed?***

**NHSCT**

- Since 2009, within the Trust there have been several new buildings; - MacMillan Unit which opened in June 2011 has 12 single rooms with en-suite facilities and provides a

wide range of specialist Palliative Care. The unit provides a homely therapeutic environment, providing social space and support accommodation. There are also the pull down beds which enables relatives to stay overnight in the room with their loved one if they wish. There is also a quiet room where patients and their family can reflect. Ward C7 opened in April 2013; it is a 24 bedded ward. It is the first ward within the Antrim Area Hospital that has 100% single rooms, each with its own en-suite facilities. The single rooms ensure the patient's privacy and dignity as well as auditory and visual privacy especially when receiving medical and auditory attention. There is also an interview room at the entrance to Ward C7 away from the clinical area. This room can be used for breaking bad news. The new Emergency Department was opened in June 2013; all treatment rooms are single rooms except for Resus area and the recliner/trolley area in the Clinical Decision area. The environment in the new Emergency Department ensures the protection of patient's privacy and maintenance of their dignity. There is also a relative's room which is located along the Administration corridor which also can be used for breaking bad news. The new facility has a body viewing room, where relatives can spend some time with their deceased rather than going to the mortuary.

**SHSCT**

- New building 2009. In 2009 the Bluestone Unit provided 2 new built 10 bed units. All rooms provide single en-suite accommodation which lends itself to privacy and dignity for mental health and learning disability patients. A relative's room has also been provided.

**BHSCT**

- Family rooms and single rooms for patients are included.

**WHSCT**

- The South West Acute Hospital in Enniskillen provides single ensuite rooms for all patients and the ED contains a relatives' room to promote the privacy of bereaved families.

**SEHSCT**

- Critical Care Building opened December 2010, which includes 16 bed Intensive Care Unit. The Trusts new acute treatment inpatient block, due to be opened in 2016 will have 100% single room occupancy. In addition rooms have been designed specifically for significant consultations and privacy for families at times of bereavement.

**11.0 Since 2009, within the Trust have there been any:**

**Refurbishment of Existing Buildings for Inpatient Services (including Emergency Departments)?**

<b>Answer</b>	<b>Number of HSC Trusts</b>
<b>Yes</b>	<b>3 (60%)</b>
<b>No</b>	<b>2 (40%) NHST + BHSCT</b>

***If Yes, how was the need to promote privacy and dignity for dying patients and bereaved families addressed? N=3***

**SHSCT**

- Daisy Hill Hospital 2010/11 – A project to relocate Maternity/Gynaecology Outpatients to the first floor in Daisy Hill Hospital, adjacent to the Maternity Ward included provision of a Quiet Room. The room is intended to provide an area of privacy for parents/families of deceased infants. Furniture was funded by SANDS (Stillborn and Neonatal Death Charity).
- Craigavon Area Hospital 2011/14 – A project commenced in January 2011 to Refurbish Theatres 1 – 4 at Craigavon Area Hospital. Works included the provision of a 22 bed Recovery Ward (which included 3 segregation rooms). The segregation room can be used for ill patients following surgery and a waiting room was also provided adjacent to the recovery ward for family members.
- A newly built Trauma and Orthopaedic Unit was commissioned in May 2010. Part of this project included provision of a Quiet Room. The accommodation is available for all staff within the theatre environment and provides an area for private discussions/breaking bad news to relatives and families and used as a waiting room for relatives/families of seriously ill patients where light refreshments can be provided. Furniture, lighting and colour scheme in the accommodation were carefully chosen bearing in mind the sensitivity of intended use of the room.
- Craigavon Area Hospital 2014 – ongoing. Maternity Services project supported by SANDS ongoing to create a Bereavement Suite in the Delivery Ward.

**WHSCT**

- Refurbishment of ED in Altnagelvin Hospital which has provided a more patient and relative friendly waiting area.
- Plans are currently being drawn up to refurbish and create a bereavement suite within the antenatal ward in Altnagelvin Hospital which would create adjoining rooms for the bereaved parents and their baby along with a room for family to visit. This will also incorporate access to a small kitchen.

**SEHSCT**

- Development of a purpose built bereavement suite in labour ward for the care of bereaved parents and their family. This facility includes en-suite labour room facilities, a family room and facilities for families see and hold the baby who has died.
- The Neonatal unit has family rooms.
- The children's ward has developed a new quiet room for parents.
- Emergency Department refurbished 2009 which included a dedicated family room.

**11.1 How does the Trust facilitate viewing of the remains of deceased patients by families?**

*See Appendix 3.0 for details on how Trusts facilitate viewing of the remains of deceased patients by families*

## **12.0 Are there any further comments that you would like to make in relation to dying, death and bereavement?**

*2 of 5 (20%) Trusts added further comments*

### **SHSCT**

- The introduction of the Strategy and Standards for Bereavement Care in 2009 has provided the Trust with a framework under which many improvements have been made. The Bereavement Forum in particular has supported individual teams and services to develop sensitive, safe and effective policy and procedures and have also undertaken initiatives that support the practice of many HSC staff and enhanced the experience of bereaved people.

### **BHSCT**

- Bereavement cards are going to be sent out to all families rather than from just a few wards.
- The use of a waterlily symbol to alert staff that a death has occurred is being introduced in all areas over the summer.
- All community and hospital areas have been provided with a purple bereavement box.
- Woven return of property bags have been introduced to all areas.
- Now have 3 annual remembrance services.
- Introducing 'taking care of you booklet' for staff who support the dying and bereavement process.
- Have recently secured ongoing funding for bereavement resources.
- 11 staff have been trained as trainers to facilitate roll out of Final Journeys.

# Appendices

## **Appendix 1.0 Bereavement Forum information**

### **Terms of reference, membership, frequency of meetings – information on action plans were submitted as evidence**

#### **NHSCT**

Terms of reference contain: constitution/purpose, objectives, proposed membership, members' responsibilities, frequency of meetings and quorum and reporting arrangements. No date on terms of reference when agreed or last reviewed or version number

NHSC Services Strategy for Bereavement Care Implementation plan and quarterly reporting framework in place which is themed to prioritise the main issues, dated June 2015. Section Headings include: education and training, policies, resources, communication and support for families and staff, facilities and new buildings and user involvement and interagency working. Implementation plan length - 23 pages. The implementation plan is detailed by standard/criteria, actions, Accountable Officer, Timeframe, Progress and Key. The key is used to indicate progress against actions – achieving or on profile, near achieving or not likely to achieve or significantly off profile

#### **SHSCT**

Terms of reference contain: constitution, purpose, proposed membership, members' responsibilities, frequency of meetings and quorum, reporting arrangements and review of terms of reference. Terms of reference are dated June 2013 v2 (and state intention to review in June 2015).

HSC Strategy for Bereavement Care Implementation plan and action plan 1 April 2012 – 31 March 2013 (after this date a smaller action plan was used (see below) to record the activity of the forum). Implementation plan length – 15 pages. Section Headings include: Standards 1 – 6. The implementation plan is detailed by assessment criteria, action required to meet criteria/ensure compliance with the standard, Lead Responsible, Progress and Comments/Variance. The key used to indicate progress – action not commenced, action commenced and action achieved

Trust Bereavement Forum Report on actions contributing to the overall implementation of the HSC Services Strategy for Bereavement Care (2009) April 2014 – March 2015. 2015/16 Action Plan yet to be approved at time of information submission (August 2015) due to cancellation of the last Bereavement Forum meeting. Content based on the 6 standards detailed within the Regional Strategy – raising awareness, promoting safe and effective care, communication information and resources, creating a supportive experience, knowledge



and skills and working together. Section Headings are the Standards. Forum report length – 6 pages. The Forum Report is detailed by project outline, update on progress and actions/outcomes

## **BHSCT**

Terms of reference contain: purpose, membership, duties, authority, meetings, reporting and review. No date on terms of reference when agreed or last reviewed or version number although the terms of reference state that review will occur annually

BHSCT Bereavement Forum Action Plan Priorities for 2013/14 in place. Action plan length – 4 pages. Section headings detail the 6 regional standards. The action plan is detailed by required action, timescales, persons/group responsible and update/variances. Intention to review 2015/16 and priorities will be informed by audit findings

## **WHSCT**

Terms of reference contain: constitution/purpose, objectives, proposed membership, members' responsibilities, frequency of meetings and quorum and reporting arrangements. Terms of reference were approved on 11/12/12. No mention of review or version number

1 page WHSCT Trust Bereavement Forum Action Plan dated July 2015. Under each of the 6 Standards a series of bullet point detailing 19 actions are listed. 3 actions detail completion dates

## **SEHSCT**

Terms of reference contain: constitution/purpose, objectives, proposed membership, members' responsibilities, frequency of meetings and quorum and reporting arrangements. Terms of reference dated – May 2011

SEHSCT Bereavement Forum Action Plan dated 2015 – 2016. Each of the 6 Standards are included as section headings. The action plan is detailed by required action, quarters throughout the year, timescales, persons responsible and update/variances. The key used to indicate progress – action not planned to commence, serious risk of non-achievement, on track and completed. Action plan length – 6 pages

**Appendix 2.0 – Information regarding all training opportunities in place for staff in relation to care of the dying or deceased patients and bereaved relatives including in-house training and training commissioned from other organizations such as CEC and educational institutions**

**NHSCT – 36 items detailed**

<b>Name of training opportunity</b>	<b>Provider</b>	<b>Number of Places</b>	<b>Frequency of provision</b>	<b>Duration of training</b>
An Introduction to Grief and bereavement	Trust Bereavement Coordinator	up to 20 (dependent on venue)	Delivered Monthly on Causeway site, delivered to specific wards on Antrim sites as capacity allows, delivered to other teams on request	45 minutes
Seeking and Obtaining consent for Hospital Post Mortem examination training programme	Trust Bereavement Coordinator	As required by teams	As requested by service teams. Offered to maternity and paediatric services twice yearly at junior doctors induction	Part 1- e learning 1 hour and part 2- face to face 1 hour
Brief update on Palliative care, Grief and Bereavement and Organ Donation at RN/RM Mandatory Refresher session	Palliative Care Specialist Team, Trust Bereavement Coordinator and Specialist Nurse Organ Donation via CEC	20-30	2 to 3 times a month	10 minutes for each discipline
Introduction to Palliative care, Grief and Bereavement and Organ Donation at RN/RM and HCA Induction day	Palliative Care Specialist Team, Trust Bereavement Coordinator and Specialist Nurse Organ Donation via CEC	As per intake of staff	As requested	20 minutes each per discipline

<b>Name of training opportunity</b>	<b>Provider</b>	<b>Number of Places</b>	<b>Frequency of provision</b>	<b>Duration of training</b>
Bereavement Workshops- to include topics such as 'Bereavement', 'Death in a changing society' and 'Bereavement through suicide'	CRUSE	16	As funding allows - on average on an annual basis	1 day
Paediatric Bereavement Programme	CEC	16	Annual	1 day
Palliative Care for Children and Their Families	QUB	2 places commissioned 2014/15	Commissioned annually as per training needs analysis	Over 2 semesters
Childbearing and loss	QUB	1 place commissioned 2012/2013, 1 place commissioned 2013/2014	Commissioned annually as per Training needs analysis	1 semester
Maternity Bereavement Study day	CEC	25	As requested by the service	1 day
Improving bereavement Care Training Day	SANDS	Regional places available to be applied for by Trusts	As provided by SANDS, often annually or 6 monthly	1 day
Gifts of Remembrance Bereavement Photography Training	SANDS	Regional places available to be applied for by Trusts	As provided by SANDS, often annually or 6 monthly	1 day
Communicating with service users at end of life stage, to support end of life decisions	Social Services Training Centre	25	Annually or bi annually- but dependent on request from Training needs analysis	1 day

<b>Name of training opportunity</b>	<b>Provider</b>	<b>Number of Places</b>	<b>Frequency of provision</b>	<b>Duration of training</b>
Understanding death and dying	Social Services Training Centre	25	Annually or bi annually - but dependent on request from Training needs analysis	1/2 day
Decisions at end of life stage	Social Services Training Centre	25	Annually or bi annually- but dependent on request from Training needs analysis	1 day
NIHCA Training day (includes care of the dying each year)	NIHCA	As required - open to all Healthcare chaplains	Annual	1 day
Organ Donation training- update on donation after brain stem death, donation after circulatory death and tissue donation	Specialist Nurses Organ Donation	As requested by service and as venue accommodates	Quarterly	3 hours on Causeway site, 1 hour as part of half day study day Antrim site
Organ donation awareness raising sessions: provided to services to include patient flow staff, physios and other wards and departments	Specialist Nurses Organ Donation	As requested by service and as venue accommodates	As requested by service	1 hour
E learning programme for organ and tissue donation	NHSCT E learning platform	Not applicable	Mandatory training annually for ICU ED and Theatre staff	1 hour
Advanced Communication Skills Training	NHSCT	6	Quarterly	2 days
Masterclasses on Palliative Care- eg 'Identification at end of life', 'Advanced care Planning', 'Ethical and	NHSCT Specialist Palliative Care	40	Varies as per funding available - on average two per year	1/2 day

<b>Name of training opportunity</b>	<b>Provider</b>	<b>Number of Places</b>	<b>Frequency of provision</b>	<b>Duration of training</b>
Legal Issues'				
Palliative Care Awareness for Registered Nurses	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	
Palliative Care Awareness for Health care assistants, nursing auxiliaries and support workers	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1/2 day
Introduction to Palliative Care	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	3 days
Palliative Care Nursing	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	6 days
Palliative Care Symptom Management Workshop	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1 day
Palliative Care Key Worker	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1 day
McKinley Syringe Pump Training - Introduction	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1/2 day
McKinley Syringe Pump Training - Refresher	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1/2 day
Dealing with Distressed, Bereaved and Grieving Relatives for Registered Nurses	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1 day
Dealing with Distressed, Bereaved and Grieving Relatives for Health Care Assistants	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1/2 day
Final Journeys Programme	Clinical Education Centre	12 - 15 as per room capacity	Varies as per request from Training Needs Analysis	1 day

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
European Certificate in Holistic Dementia Care – Palliative Care from Diagnosis to Bereavement	Northern Ireland Hospice	2 places commissioned 2015	As per training needs analysis	8 week distance learning
Grief and bereavement Session included in Respiratory Competence (RCATS) 5 day programme	Session delivered by Trust Bereavement Coordinator via Clinical Education Centre	Not stated	Varies as per request from Training Needs Analysis	1 hour
The Princess Alice Hospice European Certificate in Essential Palliative Care	Northern Ireland Hospice	Dependent on request from Training Needs Analysis	Dependent on request from Training Needs Analysis	8 week distance learning
End of Life Update for Medical Staff (mandatory annually)	Consultants in Palliative Medicine NHSC	As per venue Open to all medical staff	Bimonthly on Antrim and Causeway sites	1 hour
Multidisciplinary training in the MacMillan Unit- covering topics such as symptom control, role of the chaplain, cultural differences in EOLC and organ donation	MacMillan Clinical Specialist Physiotherapy- with input from specialist providers as required	Open to all multidisciplinary staff working in the unit	Monthly	Half an hour

**SHSCT – 13 items detailed**

<b>Name of training opportunity</b>	<b>Provider</b>	<b>Number of Places</b>	<b>Frequency of provision</b>	<b>Duration of training</b>
Sage and Thyme - communication skills	Specialist Palliative Care team staff	22 places per course	6 courses per year	3 hours
Palliative Care Link Nurse training programme	Specialist Palliative Care team staff	one nurse per ward/nursing home	5 sessions per year	2 hours
Advanced Communication Skills training	Specialist Palliative Care team staff	6 places per course	4 courses per year	2 day workshop
Palliative Care updates	Specialist Palliative Care team staff	Open - depends on available venue	Available on request	Dependent on topic presented
Death and Bereavement - a guide to safe and sensitive practice	Bereavement Coordinator	Multidisciplinary places open - depends on venue size	2 sessions per month	1 hour
Bespoke Death and Bereavement- a guide to safe and sensitive practice	Bereavement Coordinator	Open - depends on venue size	On request from teams/services e.g. domiciliary care	1-2 hours
Verification of life extinct by registered nurses	CEC	Commissioned as required	Commissioned as required and 3 yearly updates	2 hours
Protocol for actions following the death of a patient	Trust - medical directorate	e-learning presentation	Open access to Trust doctors	30 mins
Range of study days/courses open to Nurses, midwives	CEC	Not stated	See CEC website for timetable - many offered twice yearly	Half, full day and short courses

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
and AHPs				
Pregnancy loss and death of a baby	SANDS	As indicated by SANDS	range of study days/training events offered annually	Half and full day events
Seeking and Obtaining Consent for Hospital Post Mortem Examination (Part 1)	HSC Bereavement Network	e-learning presentation	Available on Trust e-learning platform	1 hour
Grief, Bereavement and Communication: explaining Post Mortem Examination and related Processes (Part 2)	HSC Bereavement Network - Bereavement Coordinator	open - depends on venue size	Bi-annually to coincide with specialty induction programme/and as required	1 hour
Bereavement	Royal College of Midwives	e-learning presentation	Open access to RCN members only	At learner's pace

#### BHSCT – 13 items detailed

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
Care after death including last offices	TBC	Not stated	Induction and rolling	1 hour
Grief and bereavement	TBC	Not stated	Rolling and as requested	1 hour
Self Care	Chaplain or counsellor	Not stated	As requested	1 hour
Bespoke programmes	CLO, Chaplaincy, SNOD	Not stated	As requested	1/2 day
Spiritual Care	Chaplain		Rolling	2 hour
Organ Donation	SNOD		Rolling and e-learning	1 hour



Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
End of life care	Palliative team		As requested	1 hour
Final Journeys	CEC and in house		4 times/year	1 day
Return to work following personal bereavement	TBC, Chaplain		As requested	2 hour
Induction	TBC, Chaplain, Palliative Care, SNOD			1-2 hour
Grief and bereavement maternity training	Geraldine Scott-Heyes, Clinical Psychologist			
Post-mortem consent	Claire Thornton, Paediatric Pathologist			
Bereavement training day	SANDS			

**BHSCT - Education/training/awareness: collation of information relating to palliative and end of life care (continued)**

Keys for table:

Colour	Area	Abbreviation	Meaning
	Physiotherapy	NM	Not mandatory
	All staff	NR	Not restricted
	HBSPCT (hospital based specialist palliative care team)	NK	Not known
	Medical staff		
	NMPs		
	Patients/Carers		
	Community specialist oncology and palliative care teams		
	Nurses and health care assistants		
	Social work staff		
	Not yet confirmed		

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
<b>AHPs:</b> Physio awareness re: Intro to peolc	<b>Emma Christie</b> <a href="mailto:emma.christie@belfasttrust.hscni.net">emma.christie@belfasttrust.hscni.net</a> OR <b>Gloria Mills</b> <a href="mailto:gloria.mills@belfasttrust.hscni.net">gloria.mills@belfasttrust.hscni.net</a>	B	N/A	Part of physio full group staff meetings and staff should attend 1 of 3 scheduled	30 mins	All physio staff including admin support	Physio staff	3 in March 15	100	Hope to have this as part of annual induction but this is to be agreed
Undergrad PEOL teaching 2 <sup>nd</sup> &3 <sup>rd</sup> year physio students	N/A	A-Part of long term condition modules-integral to degree course	Physio degree	Part of degree	N/A	2 <sup>nd</sup> & 3 <sup>rd</sup> year physio students	2 <sup>nd</sup> & 3 <sup>rd</sup> year physio students	NK	NK	N/A
<b>Chaplaincy:</b> Multifaith/ Multicultural awareness training	<b>Rev Derek Johnston</b> Lead Chaplain BHSC <a href="mailto:Derek.johnston@belfasttrust.hscni.net">Derek.johnston@belfasttrust.hscni.net</a>	B	N/A	NM	2 hours	All trust staff with clinical contact with clients/ patients	NR	3	Limited by size of room available	N/A
Spiritual care awareness training	<b>Rev Derek Johnston</b> Lead Chaplain BHSC <a href="mailto:Derek.johnston@belfasttrust.hscni.net">Derek.johnston@belfasttrust.hscni.net</a>	B	N/A	NM	2 hours	All trust staff with clinical contact with clients/ patients	NR	When requested by managers	Works best with small group 50 max	N/A

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
<b>SLT:</b> General swallowing awareness training	Core Community Adult Services	B	N/A	NM	2.5 hours	Trust staff/nursing home staff Also available for hospice staff	Trust staff/nursing home staff Also available for hospice staff	6 times per year	NK	N/A
<b>SPC:</b> Advanced communication skills training	Bernie Corcoran <b>Lesley Rutherford</b> <a href="mailto:lesley.rutherford@belfasttrust.hscni.net">lesley.rutherford@belfasttrust.hscni.net</a>	B	N/A	NM	2 days	Trust staff	Currently priority given to core tumour specific MDT members	Several per year	NK	N/A
Sage and Thyme communication skills training	<b>Ruth Law</b> Brenda McIlroy Tom Mulligan (CEC)	B	N/A	NM	0.5 day	All	NR	Several per year	NK	N/A
Final Journeys	<b>Lesley Rutherford</b>	B	N/A	NM	1 day	All BCHST staff working with palliative patients	NR	Several per year	NK	N/A
Lunch time education session	<b>Lesley Rutherford</b>	B	N/A	NM	1x lunchtime	All staff	NR	Monthly	NK	NK

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
Grief and Bereavement, Care after Death, Consent for PM Examination, Self-Care- all from after death experience	<b>Heather Russell</b> <a href="mailto:heather.russell@belfasttrust.hscni.net">heather.russell@belfasttrust.hscni.net</a>	B	N/A	NM	NK	All staff	NR	As require	NK	NK
HBSPCT(hospital based specialist palliative care team)study days	NK	B	N/A	NM	1 day	HBSPCT team	HBSPCT team	2 per year	NK	NK
Medical students	NK	A	Medical degree	Part of degree course	shadowing	Medical staff	Medical staff	NK	NK	N/A
End of Life: Principles of care to f1-2s	<b>Bernie Corcoran</b>	B	N/A	NM	NK	F1s & F2s	F1s & F2s	NK	NK	N/A
<b>F1-</b> medical ethics including DNACPR	<b>Gary Heyburn</b> F1 Program director Royal site	B	N/A	NM	N/A	F1s	F1s	2 times per year	NK	N/A
Pharmacology course	NK	B	N/A	NM	6 session course	NMPs working in any specialist which may have pal patients and CNSs from SPC	NMPs	NK	NK	NK
Patient/carer groups	NK	B	N/A	NM	NK	Patients/carers	Patients/carers	NK	NK	NK

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
HOPE Course-Self-management course for cancer survivors	Macmillan co-facilitates with <b>Lesley Rutherford</b>	B	N/A	NM	NK	Cancer survivors	Cancer survivors	NK	NK	NK
Learning disability trust units/ nursing homes, Muckamore hospital	Community specialist oncology and pal care team	B	N/A	NM	1-2HR	All staff in community specialist oncology and pal care team	All staff in community specialist oncology and pal care team	Approx. 15 sessions	20	Yes- bespoke
Mental Health Knockbracken	Community specialist oncology and pal care team	B	N/A	NM	1-2HR	All staff in community specialist oncology and pal care team	All staff in community specialist oncology and pal care team	Approx. 8 sessions	20	Yes- bespoke
Health care assistants programme	Nursing team community onc and pal care team	A	Updates for syringe pumps, symptom management and EOL care	NM	1HR 4 HR Clinical competency	HCA's	HCA's	Approx. 15 sessions	12	Yes- yearly
McKinley T34 syringe pumps	Nursing team community onc and pal care team	A	Updates, new starts training as part of competency pathway	NM	1HR 4 HR Clinical competency	District nursing, OOHs nursing and HCA's	District nursing, OOHs nursing and HCA's	Approx. 30 sessions	12	Yes- yearly

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
Caring for someone at the End of their Life	<b>Brenda Gray</b> 02895045923 <a href="mailto:brenda.gray@belfasttrust.hscni.net">brenda.gray@belfasttrust.hscni.net</a> OR <b>Nicola Irvine</b> 02895045111 <a href="mailto:nicola.irvine@belfasttrust.hscni.net">nicola.irvine@belfasttrust.hscni.net</a>	B	N/A	NM	3 hours	Intensive domiciliary support staff, homecare staff	Intensive domiciliary support staff, homecare staff	Approx. 4	25	Yes
Palliative Care Awareness (not accredited)	<b>Rema Borland</b> 02895946324 <a href="mailto:Rema.borland@belfasttrust.hscni.net">Rema.borland@belfasttrust.hscni.net</a>	B	N/A	NM	1 day	Care assistant	Care assistant	4	20	NK
Nurse Induction	NK	B	N/A	M	1 hour	Nursing	Nursing	As required	NK	N/A
Student nurse education	NK	B	N/A	M	shadowing	Student nurses in onc/haem/didactic	Student nurses in onc/haem/didactic	4/5 per year	NK	NK
An introduction to Pall Care for Social Work students	<b>Denise Clarke</b> 02895048209 <a href="mailto:denise.clarke@belfasttrust.hscni.net">denise.clarke@belfasttrust.hscni.net</a>	B	N/A	NM- but recommended for all students coming on placement in BHSCT	3 hours	Social work students	Social work students	2	15	N/A

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
An introduction to Pal Care for Social Care Staff	<b>Denise Clarke</b> 02895048209 <a href="mailto:denise.clarke@belfasttrust.hscni.net">denise.clarke@belfasttrust.hscni.net</a>	B	N/A	NM	1 Day (09.30-16.30)	All social care staff across all programmes of care in adult services (social workers, care manager, care management assistant, social care co-ordinators/assessors, residential staff, day care staff, supports living staff)	All social care staff across all programmes of care in adult services (social workers, care manager, care management assistant, social care co-ordinators/assessors, residential staff, day care staff, supports living staff)	Approx. 3	20	Yes- every 2 years
OT awareness	NK	B	N/A	Part of staff meeting	30 mins	OT staff	OT staff	3	NK	NK
ACP training	NK	B	N/A	M	NK	NK	NK	NK	NK	NK
End of Life presentation to nursing staff	Lesley Rutherford	B	N/A	NM	NK	Nursing staff	Nursing staff	NK	NK	NK

Title of course	Primary point of contact	A-part programme B-stand alone	If A name of the wider course	Mandatory/ Not mandatory	Length M/H/D	Suitable for:	Restricted/ non restricted	Times per year	Number Attending each session	Refresher? When
<b>Other areas:</b> Neonatal Bereavement Study Morning	Maureen O'Dowd	B	N/A	Mand for neonatal staff	4.5 hours	Staff working in neonatal unit	Only staff working in neonatal ward including ward clerks and auxiliary staff	8-14	25	3 yearly

#### WHSCT – 11 items detailed

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
Bereavement Care and Communication Skills RN & HCA	CEC & Input from TBC	15	4 per year	Full day
Palliative Care Awareness for RNs	CEC & Input from TBC	15	2 per year	Full day
Palliative Care Nursing	CEC & Input from TBC	15	1 per year	6 days
Palliative Care Awareness for HCAs	CEC & Input from TBC	15	2 per year	Half Day
Grief & Ber for Children's Service RN & HCA	CEC & Input from TBC	15	2 per year	Full day
'Final Journeys' End of Life Care	WHSCT Final Journeys training team	12	16 per year	Full Day
Introduction to Palliative Care	CEC + Input from TBC	10	Yearly	3 days
Breaking Bad News	CEC	15	2 per year	Half day



Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
Loss, grief and Bereavement	CEC & Input from TBC	15	2 per year	Full day
Distressed relatives - how can we help?	CEC & Input from TBC	15	1 per year	Full day
Advanced Communications Training	CEC	6	5 per year	2 days

### SEHSCT – 18 items detailed

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
Workshop on Sensitive Care of Bereaved following Child Bearing Loss	Sands or Child Bereavement UK	20	Twice yearly	1 day
Workshop on Supporting parents when a Child Dies	Sands or Child Bereavement UK	20	Yearly	1 day
Documentation required following Child Bearing Loss	Bereavement Midwife	Unlimited	Twice yearly	1 hour
Freeze Training session on Sensitive Bereavement Care	Bereavement Midwife	Unlimited	Twice yearly	30 minutes
Bereavement Awareness sessions for new staff in Gynae Ward	Bereavement Midwife	Unlimited	As required	30 minutes
Introduction to Bereavement Care Nurse Induction	Trust Bereavement Coordinator	Between 10 and 30 depending on number of Nurses	Approximately 3 monthly	45 minutes
Palliative Care Training Programme	CEC/ Trust Bereavement Coordinator	Between 12 and 20	Annually	2 hours
Post Mortem Consent Training	Online e learning opportunity	Unlimited	Daily	1 hour

Name of training opportunity	Provider	Number of Places	Frequency of provision	Duration of training
Breaking Bad News	Trust Bereavement Coordinator	Between 10 and 30 depending on number of F1 and F2 doctors	3 monthly rotated between Hospital Sites	30 minutes
Death Dying & Bereavement Masterclass	Trust Bereavement Coordinator	8 Student Nurses	Annually	6 x 2 hour sessions
"Multicultural Awareness at End of Life"	Trust Bereavement Coordinator	Open session with video link to other sites	Annually	30 mins
Introduction to Bereavement Care Training for social care staff	Trust Bereavement Coordinator	15	Quarterly	2 hours
Advanced Communication Skills Training	Palliative Care Team	6	3 times a year	2 days
Advanced Communication Training	Facilitator CEC	Not stated	Annually	2 days
Considering Wishes at End of Life - Sage and Thyme AC	Palliative Care Team	20	Quarterly	Half Day
Sage and Thyme Level 1 Communication Training	Palliative Care Team	25	Quarterly	Half Day
Band 2/3 Palliative Care Training	Palliative Care Team	Max 20	Quarterly	1 day
Supporting Patients and Carers at End of Life	Palliative Care Team	Max 20	Quarterly	1.5 hours

## Appendix 3.0 – Information detailing how Trusts facilitate viewing of the remains of deceased patients by families

This information relates to deaths on all hospital sites including acute, non-acute, mental health and any others

### NHSCT

Facility	Viewing opportunities On Ward (OW), In Mortuary (IM), Both (B)	Barriers
Antrim Hospital (acute)	OW	No facilities to view in mortuary
Causeway Hospital (acute)	B	-
Whiteabbey Hospital (sub acute)	OW	Not a full mortuary and not suitable for viewing by relatives. Remains rest in this area a for short time prior to removal to Funeral Directors
Mid Ulster Hospital (sub acute)	B	-
Holywell Hospital (mental health)	OW	No mortuary, Funeral Director removes directly from ward
Dalriada Hospital (non acute)	OW	No mortuary, Funeral Director removes directly from ward
Robinson Hospital (non acute)	OW	No mortuary, Funeral Director removes directly from ward
Inver Intermediate Care Unit (non acute)	OW	No mortuary, Funeral Director removes directly from ward

**SHSCT**

<b>Facility</b>	<b>Viewing opportunities On Ward (OW), In Mortuary (IM), Both (B)</b>	<b>Barriers</b>
Craigavon Area Hospital (acute)	B	-
Daisy Hill Hospital (acute)	B	-
Bluestone (mental health)	OW	Deceased would be transferred to Craigavon Area Hospital (on site)
Gillis Memory Centre (non acute)	OW	No mortuary
Loane House (non acute)	OW	No mortuary
Lurgan Hospital (non acute)	OW	No mortuary

**BHSCT**

<b>Facility</b>	<b>Viewing opportunities On Ward (OW), In Mortuary (IM), Both (B)</b>	<b>Barriers</b>
RVH (acute)	B	-
BCH (acute)	B	Distance to mortuary
Mater (acute)	B	Distance to mortuary
Knockbracken (mental health)	OW	-
Muckamore (learning disability)	OW	-
Musgrave Park (non acute)	OW	-

**WHSCT**

<b>Facility</b>	<b>Viewing opportunities On Ward (OW), In Mortuary (IM), Both (B)</b>	<b>Barriers</b>
ICU/HDU (acute)	OW	Remains not usually viewed in mortuary but can be facilitated as required
Waterside Hospital Wards 1&2, 4&5 (non acute care of the elderly)	OW	-
Lakeview Hospital (learning disability)	OW	-
Grangewood (mental health)	OW	Possible Coroner's case
William Street Home (residential care)	OW	None. Recent RQIA inspection commended the home on its procedures for the care of the deceased and their relatives
Ward 6 Paediatrics (children)	OW	In mortuary viewing not usually required

**SEHSCT**

<b>Facility</b>	<b>Viewing opportunities On Ward (OW), In Mortuary (IM), Both (B)</b>	<b>Barriers</b>
Ulster Hospital (acute)	B	-
Lagan Valley Hospital (acute)	B	-
Downe Hospital (acute)	B	-
Downshire Hospital (mental health)	B	-