

1. Introduction and Who Guideline applies to

Caring for those at the end of their life should naturally involve supporting those identified as important to the deceased in their bereavement, and should not be an optional extra, but a passion for us all. (Department of Health (DoH) 2005; 2011)

NHS England advocates that Trusts should support, communicate and engage with families following a death of someone in their care (*Learning from deaths -Guidance for NHS trusts on working with bereaved families and carers. NHS England. July 2018*).

- 1.1 The service will be offered to bereaved families and carers of adult patients (those who were cared for on an adult ward) who have died within UHL, or where there was a requirement for the deceased to return to UHL after recent discharge for certification purposes (LGH, LRI and GH only).
- 1.2 This Guideline applies to all Leicester Hospitals staff involved in caring for the patient and their significant others leading up to and at the time of death.
- 1.3 All clinical staff will require an awareness of the Service if their attendance at 'follow up' meetings is required, or feedback requested.

Contact details: bereavementsupportservice@uhl-tr.nhs.uk , Telephone- 0116 258 4380 / 6776 or 07590 868337. The BSS is available Mon- Friday (excluding Bank Holidays) 9am to 5pm. Any messages left on the answering machine will be responded to during the next working day.

Children's Hospital and Paediatric Emergency Department guidance can be found in the Child Bereavement Support Service Guideline C57/2021. Email: Childbereavement mailbox. Contact numbers and times are the same as for adult deaths.

For Neonatal or Maternity Unit guidance, please contact the Maternity Bereavement Midwives. Call: 07747 475441 Mon- Friday (excluding Bank Holidays) 8am to 4pm (or the Delivery Suite 0116 258 6451)

2. Guideline Standards and Procedures

2.1 The Bereavement Support Service (BSS) aim is to:

- a) Offer bereaved families or carers the opportunity to talk through what matters to them regarding their bereavement.
- b) Offer signposting advice on bereavement services available where there appears to be difficulty in coping with loss e.g. Counselling or Support Services.
- c) Provide further information or support as required.
- d) Arrange for families to meet with a member of the clinical team who cared for their loved one, if they have questions that they would like to raise and discuss.
- e) Collect and present information to appropriate Committees and Boards from service user feedback regarding 'themes' of questions, compliments or concerns raised. This will support future service delivery.
- f) Support families with raising any questions or concerns to be taken forward through either the complaints, Mortality and Morbidity (Learning from Deaths) or Patient Safety Processes and providing appropriate feedback.

2.2 Bereavement Support Services Processes (see appendix 1)

- a) **WARD STAFF - A UHL produced Condolence card should be signed and posted by the ward staff who have cared for the deceased patient (and on behalf of the Team) to the bereaved patient's Next of Kin (NoK) as recorded on Patient Centre at the time of Notification of Death Form completion.** The card is discretionary in the Emergency Department and Acute Medical Unit. (The card is only sent if NoK is known and has been informed of the death, thus ensuring that the NoK has timely service access to BSS).
- b) **WARD STAFF - Confirmation of the card being sent should be documented on the Notification of Death Form.**
- c) **MEDICAL EXAMINER / OFFICERS & BEREAVEMENT SERVICES OFFICERS**

For non-Coroner referred deaths, the duty Medical Examiner will inform the bereaved person /designated NoK about the Bereavement Support Service during their routine telephone contact about the Medical Certificate of the Cause of Death, explaining that contact can be made with the BSS at any time and offering the opportunity for follow up telephone contact from the BSS Nurse in 6-8 weeks. Other contact times may be requested, by or on behalf of the family when speaking with the Medical Examiner or Bereavement Services Officers, particularly where there are bereavement concerns or the family have questions/concerns or End of Life (EoL) feedback they would like to talk about sooner.

("Designated NoK" is the person who made contact with the Bereavement Services Office and is recorded as the NoK contact on behalf of the family and in many instances will be the actual NoK).

Contact can be offered in another language or format if required e.g. for those with disabilities. The Bereavement Services Officer or Medical Examiner Officer will inform the BSS Nurse of the family's preference by email or input onto the service's database.

- d) **BEREAVEMENT SUPPORT SERVICES will contact the designated NoK 6-8 weeks after the death** unless prior contact made or have declined further contact.
- e) **BEREAVEMENT SUPPORT SERVICES** will directly contact the "designated NoK" whose loved ones' death has been referred to the Coroner within two weeks, as they will not routinely receive a call from the Medical Examiner.

BEREAVEMENT SUPPORT SERVICES follow up contact with those bereaved may also be requested by UHL staff where welfare concerns or bereavement needs are raised or where the Medical Examiner Mortality screening process has highlighted a need, for example concerns raised by the relatives to the Medical Examiner requiring further clarification or feedback .

2.3 For those accepting the offer of telephone call follow up, but contact is not possible, a letter will be sent.

2.4 On contact with the BSS, the designated NoK will be asked:

- a) how they and relevant others are coping with their bereavement
- b) if they have any unanswered questions and, if yes, would they like to meet with a member of the team who cared for their loved one (also requesting feedback regarding the standard of End of Life Care received).
- c) This is a listening service. Signposting information will also be offered for those who may be experiencing difficulties with their grief e.g. counselling / befriending.

2.5 If requested, a meeting will be arranged with appropriate Medical or nursing team members who cared for the deceased patient. Information regarding the themes of questions or concerns raised by those bereaved will be collected.

2.6 After the meeting is held, a meeting summary is written and forwarded to UHL meeting attendees for comment. A copy of the meeting outcomes will be offered to family attendees. Families may also request the meeting is recorded and receive a copy of the recording. Consent from all attendees must be obtained prior to the meeting.

3. Education and Training

There are no specific education requirements to implement this guideline. Awareness raising and information for staff will be provided for all clinical areas by the Bereavement Support Service Nurse. Information may also be given by education teams during induction 'End of Life Care' teaching sessions for newly qualified nurses and HCA induction.

4. Monitoring Compliance

Element to be Monitored	Lead	Method	Frequency	Reporting arrangements
Numbers of those accessing the service. 6-8 week follow up Feedback from service users.	BSS Nurse	BSS report	Quarterly.	EoL Steering Group, Heads of Service and Mortality & Morbidity Leads.
Outcomes from follow up meetings	BSS Nurse	Outcomes are registered onto the LDF database. BSS Information is integrated into the annual LFD theming report compiled by the Head of Service.	Yearly	MRC

5. Supporting References

Bereavement care services: a synthesis of the literature. Final Report of review commissioned by DoH to support the implementation of the End of Life Care Strategy. DoH 2011;
 When a Patient Dies. Advice on Developing Bereavement Services in the NHS; DoH 2005
 Learning from deaths -Guidance for NHS trusts on working with bereaved families and carers. NHS England. July 2018
 UHL Last Offices and Care of the Deceased Patient Policy
 NNU guidelines following the death of a child (see documents C33/2010 and C40/2006 in the policy library)
 UHL Child Bereavement Support Services C57/2021
 The Bereavement Support Service is part of the Corporate Medical Speciality and is managed by the Head of Learning from Deaths.

6. Key Words

Bereavement, death, condolence, counselling.

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BEREAVEMENT SUPPORT SERVICE (BSS) – Adult Deaths in UHL (LRI/LGH/GH)

Contact: 0116 258 4380/ 6776 or 07950 868337

bereavementsupportservice@uhl-tr.nhs.uk

Deceased patients' nurse signs and posts a **CONDOLENCE CARD** to the recorded next of kin at the time of completing 'Care after Death' and documents this has been **SENT/NOT SENT** on the **NOTIFICATION OF DEATH FORM** e.g. not sent if next of kin are unaware of death. The card contains information about the BSS and sending this is discretionary in ED / AMU.

