

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

BEREAVEMENT REVIEW BY COMMUNITY ADVISORY PANEL

BACKGROUND /PURPOSE OF REVIEW

The Community Advisory Panel (CAP) was established in 2002. The CAP is a group of volunteers who have been patients or carers in the Trust and who work with Trust staff to improve services by offering the patient/carer perspective.

The Nursing and Patient Services Director met with the CAP in September 2010 and requested their help on behalf of the Trust Bereavement Group. The CAP were asked to undertake a review of the pathway that bereaved relatives have to deal with. This request follows a number of reported anecdotes and experiences that suggested standards are not consistent or as high as they should be.

METHODOLOGY

Three members of the CAP volunteered to undertake the review. An audit tool was devised to structure the review (Appendix 1). A review team was established consisting of:

Helga Charters	Matron, Children's Services
Brian Cooper	Community Advisory Panel
Nigel Goodfellow	Head of Chaplaincy
Alison Kennedy	Matron, Internal Medicine / Care of Elderly
Caroline McGarry	Involvement and Equalities Officer
Maureen Nixon	Community Advisory Panel
Jeff Potts	Mortuary Operations Manager
Jennie Stokell	Community Advisory Panel

Following an initial meeting with the Head of Chaplaincy, to establish and understand the current process, the review team walked the pathway of a bereaved relative by:

- Visiting the wards (one adult ward (ward 13, Freeman) and the Paediatric Intensive Care Unit, RVI), in order to obtain the verbal and written information that is given to the bereaved relative/s by nursing staff.
- Attending the bereavement office on each site to assess access, the waiting area and appointment office environments.
- Attending the mortuary viewing facilities on each site to assess access and the environment.

FINDINGS

The bereavement process is very individual. As such the needs of relatives will differ on a case-by-case basis. It is noted that the needs will also be affected by how sudden or expected the death of the patient was.

In general, the CAP were very satisfied that the bereavement process is organised and 'fit-for-purpose'. It should be noted that only the RVI and Freeman sites were considered. A number of observations and suggestions for improvements are made.

Ward Information

- Verbal information - It is difficult to assess this in practice, although from talking to the area sisters, reviewers were confident that the information provided at the time of the patient's death would be suitable for the needs of the bereaved. On each site, bereaved relatives are offered the opportunity to meet with clinicians following the death to answer any outstanding questions.
- Written information – Trust booklets were provided which outline the procedures following a patient death. CAP members felt that this information would benefit from review for the following reasons:
 - to ensure up-to-date content
 - one member felt the information regarding the death of a child was more user-friendly.
 - the plain format adopted by the Trust was felt to be too stark.
 - More use could be made of bullets within the text to ensure that the key points and important information is clear.
 - More information regarding organ donation and why only corneal donation is included in the booklets [noted to be because corneas can be donated up to 24 hours following the death].

General comments/observations

The team discussed a case where the medical/nursing notes did not contain details of the patient's next of kin/point of contact. Following the patient's death, the bereavement officer followed usual procedures but could not locate the relevant details. Matrons present confirmed that obtaining these details is part of the admission procedure and should be recorded in the notes. In cases where the patient does not want to give details, this should also be recorded.

Bereavement Office

Bereaved relatives are given an appointment to attend the Bereavement Office as soon as possible after the death. The purpose of the appointment is to ensure the necessary paperwork and processes from the hospital are carried out correctly. Bereaved relatives are shown the medical certificate and can ask for further clarification on care and treatment. The bereavement officer can help to make funeral arrangements and will return any patient property at this appointment.

- **Location** – Bereavement offices are not signposted on either site as relatives will be escorted from the main reception by the bereavement officer.

It was discussed whether the main reception area is a suitable waiting area for bereaved relatives as it can be busy/noisy. Consensus was that relatives would not have long to wait if they attend at their designated appointment time and in a hospital environment visitors would understand/expect a level of activity.

- **Environment**

- **RVI** – The bereavement office is located at the entrance to Leazes Wing and is set back from the main reception area. There is a small waiting room and separate quiet room. Appointments are carried out in the offices of the two bereavement officers. The CAP felt this was a comfortable and accessible environment. Using the office of the bereavement officer for the appointment was not thought to be inappropriate as it gave some formality to the appointment.

- **Freeman Hospital** – The bereavement office is situated on the Chaplaincy corridor on level 2. The room has no designated waiting area, though there is a quiet room nearby. It was felt that the meeting room was very stark and had obviously been used for a different purpose in the past (i.e. high wall mounted sockets). It was felt that it would benefit from refurbishment to give a user-friendly environment e.g. curtains, pictures, lower plug sockets.

- **Appointment system** - The office hours adopted for the bereavement office system is not ideal, especially for deaths over the weekend/bank holidays. Ideally, it was felt that in a hospital environment longer hours should be available for those working or at weekends. It was recognised that there would be a cost implication to this.

- **Patient property** – The bereavement officer gives relatives any patient property left in the Trust. A bag of such property was visible in the Freeman meeting room which it was thought could be kept out of sight from other visitors by using the large cupboard in the room. Storage facilities may be an issue and should be reviewed.

Mortuary / Viewing facility

In order to view the deceased, relatives can either go straight from the bereavement appointment (arranged by the bereavement officer contacting the mortuary and the chaplains) or telephone to make an appointment. Contact details are given in the Trust booklet. All calls go to the RVI reception who hold the Trust diary. This may be confusing for relatives of patients who die on other sites and therefore needs clarification in the booklet.

Location – Relatives will be met at reception by a member of the Chaplaincy staff (or occasionally a patient services co-ordinator) and escorted to the viewing room, therefore like the bereavement office, it is not signposted. The staff member will stay with the bereaved relatives to answer any process questions and offer emotional support.

- Freeman – The viewing room is on level 1 which is a service corridor and can get quite noisy from portering trolleys. This was witnessed by the team as they exited the viewing room. The lights on this corridor are movement sensitive so relatives visiting at a quiet time have reported that they find the corridor very dark.
- RVI – The viewing room is situated on the main corridor from New Victoria Wing to Leazes Wing.

Appointment system – Relatives are given a half hour appointment to view the patient. They can attend multiple times or have an extended appointment booked if necessary. Appointments are available from 8am-8.30pm though can be accessed on other times in exceptional circumstances.

Environment –

- Freeman – The viewing room has recently been refurbished and was felt to be bright and appropriate to needs. The reasons for the blinds and hard washable flooring was explained and discussed. The dimmable lighting was noted to be very useful in both the viewing waiting area and viewing room.
- RVI – The waiting area was noted to be good with information leaflets available, a water cooler and toilet nearby. A separate viewing room is available for adults, children and babies. All have Trust curtains covering the door to the mortuary which was felt to be unnecessary. It was felt that the grey shade of paint in all viewing rooms was not user-friendly or comforting. A pastel shade, particularly in the child/baby rooms would be more suitable.
- The team looked at the ritual washing room available to meet the religious needs of some patients.

General observations

The chaplaincy and mortuary staff are keen to ensure that they support bereaved relatives and staff throughout the process. The needs and wishes of bereaved relatives are paramount and will be accommodated wherever possible.

During a viewing visit, the chaplain and mortuary technician will be discreetly available at all times should the relatives need further information or more time with the patient. It was felt that the uniform/footwear worn by the technician should be considered as they meet members of the public/bereaved relatives and present an image of the work they do. The staff member present at the visit was wearing scrubs and scuffed shoes which may be suitable for the lab work involved but not for 'customer facing' duties required of the role.

OVERALL OPINION

The overall opinion of the CAP reviewers was that the bereavement process at the Freeman and RVI is satisfactory and wherever possible the needs of the bereaved relatives will be accommodated. A review of the service at Walkergate Hospital should be considered in order to ensure the service on all Trust inpatient sites.

- Both the bereavement offices and mortuary viewing facilities were felt to be accessible to users, though the approach to the viewing facility at the Freeman is far from ideal (in the basement, on a noisy service corridor which can be dark due to the movement sensitive lighting).
- The escorting of relatives to bereavement office appointments and viewings was felt to be personal and beneficial in a supportive way.
- Counselling services were discussed. One bereavement officer offers a counselling role within the Maternity Unit alongside a trained midwife, Initial counselling support is offered by the chaplaincy department, however ongoing counselling for the bereaved would be part of community treatment via the GP.

Units also provide on-going support via letters of condolence, memory cards, books of remembrance and acts of remembrance.

RECOMMENDATIONS

The following recommendations are made to the Trust Bereavement Group:

1. A review of the written information made available to bereaved relatives in order to ensure:
 - the content is up-to-date
 - ensure correct information about car-parking is included
 - key information is highlighted by more use of bullets within the text.
 - sensitivity – to consider and approve a format outwith the Trust guidance
 - clarification regarding the site of the viewing visit as telephoning the RVI number to make an appointment for Freeman may confuse some relatives
 - more information is provided about the reasons why only corneal donation is mentioned as opposed to all organ donation.

CAP members are willing to offer a lay perspective within this review.

2. Refurbishment of bereavement appointment meeting room (Freeman) to make it more fit-for-purpose. Suggestions made include:
 - in the existing location - appropriate pictures on walls, instalment of curtains at windows and use of cupboard or locate patient property awaiting collection elsewhere.
 - have a purpose designed bereavement suite with separate waiting area (as in RVI)
 - ensure storage facilities are available in the bereavement offices to keep patient property safe and out of view of other visitors.
3. Offering out-of-office hours appointments for the bereavement appointment. This would help relatives who work office hours or whose relatives die over the weekend/bank holidays.
4. Viewing room (RVI) – CAP reviewers felt the rooms (particularly the child and baby room) would benefit from:
 - a change in the wall colour – currently grey to pastel shade to be more comforting and appropriate.
 - the removal of curtains between viewing room and mortuary – The curtains were those used in the wards showing pictures of Newcastle but the CAP reviewers felt that these looked washed out and were felt unnecessary. It was suggested that a simple lockable door would be less conspicuous.
5. How the approach to the viewing room at the Freeman can be improved and made more comfortable and appropriate for visiting bereaved relatives. In particular the noise from the service corridor on level 1 and the lighting which is movement sensitive. The possibility of an override of lifts and lighting was raised. A review by Estates to identify an alternative entrance point to the viewing room is recommended.

Overall, CAP members found the review very informative and would welcome the opportunity to offer further opinions and assistance to this process as directed by the Trust Bereavement Group. In particular it may be useful to be made aware of the anecdotal problems highlighted in order to target any further reviews as appropriate. Also, it may be useful for the Trust Bereavement Group to obtain feedback from bereaved relatives to gain an insight into whether the practice outlined by ward staff and what they aim to tell bereaved relatives is actually done in practice.

Trust staff who facilitated and contributed to the review are thanked for their support and input.

ADDENDUM

The report was reviewed by the Community Advisory Panel on 1st March 2011. It was agreed to add in further recommendations from the wider group.

Waiting area for bereavement appointment – Individuals requested that the privacy and dignity of bereaved relatives is maintained by having a separate waiting facility for them when attending the bereavement appointment. This is available at the RVI in the form of a small waiting area beside the Bereavement Office but not at the Freeman.

Car parking for relatives attending the hospital who have been told that the patient is dying and also for those attending the bereavement appointment - It was suggested that designated parking spaces be made available. The practical aspects of policing this were noted but it was felt that the added stress to the relatives at such an important time should be addressed.