Today’s Agenda
Topic: Bereavement and Care after Death

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<td>Claire Henry</td>
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<td>Shining a spotlight on bereavement and mortuary services</td>
<td>Anita Hayes and Susanna Shouls</td>
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<td>Royal Cornwall Hospital’s Bereavement support and mortuary services</td>
<td>Suzanne Adams</td>
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<td>Discussion</td>
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Caring to the end: shining a spotlight on bereavement and mortuary services
Anita Hayes and Susanna Shouls
Hospice UK

Outline
- Background
- The services
- Experience from Walkthroughs
- Key Themes
- Our learning
- The data story
- Key messages

Background
12 acute Hospital Trusts participated in two consecutive QI programmes that included a ‘fresh eyes’ walkthrough. Walkthrough included a focus on Mortuary and Bereavement Services. Some feedback we heard from mortuary staff resulted us in conducting an analysis of nationally available data to better understand winter pressures for their services.
Background: inspection and regulation

CQC

Human Tissue Authority

Areas to inspect

The inspection team should carry out an initial visual inspection of each area. Your observations should be communicated in a form of data collected by access to the area, and any observations should be written in advance of further inspections.

- Patients' care and treatment
- Care of the elderly
- Children's care and treatment
- Visiting hours and facilities
- Patients' rights and responsibilities
- Mortuary rooms and other facilities associated with wards (see note: these may not be included in the immediate area; include overnight accommodation).

Link to CQC

www.hospiceuk.org

“Fresh Eyes” Walkthrough

Perspective of relative/friend and potential patient journey.

Team

Expert lay-person with experience

Professionals (who may also have experience)

Supported by member hospital staff

Not an inspection. Speak to staff. Feedback on the day and as a report within 3 weeks.

www.hospiceuk.org

Method

Independent expert team

Adjusted from 15 step challenge

Highlights positive and areas to consider for improvement

Wider than bereavement and mortuary

Shines the light on known problems and can identify simple to fix

Photos are extremely useful

Bereaved relatives waiting in a busy corridor

A mortuary visiting room where the bed was too high to sit next to your relative

Smells/ [too much information] mortuary visiting area

Belongings ‘felt dumped’ in a plastic bag

Dignified? How deceased person is transferred from ward to mortuary

Delays in death certification

Enhancing healing environments

Professional, friendly, knowledgeable caring staff

“We as mortuary and bereavement staff are often the last healthcare contact families will have with the bereaved, so it is important we get it right.

I wanted to visit my husband after he died, as usual. Please don’t invite me to view him.”

“We had problems with capacity in the mortuary … if the funeral directors are also busy, it means it can take longer for the deceased to be transferred…”
Summary of themes in bereavement and post death care

Physical environment ? healing environment
Language, information, signage and navigation
Death certification process
Spiritual and multi-faith care
Seamless care includes bereavement and post-death care
Mortuary visiting areas and visiting areas near emergency departments (sudden deaths)
Innovation – CT in mortems
Winter pressure capacity

Bereavement and care after-death services need to plan for seasonal variation

Do you need a “fresh eyes” perspective?
Are mortuary / bereavement staff well supported and recognised role?
Winter pressures?

National resources

https://www.hospiceuk.org

Reference

1. Office for National Statistics (ONS) Public Health England Annual Births and Mortality Extracts
2. Office for National Statistics (ONS) Subnational population projections for England: 2016 to 2017 (provisional) and 2015 to 2016 (final)

Any questions?
Royal Cornwall Hospital’s Bereavement support and mortuary services

Suzanne Adams
Clinical Nurse Specialist End of Life Care
Royal Cornwall Hospital NHS Trust

What the CQC said…

Post mortem room does not meet Human Tissue Authority standards.
Disabled access to the mortuary viewing rooms.
The post mortem room an infection risk, equipment sub-standard.
Equipment did not meet the needs of the service, outdated and unsafe.
Temperatures of the fridges were not effectively monitored
The mortuary service had lacked investment for a prolonged period…we were not assured that there was sufficient oversight or management

Fresh Eyes Walk Through observations

The whole area including storage was clearly limited by physical space.
IT systems required x 3 data entry
Post mortem area did not feel very modern.
Bereavement questionnaire- how is this being used to improve services?
Uncertainty as when it is appropriate to provide the questionnaire
‘…the team manager has identified quality improvement plans that will modernise the environment and reduce inefficiency’

Fresh Eyes Walk Through recommendations

New viewing room bed
Wheelchair access.
New lighting
Renew electronic systems
Soundproofing
Data collection for questionnaires- no issued/response rates
Monitor & audit any actions
Mortuary visits in Dying Matters week
Mortuary project

Improved Communications
Integrated IT system between the two areas
Whiteboard and ‘live document’ system
Unification of the ward after death paperwork
Death certificates electronically to GP
Next step: electronic reporting to the coroner

Improved communication & support for families

Surveying the Bereaved
Discussed at EOL group
Learning now developed into Actions & circulated in the newsletter
Problems: poor response rate. A generous estimation would be 5%
Under review
The Final Word...

The contrasting comments below have recently been recorded on our bereavement survey. They give us food for thought when considering how we communicate with families at the end of life.

"I was given ample opportunity to discuss the cause of death, and what was coming, in advance of the actual time of death (as opposed to after wards!"

"...I was always by his side and could see changes for myself. I think before I was told he was dying, the doctor had known for 2-3 days but hadn’t told me. The doctor who did, seemed surprised nobody had told anything earlier."

The Good News…

The Good News… I would have liked the doctor or senior nursing staff to have explained what we were likely to see and hear from my father during his final hours. The sound that he was making were quite disturbing over the 8 hours that we sat with him. Even though I knew he was in no pain it was difficult to hear the sounds. It would also have been preferred if he could have been moved to a Single room. It cannot have been comfortable for other pts in the ward.

These bereavement survey comments remind us what a strange and unfamiliar experience caring for someone in hospital at End of Life can be for families. We have information leaflets to support families in prepare them for what lies ahead. RCNH 1626 is available to order from nhs.org

Our next ECHO session…

Date: 13 February 2019

Topic: ITU and critical care

Presenters: TBC