Dying, Death and Bereavement: a re-audit of HSC Trusts’ progress to meet recommendations to improve policies, procedures and practices when death occurs

Report completed March 2016
Foreword

The Department of Health, Social Services and Public Safety (DHSSPS) established the HSC Bereavement Network Board in March 2006. The vision of the Network has been to work toward continuous improvement in bereavement care: where death and bereavement are seen as part of life; where care of the dying is as important as care of the living; and after-death care is a continuation of good practice. This vision and the actions to support its delivery are reflected in the HSC Services Strategy for Bereavement Care which was launched by the DHSSPS in 2009.

Between 2006 and 2010 the Network supported the five Trust Bereavement Coordinators to undertake the NI Audit: Dying, Death and Bereavement. This was carried out in two phases. Phase 1, published in 2009, analysed data from 35 hospitals and five hospices across Northern Ireland, mapping the policies, procedures and practices which influenced the care and services provided around the time of death. Phase 2, published in 2010, captured experiences of care prior to, at the time of and following death, from bereaved people and professionals. The findings and recommendations from this regional audit underpinned the standards for bereavement care that are central to the HSC Bereavement Strategy.

This report details the re-audit which was undertaken to measure progress against the twelve recommendations from Phase 1 of the original audit.

The re-audit would not have been possible without the cooperation and enthusiasm of the HSC Trusts, in particular the staff who spent time in responding to the staff survey, to whom special thanks is given.

Thanks must also be given to the Trust Bereavement Coordinators for their role in the re-audit and to GAIN who provided funding and support for Phase 1, 2 and this re-audit project.

_____________________________
Dr Anthony Stevens
Chief Executive NHSCT, Chair NI HSC Bereavement Network
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Introduction

Background/rationale

In 2006 the Department of Health Social Services and Public Safety (DHSSPS), in response to the Northern Ireland Human Organs Enquiry 2002, appointed five Trust Bereavement Coordinators (TBCs) to develop bereavement care standards and training across the region. Together with their managers and DHSSPS representatives, the TBCs form the Health and Social Care (HSC) Bereavement Network Board.

Between 2006 and 2010 the TBCs carried out the NI Audit: Dying, Death and Bereavement in two phases. Phase 1 was published in 2009 and involved collecting data from 35 hospitals and five hospices across Northern Ireland, mapping the policies, procedures and practices which influenced the care and services provided around the time of death. It resulted in 12 recommendations, which are the focus of this report. Phase 2 was published in 2010 and involved capturing experiences of care prior to, at the time of and following death, from bereaved people and professionals. These experiences were captured using the “Cognitive Edge”© approach and were analysed using SenseMaker™ software. Seven key messages emerged from the second phase of the audit.

The findings and recommendations of both phases of this regional audit, the NI Audit: Dying Death and Bereavement, together with the outcomes of a number of engagement workshops attended by service users, community, voluntary and statutory organisations, informed the development of the HSC Services Strategy for Bereavement Care published in 2009.

The aim of the Strategy was to build the capacity of all staff who have contact with dying and bereaved people so that they can respond in the most appropriate way according to their respective roles and the needs and preferences of those affected. It established 6 overarching standards for care, applicable for all types of bereavement and circumstances of death.

In 2014 the HSC Bereavement Network decided to undertake a re-audit and measure progress against the twelve audit recommendations from Phase 1. To support the completion of the audit cycle, funding was obtained from GAIN which supported this re-audit project.

During analysis of the re-audit findings, two supplementary reports were written which fully detail the data collated from the organisational and staff survey elements of this project. This summary report highlights key findings from both the organisational and staff analysis. The full supplementary reports are available on the GAIN website – www.gain-ni.org

Aim of the audit

To identify and document the extent to which Trusts have met the twelve recommendations from Phase 1 of the 'Northern Ireland Audit; Dying, Death and Bereavement: Policies, Procedures and Practices in Hospital and Hospice Settings' and make further recommendations for improvement of the standard of care delivered and experienced around the time of and after death.
Objectives of the audit

To determine, in the range of circumstances and places where death occurs, what actions have been taken to ensure:

- appropriate strategy, policies and guidelines are in place in relation to management of death and bereavement care within HSC Trusts and that these have been implemented and staff working within Trusts are aware of them;
- effective systems and mechanisms are in place to ensure staff providing care at end of life and in bereavement have access to appropriate training and support;
- effective systems are in place for bereaved relatives to provide feedback on care received and for subsequent learning to occur;
- the availability of information for bereaved relatives;
- the availability of resources to promote privacy and dignity at end of life and in bereavement;
- the identification of areas of good practice in individual Trusts to share across the region; and
- that recommendations are developed for the further introduction of service improvements.

Audit methodology/process

This is a regional re-audit including all five HSC Trusts. The project has been coordinated by the Northern Health and Social Care Trust (NHSCT). The project steering group comprises:

<table>
<thead>
<tr>
<th>Project Lead: Gwyneth Peden</th>
<th>Trust Bereavement Coordinator, NHSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Steering Group</strong></td>
<td></td>
</tr>
<tr>
<td>Anne Coyle</td>
<td>Trust Bereavement Coordinator, SHSCT</td>
</tr>
<tr>
<td>Ray Elder</td>
<td>Strategic Lead for Palliative Care, SEHSCT</td>
</tr>
<tr>
<td>Paul McCloskey</td>
<td>Trust Bereavement Coordinator, SEHSCT</td>
</tr>
<tr>
<td>Dr Grainne McCusker</td>
<td>Consultant Cellular Pathologist, Retired</td>
</tr>
<tr>
<td>Ruth McDonald</td>
<td>Assistant Governance Manager, NHSCT</td>
</tr>
<tr>
<td>Carole McKeeman</td>
<td>Trust Bereavement Coordinator, WHSCT</td>
</tr>
<tr>
<td>Robert Mercer</td>
<td>Regional Audit Facilitator, GAIN</td>
</tr>
<tr>
<td>Rosemary Patton</td>
<td>Service User Representative</td>
</tr>
<tr>
<td>Heather Russell</td>
<td>Trust Bereavement Coordinator, BHSCT</td>
</tr>
</tbody>
</table>

Re-audit standards were agreed by the project steering group based on the recommendations of the original audit.

The re-audit comprised two elements:

- an organisational audit proforma per Trust to measure implementation of recommendations of previous audit; and
- a staff survey to measure their awareness and the impact of progress related to the recommendations of the previous audit.
Audit standards

Standards developed and measured in this re-audit were criteria from the recommendations of the first audit:

<table>
<thead>
<tr>
<th>Criteria/Standard</th>
<th>Description</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To determine if Trust staff are aware that a Strategy for bereavement care has been developed</td>
<td>100%</td>
</tr>
</tbody>
</table>
| 2                 | To determine if Trusts have an overarching policy on care of the dying and the management of death to include written guidance on:                          
|                   | • Last offices;                                                                                                                                     |        |
|                   | • All aspects of identification, transfer, storage, viewing and release of bodies;                                                                     |        |
|                   | • The issue of the Medical Certificate of Cause of Death;                                                                                           |        |
|                   | • Reporting deaths to the Coroners Service;                                                                                                          |        |
|                   | • The management of sudden, unexpected death and the preservation of evidence in forensic cases; and                                               |        |
|                   | • A clear system of informing other professionals of the death                                                                                     |        |
| 3                 | To determine if corporate and local induction covers issues concerning death and bereavement as relevant to the role of the staff concerned               | 100%   |
| 4                 | To determine whether Trusts offer training in consent for hospital post mortem examinations to those senior medical staff who may be required to seek consent | 100%   |
| 5                 | To determine if staff are made aware of support systems available to them                                                                            | 100%   |
| 6                 | To determine if staff have opportunities for staff development and training in the care of the dying patient and bereaved relatives                        | 100%   |
| 7                 | To determine if the use of the care of the dying pathway is being promoted as a minimum safe standard                                                  | 100%   |
| 8                 | To determine if operational policies for chaplain’s services are available within Trusts                                                             | 100%   |
| 9                 | To determine whether Governance systems are in place to ensure learning from complaints made by bereaved families                                     | 100%   |
| 10                | To determine if systems are in place to obtain feedback from bereaved relatives                                                                  | 100%   |
| 11                | To determine if information booklets for bereaved relatives are audited                                                                             | 100%   |
| 12                | To determine if new capital builds and refurbishment programmes have taken into account the need to include areas to promote privacy and dignity for dying patients and bereaved families | 100%   |
Design and piloting of the data collection tools

Draft data collection tools including an organisational audit proforma and staff questionnaire were designed to measure organisational progress and capture staff awareness relating to the original audit recommendations. These were approved by the project steering group in January 2015 prior to a pilot of the staff questionnaire. This was carried out in February 2015 in the NHSCT.

Participants in the pilot exercise were identified by members of the Trust Bereavement Forum. A paper copy of the questionnaire was distributed to staff members, mainly nursing and medical staff working in community, paediatric, maternity and acute hospital settings, with a return envelope. There was a response rate of 42% (14 of 33 survey forms issued) in the pilot phase in the NHSCT. These responses were not included in the main survey.

The staff questionnaire was further adapted in consultation with the project steering group to address the issues that arose during the pilot. It was agreed that some open questions would be restructured to allow tick boxes to be used for answers, to reduce the amount of free text that would require analysis.

It was agreed that a pilot would not be carried out on the organisational data collection proforma as this would exclude the pilot Trust from inclusion in the main re-audit.

The data collection tools were finalised and agreed at the project steering group meeting held in March 2015 with data collection commencing 23rd April 2015.

Audit recruitment

A letter was sent from the Chair of the HSC Bereavement Network Board on 31st December 2014 to the Chief Executive of each HSC Trust, inviting them to participate in the re-audit. All Trusts agreed to take part. A further letter was sent on 23rd April 2015, which included guidance on completion of the organisational proforma and details of how HSC staff could participate in the staff survey element of the re-audit.

Posters were developed to promote staff interest and were displayed in ward and team areas. Each TBC liaised with their communications team to use all media available to promote staff participation in the survey, this included promotion on staff intranet sites and in Trust newsletters. The TBCs also visited wards and departments and attended team meetings to promote the survey.

It was emphasised that the survey was open to any staff member working in any setting, who cares for patients before, at the time of or after death, and/or have a role in supporting bereaved relatives.
**Participant sample**

All five HSC Trusts submitted a completed organisational proforma.

The project team’s original aim was to obtain 1,000 staff surveys per Trust area (5,000 in total), to include medical, nursing, mortuary, chaplaincy staff etc. in both acute and community settings, across all services who care for patients and their loved ones at end of life or into bereavement, regardless of the circumstances of death or the age of the patient.

However it was agreed prior to data collection that, as the response to the staff survey in Phase 1 of the original audit was 1,633 respondents, a similar response to the re-audit would be reasonable.

A total of 1,915 staff from a range of disciplines and services across all five HSC Trusts completed the staff survey.

**Data collection**

The data collection period was 23\(^{rd}\) April 2015 to 3\(^{rd}\) July 2015.

The organisational audit proforma was completed by TBCs with input sought from their Trust Bereavement Forum members and the service leads responsible for the area being audited. Trust responses were approved and signed off by Trust Executive Management teams before submission to the NHSCT Governance Department (Appendix 1).

Completion of the staff survey was through use of an online survey tool (SurveyMonkey\textsuperscript{®}). Fifty paper copies of the staff survey with return envelopes were provided to each TBC for issue to any staff members without online access. Additional paper copies were provided during the data collection period as the number of staff members completing the online survey tool was less than anticipated (Appendix 2).

**Data analysis**

The information recorded on each Trust organisational audit proforma was collated to produce both an individual Trust and Northern Ireland-wide position.

Paper copies of the staff survey were manually entered onto the online survey tool by NHSCT Audit and Effectiveness staff within the Governance Department before the data were exported to Microsoft Excel for analysis and cross tabulation.
Findings/Results

Two supplementary reports are available which detail the full analysis of the staff survey and organisational audit (accessible via the GAIN website – www.gain-ni.org). This report will highlight key findings from both the organisational and staff analysis.

The supplementary reports will be referenced where applicable.

Findings will be denoted by:
- Trust responses (from the organisational audit); and
- Staff responses (from the staff survey).

On occasion, findings are presented in this report as a regional figure or percentage and the full data on individual Trust responses are available in the supplementary reports.

For those individual questions within the staff survey where respondents explicitly indicated that the question was ‘not applicable’ these responses have been removed from the data tables within both this and the supplementary reports.

There were also a number of questions within the staff survey where respondents did not record an answer when they should have. This may have occurred because respondents inadvertently did not answer or purposefully decided not to answer some questions.

Overall, throughout the staff survey when this occurred, the number of ‘not recorded’ responses was low when compared with the total number of respondents. As a result it was decided to retain ‘not recorded’ responses within the data tables, within both this and the supplementary reports. This was to ensure that the data displayed are representative of all respondents, except in those circumstances where respondents indicated questions were not applicable.

Demographics

Trust responses: One completed organisational proforma was received from each of the five HSC Trusts.

<table>
<thead>
<tr>
<th>Participating Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Health &amp; Social Care Trust (NHSCT)</td>
</tr>
<tr>
<td>Western Health &amp; Social Care Trust (SHSCT)</td>
</tr>
<tr>
<td>Belfast Health &amp; Social Care Trust (BHSCT)</td>
</tr>
<tr>
<td>Southern Health &amp; Social Care Trust (WHSCT)</td>
</tr>
<tr>
<td>South Eastern Health &amp; Social Care Trust (SEHSCT)</td>
</tr>
</tbody>
</table>

Table 1: Participating Trusts
Staff responses: Completed staff survey forms from a range of disciplines were submitted from all five HSC Trusts. Forms were completed on either hard (paper) copy (n=1,350) or online via the SurveyMonkey® platform (n=565). One form was excluded from the data analysis, as the respondent did not state which Trust he/she was currently working in, therefore further analysis and extrapolation of the data was not possible.

<table>
<thead>
<tr>
<th>Trust</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Health &amp; Social Care Trust (NHSCT)</td>
<td>419 (21.9%)</td>
</tr>
<tr>
<td>Western Health &amp; Social Care Trust (WHSCT)</td>
<td>169 (8.8%)</td>
</tr>
<tr>
<td>Belfast Health &amp; Social Care Trust (BHSCT)</td>
<td>765 (40%)</td>
</tr>
<tr>
<td>Southern Health &amp; Social Care Trust (SHSCT)</td>
<td>249 (13%)</td>
</tr>
<tr>
<td>South Eastern Health &amp; Social Care Trust (SEHSCT)</td>
<td>312 (16.3%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,914 (100%)</strong></td>
</tr>
</tbody>
</table>

Table 2: Staff responses by HSC Trust

<table>
<thead>
<tr>
<th>Area of the Trust</th>
<th>Trust</th>
<th>NHSCT (%)</th>
<th>WHSCT (%)</th>
<th>BHSCT (%)</th>
<th>SHSCT (%)</th>
<th>SEHSCT (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Hospital</td>
<td>NHSCT</td>
<td>259 (61.8%)</td>
<td>127 (75.2%)</td>
<td>643 (84%)</td>
<td>163 (65.5%)</td>
<td>264 (84.6%)</td>
<td>1,456 (76.1%)</td>
</tr>
<tr>
<td></td>
<td>WHSCT</td>
<td>127 (9.3%)</td>
<td>13 (7.7%)</td>
<td>52 (6.8%)</td>
<td>20 (8%)</td>
<td>10 (3.2%)</td>
<td>134 (7%)</td>
</tr>
<tr>
<td></td>
<td>BHSCT</td>
<td>643 (26.7%)</td>
<td>21 (12.4%)</td>
<td>51 (6.7%)</td>
<td>54 (21.7%)</td>
<td>27 (8.7%)</td>
<td>265 (13.8%)</td>
</tr>
<tr>
<td></td>
<td>SHSCT</td>
<td>163 (65.5%)</td>
<td>52 (6.8%)</td>
<td>51 (6.7%)</td>
<td>20 (8%)</td>
<td>10 (3.2%)</td>
<td>134 (7%)</td>
</tr>
<tr>
<td></td>
<td>SEHSCT</td>
<td>264 (84.6%)</td>
<td>20 (8%)</td>
<td>54 (21.7%)</td>
<td>27 (8.7%)</td>
<td>13 (3.5%)</td>
<td>57 (3%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>1,456</strong></td>
<td><strong>134</strong></td>
<td><strong>265</strong></td>
<td><strong>134</strong></td>
<td><strong>57</strong></td>
<td><strong>265</strong></td>
</tr>
<tr>
<td>Non-Acute Hospital</td>
<td>NHSCT</td>
<td>112 (26.7%)</td>
<td>21 (12.4%)</td>
<td>51 (6.7%)</td>
<td>54 (21.7%)</td>
<td>27 (8.7%)</td>
<td>265 (13.8%)</td>
</tr>
<tr>
<td>Community</td>
<td>WHSCT</td>
<td>21 (12.4%)</td>
<td>8 (4.7%)</td>
<td>19 (2.5%)</td>
<td>12 (4.8%)</td>
<td>11 (3.5%)</td>
<td>57 (3%)</td>
</tr>
<tr>
<td>Other*</td>
<td>BHSCT</td>
<td>51 (6.7%)</td>
<td>19 (2.5%)</td>
<td>12 (4.8%)</td>
<td>11 (3.5%)</td>
<td>57 (3%)</td>
<td>57 (3%)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>SHSCT</td>
<td>54 (21.7%)</td>
<td>12 (4.8%)</td>
<td>11 (3.5%)</td>
<td>57 (3%)</td>
<td>57 (3%)</td>
<td>57 (3%)</td>
</tr>
<tr>
<td>Total</td>
<td>SEHSCT</td>
<td>27 (8.7%)</td>
<td>11 (3.5%)</td>
<td>11 (3.5%)</td>
<td>57 (3%)</td>
<td>57 (3%)</td>
<td>57 (3%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>265</strong></td>
<td><strong>57</strong></td>
<td><strong>57</strong></td>
<td><strong>57</strong></td>
<td><strong>57</strong></td>
<td><strong>265</strong></td>
</tr>
</tbody>
</table>

Table 3: Staff responses by Work Area

Note: Other* included for example - Women and Child Health, Mental Health, Cancer Centre, Acute and Community, Maternity, Training, Specialist Services, Governance, Maternity Delivery Suite, Nursing Student, Primary and Social Care, Rehabilitation, Administration, Neurology.
Respondents were also asked about their role and the specialty in which they worked. Responses are detailed in Tables 4 and 5:

<table>
<thead>
<tr>
<th>Work Role</th>
<th>NHSCT</th>
<th>WHSCT</th>
<th>BHSCT</th>
<th>SHSCT</th>
<th>SEHSCT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>40 (9.5%)</td>
<td>31 (18.3%)</td>
<td>57 (7.5%)</td>
<td>27 (10.8%)</td>
<td>27 (8.7%)</td>
<td>182 (9.5%)</td>
</tr>
<tr>
<td>Nurse/Midwife</td>
<td>266 (63.5%)</td>
<td>106 (62.7%)</td>
<td>486 (63.5%)</td>
<td>153 (61.4%)</td>
<td>196 (62.8%)</td>
<td>1,207 (63.1%)</td>
</tr>
<tr>
<td>Social Worker</td>
<td>18 (4.3%)</td>
<td>5 (3%)</td>
<td>24 (3.1%)</td>
<td>8 (3.2%)</td>
<td>6 (1.9%)</td>
<td>61 (3.2%)</td>
</tr>
<tr>
<td>Chaplain</td>
<td>9 (2.1%)</td>
<td>6 (3.6%)</td>
<td>5 (0.7%)</td>
<td>5 (2%)</td>
<td>2 (0.6%)</td>
<td>27 (1.4%)</td>
</tr>
<tr>
<td>Health Care Assistant</td>
<td>27 (6.4%)</td>
<td>9 (5.3%)</td>
<td>99 (12.9%)</td>
<td>16 (6.4%)</td>
<td>38 (12.2%)</td>
<td>189 (9.9%)</td>
</tr>
<tr>
<td>Allied Health</td>
<td>12 (2.9%)</td>
<td>6 (3.6%)</td>
<td>32 (4.2%)</td>
<td>8 (3.2%)</td>
<td>14 (4.5%)</td>
<td>72 (3.8%)</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Care Staff</td>
<td>2 (0.5%)</td>
<td>2 (1.2%)</td>
<td>2 (0.3%)</td>
<td>1 (0.4%)</td>
<td>2 (0.6%)</td>
<td>9 (0.5%)</td>
</tr>
<tr>
<td>Domiciliary/Homecare</td>
<td>10 (2.4%)</td>
<td>-</td>
<td>15 (2%)</td>
<td>2 (1%)</td>
<td>1 (0.3%)</td>
<td>28 (1.5%)</td>
</tr>
<tr>
<td>staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortuary Technician</td>
<td>4 (1%)</td>
<td>1 (0.6%)</td>
<td>6 (0.8%)</td>
<td>2 (1%)</td>
<td>2 (0.6%)</td>
<td>15 (0.8%)</td>
</tr>
<tr>
<td>Porter</td>
<td>13 (3.1%)</td>
<td>1 (0.6%)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14 (0.7%)</td>
</tr>
<tr>
<td>Administrative staff</td>
<td>4 (1%)</td>
<td>-</td>
<td>11 (1.4%)</td>
<td>12 (4.8%)</td>
<td>7 (2.2%)</td>
<td>34 (1.8%)</td>
</tr>
<tr>
<td>Other*</td>
<td>14 (3.3%)</td>
<td>2 (1.2%)</td>
<td>28 (3.7%)</td>
<td>14 (5.6%)</td>
<td>17 (5.4%)</td>
<td>75 (3.9%)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 (0.4%)</td>
<td>-</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>419 (100%)</td>
<td>169 (100%)</td>
<td>765 (100%)</td>
<td>249 (100%)</td>
<td>312 (100%)</td>
<td>1,914 (100%)</td>
</tr>
</tbody>
</table>

Table 4: Staff responses by Work Role

Other work roles have been grouped as follows: Nursing (42), Manager (4), Social Work or Social Care (4), Professional/Technical e.g. health care professions, pharmacy, radiography (10), Health Promotion/Improvement (2), Training (2), Other (8), Role not recorded (3)
<table>
<thead>
<tr>
<th>Specialty</th>
<th>NHSCT</th>
<th>WHSCT</th>
<th>BHSCT</th>
<th>SHSCT</th>
<th>SEHSCT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity</td>
<td>52 (12.4%)</td>
<td>7 (4.1%)</td>
<td>31 (4.1%)</td>
<td>26 (10.4%)</td>
<td>20 (6.4%)</td>
<td>136 (7.1%)</td>
</tr>
<tr>
<td>Adults</td>
<td>242 (57.8%)</td>
<td>109 (64.5%)</td>
<td>594 (77.6%)</td>
<td>147 (59%)</td>
<td>244 (78.2%)</td>
<td>1,336 (69.8%)</td>
</tr>
<tr>
<td>Children’s</td>
<td>23 (5.5%)</td>
<td>15 (8.9%)</td>
<td>53 (6.9%)</td>
<td>28 (11.2%)</td>
<td>4 (1.3%)</td>
<td>123 (6.4%)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>34 (8.1%)</td>
<td>6 (3.6%)</td>
<td>26 (3.4%)</td>
<td>12 (4.8%)</td>
<td>14 (4.5%)</td>
<td>92 (4.8%)</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>1 (0.2%)</td>
<td>-</td>
<td>7 (0.9%)</td>
<td>3 (1.2%)</td>
<td>2 (0.6%)</td>
<td>13 (0.7%)</td>
</tr>
<tr>
<td>Other*</td>
<td>64 (15.3%)</td>
<td>32 (18.9%)</td>
<td>53 (6.9%)</td>
<td>27 (10.8%)</td>
<td>28 (9%)</td>
<td>204 (10.7%)</td>
</tr>
<tr>
<td>Not recorded</td>
<td>3 (0.7%)</td>
<td>-</td>
<td>1 (0.1%)</td>
<td>6 (2.4%)</td>
<td>-</td>
<td>10 (0.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>419 (100%)</td>
<td>169 (100%)</td>
<td>765 (100%)</td>
<td>249 (100%)</td>
<td>312 (100%)</td>
<td>1,914 (100%)</td>
</tr>
</tbody>
</table>

Table 5: Staff responses by Specialty

Other specialties have been grouped as follows: More than one specialty/across multiple or all specialties (70), Cancer Services/Palliative Care (51), Emergency Medicine (12), Medicine (13), Support Services/Non clinical (11), Elder Care/Older People’s Services (7), Other Specialty (26), and Specialty not recorded (14).

Respondents were asked if they provided care for dying patients, before, at the time of, or after death, or if they provided care, information or support to bereaved relatives. Results were as follows:

- 1,603 (83.8%) respondents stated that they provide care for dying patients;
- 1,497 (78.2%) provide care for the deceased at the time of death or afterwards; and
- 1,542 (80.6%) provide care, information and support to bereaved relatives.

(Ref: Staff survey p 5-6)

The majority of respondents to the staff survey have a role in providing care at end of life and into bereavement, therefore the staff survey responses can be seen to be representative of this cohort of staff.
Standards

A series of questions were asked to identify each Trust’s progress in implementing the recommendations from Phase 1 of the original audit. Staff were also asked a series of questions to identify the impact and their awareness of this implementation.

Standard 1

Determine if Trusts/Trust staff are aware that a Strategy for bereavement care has been developed

**Trust responses:** Each Trust was asked to confirm the existence of a Bereavement Forum. Evidence submitted by Trusts included terms of reference and information on Bereavement Fora and implementation/action plans related to the HSC Services Strategy for Bereavement Care.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 6: Trust awareness of Bereavement Care Strategy and existence of a Bereavement Forum

*(Ref: Organisational audit Appendix 1, p40-41)*

**Staff responses:** Staff were asked if they are aware of the HSC Bereavement Strategy

![Figure 1: Staff awareness of HSC Bereavement Strategy](chart)

n=941, 49.2%
n=958, 50%
n=15, 0.8%

Yes
No
Not recorded

Figure 1: Staff awareness of HSC Bereavement Strategy
Standard 2

Determine if Trusts have an overarching policy on care of the dying and the management of death to include written guidance on:

- Last offices;
- All aspects of identification, transfer, storage, viewing and release of bodies;
- The issue of the Medical Certificate of Cause of Death;
- Reporting deaths to the Coroners Service;
- The management of sudden, unexpected death and the preservation of evidence in forensic cases; and
- A clear system of informing other professionals of the death

Trust responses: Trusts were asked to indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in their organisations:

<table>
<thead>
<tr>
<th>Policy, procedure or guidance</th>
<th>NHSCT</th>
<th>WHSCT</th>
<th>BHSCT</th>
<th>SHSCT</th>
<th>SEHSCT</th>
<th>% of Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last offices</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Identification and transfer of bodies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Storage, viewing and release of bodies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Issuing Medical Certificate of Cause of Death</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Management of sudden/unexpected death</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Reporting deaths to the Coroner</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Preservation of evidence in forensic cases</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>A process for informing other professionals or agencies of a death</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 7: Availability of death, dying and bereavement policies, procedures or guidance

Trust responses: Trusts were also asked about the availability of further guidance which may have been developed. Although not recommended in the original audit, these items were suggested in the Bereavement Strategy or were recommendations from subsequent DHSSPS directives, or regional and national inquiries.

<table>
<thead>
<tr>
<th>Policy, procedure or guidance</th>
<th>NHSCT</th>
<th>WHSCT</th>
<th>BHSCT</th>
<th>SHSCT</th>
<th>SEHSCT</th>
<th>% of Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of death</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Seeking and obtaining consent for hospital/consented post mortem examination</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Organ donation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Bereavement care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>‘Do not attempt cardio pulmonary resuscitation’</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>100%</td>
</tr>
</tbody>
</table>
Policy, procedure or guidance | NHSCT (n=419) | WHSCT (n=169) | BHSCT (n=765) | SHSCT (n=249) | SEHSCT (n=312) | % of Trusts
--- | --- | --- | --- | --- | --- | ---
Advanced care planning for adults | ✓ | X | ✓ | ✓ | ✓ | 80%
Advanced care planning for children | ✓ | ✓ | X | ✓ | X | 60%
Breaking bad news | ✓ | ✓ | ✓ | ✓ | ✓ | 100%
A process of transferring all required information with the body of the deceased to the mortuary or family funeral director | ✓ | ✓ | ✓ | ✓ | ✓ | 100%

Table 8: Availability of additional death, dying and bereavement policies, procedures or guidance

Trusts were asked to outline how these policies, procedures or guidance can be accessed by staff. Responses indicate that they are available through Trust policy libraries or business areas on their intranet sites.

(Ref: Organisational audit p7-26)

**Staff responses:** Staff were asked which Dying, Death and Bereavement related Trust policies, procedures or guidance they follow:

<p>| Polices, procedures or guidance followed | Trust |
| --- | --- | --- | --- | --- | --- | --- |
| | NHSCT (n=419) | WHSCT (n=169) | BHSCT (n=765) | SHSCT (n=249) | SEHSCT (n=312) | Total (n=1,914) |
| Last offices | 182 (43.4%) | 83 (49.1%) | 445 (58.2%) | 90 (36.1%) | 169 (54.2%) | 969 (50.6%) |
| Identification and transfer of bodies | 189 (45.1%) | 76 (45%) | 404 (52.8%) | 92 (37%) | 162 (51.9%) | 923 (48.2%) |
| Storage, viewing and release of bodies | 70 (16.7%) | 18 (10.7%) | 106 (13.9%) | 23 (9.2%) | 45 (14.4%) | 262 (13.7%) |
| Verification of death | 128 (30.5%) | 45 (26.6%) | 200 (26.1%) | 67 (26.9%) | 102 (32.7%) | 542 (28.3%) |
| Issuing of Medical Certificate of Cause of death | 126 (30.1%) | 39 (23.1%) | 183 (23.9%) | 55 (22.1%) | 98 (31.4%) | 501 (26.2%) |
| Management of sudden/unexpected death | 137 (32.7%) | 54 (32%) | 257 (33.6%) | 73 (29.3%) | 106 (34%) | 627 (32.8%) |
| Reporting deaths to the coroner | 119 (28.4%) | 35 (20.7%) | 169 (22.1%) | 53 (21.3%) | 75 (24%) | 451 (23.6%) |
| Preservation of evidence in forensic cases | 65 (15.5%) | 22 (13%) | 102 (13.3%) | 24 (9.6%) | 37 (11.9%) | 250 (13.1%) |
| Seeking and obtaining consent for hospital post mortem examination | 73 (17.4%) | 26 (15.4%) | 103 (13.5%) | 35 (14.1%) | 60 (19.2%) | 297 (15.5%) |
| Organ donation | 79 (18.9%) | 21 (12.4%) | 139 (18.2%) | 27 (10.8%) | 46 (14.7%) | 312 (16.3%) |</p>
<table>
<thead>
<tr>
<th>Policies, procedures or guidance followed</th>
<th>NHSCT (n=419)</th>
<th>WHSCT (n=169)</th>
<th>BHSCT (n=765)</th>
<th>SHSCT (n=249)</th>
<th>SEHSCT (n=312)</th>
<th>Total (n=1,914)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplaincy/Spiritual care</td>
<td>145 (34.6%)</td>
<td>70 (41.4%)</td>
<td>292 (38.2%)</td>
<td>76 (30.5%)</td>
<td>119 (38.1%)</td>
<td>702 (36.7%)</td>
</tr>
<tr>
<td>Do not attempt cardiopulmonary resuscitation</td>
<td>197 (47%)</td>
<td>74 (43.8%)</td>
<td>382 (49.9%)</td>
<td>110 (44.2%)</td>
<td>160 (51.3%)</td>
<td>923 (48.2%)</td>
</tr>
<tr>
<td>Advanced care planning for adults</td>
<td>101 (24.1%)</td>
<td>42 (24.9%)</td>
<td>191 (25%)</td>
<td>59 (23.7%)</td>
<td>84 (26.9%)</td>
<td>477 (24.9%)</td>
</tr>
<tr>
<td>Advanced care planning for children</td>
<td>22 (5.3%)</td>
<td>13 (7.7%)</td>
<td>36 (4.7%)</td>
<td>8 (3.2%)</td>
<td>18 (5.8%)</td>
<td>97 (5.1%)</td>
</tr>
<tr>
<td>Breaking bad news</td>
<td>182 (43.4%)</td>
<td>86 (50.9%)</td>
<td>377 (49.3%)</td>
<td>118 (47.4%)</td>
<td>171 (54.8%)</td>
<td>934 (48.8%)</td>
</tr>
<tr>
<td>Bereavement care</td>
<td>171 (40.8%)</td>
<td>60 (35.5%)</td>
<td>333 (43.5%)</td>
<td>109 (43.8%)</td>
<td>128 (41%)</td>
<td>801 (41.9%)</td>
</tr>
<tr>
<td>Other</td>
<td>13 (3.1%)</td>
<td>9 (5.3%)</td>
<td>14 (1.8%)</td>
<td>5 (2%)</td>
<td>9 (2.9%)</td>
<td>50 (2.6%)</td>
</tr>
</tbody>
</table>

Table 9: Dying, Death and Bereavement related Trust policies, procedures or guidance followed by staff

A number of staff recorded further policies, procedures and guidance under the ‘other’ response option.

(Ref: Staff survey p8-9)

Responses were filtered by role, which highlighted the groups of staff who are most aware of specific policy, procedure or guidance.

For nurses/midwives: 828 (68.6%) are aware of guidance on last offices, 799 (66.2%) on identification and transfer of bodies and 738 (61.1%) are aware of breaking bad news guidance.

For medical staff: 157 (86.3%) are aware of guidance on issuing of medical certificate of cause of death, 147 (80.8%) of guidance on reporting deaths to the Coroner and 125 (68.7%) are aware of breaking bad news guidance.

(Ref: Staff survey Appendix A p78-81)

Staff were asked if they are aware how to access such policies, procedures or guidance and 1,528 (79.8%) of staff are aware of how to access them, with 358 (18.7%) replying that they don’t know. Twenty-eight (1.5%) staff didn’t record an answer.

Of those staff who indicated ‘no’, 134 (37.4%) are nurses, 64 (17.9%) are doctors and 53 (14.8%) are Health Care Assistants (HCAs).

Further details of those staff who are not aware of how to access guidance, detailed by role and work area, are available within the staff survey supplementary report.

(Ref: Staff survey p10-11)
Of those staff who have responsibility for informing other professionals of a death, it was reported that a number of methods were used: 778 (64.6%) used a telephone call; 336 (27.9%) used letters, 139 (11.5%) used email and the remainder cited ‘other’ methods which included face-to-face contact or agency recording systems.

*(Ref: Staff survey p13)*

Staff were asked if they prepare deceased patients for removal from place of death and, if so, what documentation is used to accompany the body to the mortuary or funeral director. In total, 1,128 (58.9%) respondents prepare deceased patients for removal from their place of death. Of these, 972 (86.2%) use the body transfer form, 515 (45.7%) use the mortuary slip and 32 (3.2%) use armbands, cremation forms or organ donation forms. Many staff ticked more than one form of documentation.

Of those staff who did not indicate that they use the body transfer form, 105 (67.3%) were nurses or midwives and 43 (27.6%) were HCAs.

**Standard 3**

*Determine if corporate and local induction covers issues concerning death and bereavement as relevant to the role of the staff concerned*

**Trust responses:** Trusts were asked if information on dying, death and bereavement is included in corporate induction:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td><strong>1 (WHSCT)</strong></td>
</tr>
</tbody>
</table>

Table 10: Inclusion of information on dying, death and bereavement in corporate induction

Trusts were asked if information on dying, death and bereavement is included in profession specific induction programmes:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing/Midwifery</td>
<td>5</td>
</tr>
<tr>
<td>Doctors</td>
<td>5</td>
</tr>
<tr>
<td>Allied Health Professions</td>
<td>2</td>
</tr>
<tr>
<td><em>No information NHSCT, BHSCT, WHSCT</em></td>
<td></td>
</tr>
<tr>
<td>Other staff</td>
<td>3</td>
</tr>
<tr>
<td><em>No information – WHSCT, SEHSCT</em></td>
<td></td>
</tr>
</tbody>
</table>

Table 11: Inclusion of information on dying, death and bereavement in profession specific induction programmes

Trusts were also asked how the information was delivered and to which professional groups and this is detailed within the organisational audit supplementary report.

*(Ref: Organisational audit p3-6)*
Staff responses: Staff were asked, if they commenced their current post since 2009, had they received information on dealing with death, grief and bereavement at corporate, professional or departmental induction:

<table>
<thead>
<tr>
<th>Answered ‘Yes’</th>
<th>Trust</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NHSCT</td>
<td>WHSCT</td>
<td>BHSCT</td>
<td>SHSCT</td>
<td>SEHSCT</td>
<td>Total</td>
</tr>
<tr>
<td>Corporate Induction</td>
<td>58/182</td>
<td>9/67</td>
<td>110/416</td>
<td>29/101</td>
<td>50/150</td>
<td>256/916</td>
</tr>
<tr>
<td></td>
<td>(31.9%)</td>
<td>(13.4%)</td>
<td>(26.4%)</td>
<td>(28.7%)</td>
<td>(33.3%)</td>
<td>(28%)</td>
</tr>
<tr>
<td>Professional induction</td>
<td>38/163</td>
<td>13/74</td>
<td>85/409</td>
<td>26/98</td>
<td>28/144</td>
<td>190/888</td>
</tr>
<tr>
<td></td>
<td>(23.3%)</td>
<td>(17.6%)</td>
<td>(20.8%)</td>
<td>(26.5%)</td>
<td>(19.4%)</td>
<td>(21.4%)</td>
</tr>
<tr>
<td>Department/Service/Team Induction</td>
<td>58/180</td>
<td>25/78</td>
<td>114/418</td>
<td>38/109</td>
<td>40/149</td>
<td>275/934</td>
</tr>
<tr>
<td></td>
<td>(32.2%)</td>
<td>(32%)</td>
<td>(27.3%)</td>
<td>(34.9%)</td>
<td>(26.8%)</td>
<td>(29.4%)</td>
</tr>
</tbody>
</table>

Table 12: Staff who had received information on dealing with death, grief and bereavement at corporate, professional or departmental induction

Standard 4

Determine whether Trusts offer training in consent for hospital post mortem examinations to those senior medical staff who may be required to seek consent

Trust responses: Trusts were asked if training in seeking consent for hospital post mortem examination is available for healthcare professionals who obtain consent:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 13: Availability of training in seeking consent for hospital post mortem examination within Trusts

Staff responses: Staff were asked if they seek consent for hospital/consented post mortem, and, if so, have they completed training on this in the last three years (n=182). In Northern Ireland it is primarily medical staff who seek consent for hospital post mortem examination. It is mandatory for those staff seeking consent to complete the regional training package every three years.
*182 respondents were doctors however 48 of these respondents indicated that this question was ‘not applicable’ to them. Seeking consent for hospital post mortem may not have been part of their role.
Figure 2: Consent for post mortem training completed in previous three years

Those staff who said ‘no’ were asked if they were aware of what training is available. Results indicate that the majority of respondents 65 (90.3%) are not aware what training is available and that a minority 7 (9.7%) did know what is available.

When the 74 staff who replied ‘no’ to having accessed training in the past three years were asked if they knew how to access post mortem training, results indicate that 70 (94.6%) said ‘no’, 3 (4.1%) said ‘yes’ and 1 (1.4%) staff member did not record an answer.

(Ref: Staff survey p24)

**Standard 5**

**Determine if staff are made aware of support systems available to them**

**Trust responses:** Trusts were asked if systems are in place to support Health and Social Care staff in relation to care of the dying or deceased patients and bereaved relatives:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 14: Systems in place to support Health and Social Care staff
Trusts were asked to provide details of what systems are available.

All Trusts responded that they provide:

- Confidential counselling service;
- Occupational Health support;
- Team-based supervision;
- Bereavement Co-ordinator;
- Debriefing; and
- Peer support.

*(Ref: Organisational audit p27-28)*

**Staff responses:** Staff were asked if they are aware of any systems within the Trust to support them in their roles caring for dying or deceased patients and/or bereaved relatives.

![Figure 3: Staff aware of systems to support them in their role caring for dying, deceased and/or bereaved relatives](Ref: Staff survey p31-35)

Staff who indicated they are aware of systems were also asked which they are aware of, whether they know how to avail of them and whether they have ever used them. Not all respondents answered each part of the question, particularly in relation to whether they know how to avail of the system or whether they had ever used it.
Figure 4: Support systems of which staff are aware

**Standard 6**

**Determine if staff have opportunities for staff development and training in the care of the dying patient and bereaved relatives**

**Trust responses:** All Trusts provided details of training opportunities for staff in relation to care of dying or deceased patients and bereaved relatives:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 15: Availability of training opportunities for staff

Trusts provided details of training opportunities in place for staff in relation to care of the dying or deceased patients and bereaved relatives.

Trust responses also included details of in-house training and training commissioned from other organisations such as HSC Clinical Education Centre and educational institutions.

*(Ref: Organisational audit, Appendix 2.0 p42-58)*
Staff responses:
Staff were asked if they had attended any training/awareness-raising sessions which covered the following areas:

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Some members of staff who answered 'Yes' attended more than one training/awareness-raising session</strong></td>
<td><strong>NHSCT</strong> (n=419)</td>
</tr>
<tr>
<td><strong>Breaking bad news</strong></td>
<td>82 (19.6%)</td>
</tr>
<tr>
<td><strong>Bereavement Care</strong></td>
<td>90 (21.5%)</td>
</tr>
<tr>
<td><strong>Organ donation</strong></td>
<td>56 (13.4%)</td>
</tr>
<tr>
<td><strong>Do not attempt cardio pulmonary resuscitation</strong></td>
<td>40 (9.5%)</td>
</tr>
<tr>
<td><strong>Last offices</strong></td>
<td>30 (7.2%)</td>
</tr>
<tr>
<td><strong>Chaplaincy/Spiritual care</strong></td>
<td>32 (7.6%)</td>
</tr>
<tr>
<td><strong>Advanced care planning for adults</strong></td>
<td>31 (7.4%)</td>
</tr>
<tr>
<td><strong>Identification and transfer of bodies</strong></td>
<td>28 (6.7%)</td>
</tr>
<tr>
<td><strong>Reporting deaths to the Coroner</strong></td>
<td>49 (11.7%)</td>
</tr>
<tr>
<td><strong>Verification of death</strong></td>
<td>37 (8.8%)</td>
</tr>
<tr>
<td><strong>Issuing of Medical Certificate of Cause of death</strong></td>
<td>31 (7.4%)</td>
</tr>
<tr>
<td><strong>Seeking and obtaining consent for hospital post mortem examination</strong></td>
<td>34 (8.1%)</td>
</tr>
<tr>
<td><strong>Management of sudden/unexpected death</strong></td>
<td>25 (6%)</td>
</tr>
<tr>
<td><strong>Storage, viewing and release of bodies</strong></td>
<td>18 (4.3%)</td>
</tr>
<tr>
<td><strong>Other</strong>*</td>
<td>10 (2.4%)</td>
</tr>
<tr>
<td><strong>Preservation of evidence in forensic cases</strong></td>
<td>13 (3.1%)</td>
</tr>
<tr>
<td><strong>Advanced care planning for children</strong></td>
<td>11 (2.6%)</td>
</tr>
<tr>
<td><strong>No training/awareness sessions attended</strong></td>
<td>207 (49.4%)</td>
</tr>
</tbody>
</table>

Table 16: Details of training/awareness-raising sessions attended by staff
Staff indicated a wide range of training that had been attended, including some not specified in the survey. The largest attendance recorded and related to 366 (19%) staff, was at ‘breaking bad news’ training, while 309 (16.1%) staff had attended bereavement care training and a smaller percentage had attended training in other areas e.g. 9.2% attended last offices training.  
(Ref: Staff survey p36-38)

Staff were also asked to describe issues which may prevent them accessing relevant training. These have been themed and ranked in order by number of responses in Table 17 below.

There were 431 responses obtained from 427 respondents. Some respondents provided multiple responses, relevant to more than one theme.  
(Ref: Staff survey p38-47)

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Number of Responses</th>
<th>Issues described regarding access to training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>135</td>
<td>Not aware of any or that it existed</td>
</tr>
<tr>
<td>2</td>
<td>76</td>
<td>Busy workload / staffing constraints</td>
</tr>
<tr>
<td>3</td>
<td>65</td>
<td>Getting time / leave to attend</td>
</tr>
<tr>
<td>4</td>
<td>39</td>
<td>Did not feel it was relevant to job or thought it was not applicable</td>
</tr>
<tr>
<td>5</td>
<td>31</td>
<td>Limited availability / poorly organized</td>
</tr>
<tr>
<td>6</td>
<td>27</td>
<td>Not offered by Trust</td>
</tr>
<tr>
<td>7</td>
<td>16</td>
<td>Not included in regular mandatory training or indicated as being required</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>Financial / funding constraints</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>Infrequent deaths / training not prioritized</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>Cover wide range - not specific to role/area</td>
</tr>
<tr>
<td>11</td>
<td>6</td>
<td>Fully booked when trying to access</td>
</tr>
<tr>
<td>12</td>
<td>5</td>
<td>Management do not appear to emphasize attendance/see this field as important</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>Not/rarely advertised</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>Arranged at time when it is impossible to attend</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>Course cancelled</td>
</tr>
</tbody>
</table>

Total 427

Table 17: Issues identified by staff which may prevent them accessing relevant training
Standard 7

Use of the care of the dying pathway should be promoted as a minimum safe standard

Trust responses: Although this was a recommendation in the original audit, the use of the Liverpool Care Pathway (LCP) and end of life care pathways derived from the LCP were discontinued in Northern Ireland as clinical tools, following guidance issued by the Chief Medical and Nursing Officers in the DHSSPS (July 2014). However, a decision was made by the project steering group to ask Trusts if they have an overarching policy or statement on care for the dying patient.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>1 (WHSCT)</td>
</tr>
</tbody>
</table>

Table 18: Availability of an overarching policy or statement on care for the dying patient

Trusts were asked for the document name and how this can be accessed by staff. This information is available within the organisational audit supplementary report.

(Ref: Organisational audit p25-26)

Staff responses: Staff were not asked a specific question with regard to this standard; however some staff chose to comment about care of dying patients in the summary questions.

Standard 8

Determine if operational policies for chaplain’s services are available within Trusts

Trust responses: Trusts were asked if guidance is available on chaplaincy/spiritual care.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 19: Availability of guidance on chaplaincy/spiritual care

Trusts were also asked for the document name and how this can be accessed by staff. Further details are available within the organisational audit supplementary report.

(Ref: Organisational audit p19)
Staff responses: Staff were asked, if they provide care to patients at the time of death, are they aware of when and how to access chaplaincy services (n= 1,429)*

*1,603 respondents had stated that they provide care to patients at time of death, however 174 of these respondents went on to indicate that this question was 'not applicable' to them

![Figure 5: Awareness of when and how to access chaplaincy services](chart)

Of the 128 staff who stated 'no' regarding awareness of when and how to access chaplaincy services, 48 (37.5%) were doctors; 28 (21.9%) were nurses/midwives; 27 (21.1%) were HCAs; and the remainder were AHPs, social workers, homecare or social care staff. Findings revealed that the majority (n=88, 68.8%) worked in acute hospitals.

*(Ref: Staff survey p11)*

**Standard 9**

**Determine whether governance systems are in place to ensure learning from complaints made by bereaved families**

Trust responses: Trusts were asked to describe any processes that are in place to ensure there is learning from complaints made by bereaved relatives/families.

All Trusts gave details of the processes in place to ensure this learning. Further information is detailed within the organisational audit supplementary report.

*(Ref: Organisational audit p32-33)*
**Staff responses:** Staff were asked if they had ever been involved in a complaint or an incident relating to the care of the dying, deceased or bereaved.

The majority of respondents (n= 1,681, 87.8%) had never been involved in a complaint compared to 198 (10.3%) respondents who had.

The majority of respondents (n= 1,675, 87.5%) had never been involved in an incident, compared to 206 (10.8%) who had.

Of those participants involved in incidents, most were nurses/midwives (n=137, 66.5%) or doctors (n=38, 18.4%) and most worked in adult settings (n=133, 64.6%) This would be reflective of the percentage of nurses and midwives and staff from acute settings who responded to the survey.

When asked about involvement in an incident or a complaint relating to the care of the dying, deceased or bereaved, of those who had been involved in a complaint (n=198) or an incident (n=206) there were 217 respondents (71.6%) who indicated that learning had been identified, with 41 (13.2%) stating that no learning had been identified.

*Figure 6: Has learning been identified from incidents or complaints?*
Standard 10

Determine if systems are in place to obtain feedback from bereaved relatives

Trust responses: Trusts were asked if governance systems/arrangements are 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:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 20: Existence of governance systems/arrangements to actively seek feedback from relatives on care provided to dying or deceased patients and bereaved families

(Ref: Organisational audit p29-30)

Staff responses: Staff were asked if they have received feedback from bereaved relatives, either positive or negative, on the care they had provided. \((n=1,597)^*\)

*Of 1,914 total respondents 317 of these indicated that this question was ‘not applicable’ to them

![Pie chart](chart.png)

Figure 7: Have staff received feedback from bereaved relatives on care provided?

(Ref: Staff survey p25-26)
Of those who received feedback from bereaved relatives, the majority identified themselves as either being a:

- Nurse/midwife: 833 (69%);
- Doctor: 134 (11.1%); or
- HCA: 108 (8.9%).

**Trust responses:** In addition Trusts were asked if governance systems/arrangements are 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:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 21: Existence of governance systems to actively seek feedback from staff on care provided to dying or deceased patients and bereaved families

*(Ref: Organisational audit p30-31)*

**Staff responses:** Staff were asked if they have received feedback from their line manager, regarding the care they had provided for dying patients or bereaved relatives:

![Feedback received from line manager](image)

Figure 8: Feedback received from line manager regarding the care provided

*(Ref: Staff survey p 26-28)*
Standard 11

Determine if information booklets for bereaved relatives are audited

Trust responses: Trusts were asked if they have written information available for bereaved relatives/families:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 22: Availability of written information available for bereaved relatives/families

Further details regarding the written information available and additional resources described by Trusts is detailed in the organisational audit supplementary report.

(Ref: Organisational audit p33-34)

Trusts were also asked if they audit the provision of the Trust Bereavement booklet to relatives:

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of HSC Trusts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 23: Evidence of audit of the provision of the Trust Bereavement booklet to relatives

Examples of audit undertaken include:

- a pilot project has been undertaken 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. Bimonthly chart audits were carried out;
- in some areas, when families are contacted they are asked if they receive a booklet, and booklets are restocked by TBC as requested; and
- Trust Bereavement Booklets are centrally stored by the TBC and 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.

(Ref: Organisational audit p35)
**Staff responses:** Staff were asked, when death occurs, if they provide written information to bereaved relatives (n=1,535)*:

* Of 1,914 total respondents 379 of these indicated that this question was ‘not applicable’ to them

<table>
<thead>
<tr>
<th>Answer</th>
<th>Trust</th>
<th>NHSCT (n=1,535)</th>
<th>WHSCT (n=1,535)</th>
<th>BHSCT (n=1,535)</th>
<th>SHSCT (n=1,535)</th>
<th>SEHSCT (n=1,535)</th>
<th>Total (n=1,535)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Trust</td>
<td>189 (57.4%)</td>
<td>67 (47.5%)</td>
<td>383 (60%)</td>
<td>97 (51.6%)</td>
<td>173 (72.4%)</td>
<td>909 (59.2%)</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>134 (40.7%)</td>
<td>68 (48.2%)</td>
<td>227 (35.6%)</td>
<td>86 (45.7%)</td>
<td>61 (25.5%)</td>
<td>576 (37.5%)</td>
</tr>
<tr>
<td>Not recorded</td>
<td></td>
<td>6 (1.8%)</td>
<td>6 (4.3%)</td>
<td>28 (4.4%)</td>
<td>5 (2.7%)</td>
<td>5 (2.1%)</td>
<td>50 (3.3%)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>329 (100%)</td>
<td>141 (100%)</td>
<td>638 (100%)</td>
<td>188 (100%)</td>
<td>239 (100%)</td>
<td>1,535 (100%)</td>
</tr>
</tbody>
</table>

Table 24: Staff responses in relation to provision of written information to bereaved relatives

Staff were asked to indicate the resources or information used. Of those who do provide written information to relatives, the majority (n=730, 80.3%) use the Trust bereavement booklet. Other resources used are outlined in the table below:

<table>
<thead>
<tr>
<th>Some members of staff use more than one resource</th>
<th>Trust</th>
<th>NHSCT (n=189)</th>
<th>WHSCT (n=67)</th>
<th>BHSCT (n=383)</th>
<th>SHSCT (n=97)</th>
<th>SEHSCT (n=173)</th>
<th>Total (n=909)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Bereavement Booklet</td>
<td></td>
<td>146 (77.2%)</td>
<td>47 (70.1%)</td>
<td>323 (84.3%)</td>
<td>59 (60.8%)</td>
<td>155 (89.6%)</td>
<td>730 (80.3%)</td>
</tr>
<tr>
<td>Information Booklet for parents on death of a child</td>
<td></td>
<td>55 (29.1%)</td>
<td>9 (13.4%)</td>
<td>84 (21.9%)</td>
<td>31 (32%)</td>
<td>21 (12.1%)</td>
<td>200 (22%)</td>
</tr>
<tr>
<td>Information Booklet for parents who suffer a still birth or neonatal death</td>
<td></td>
<td>54 (28.6%)</td>
<td>9 (13.4%)</td>
<td>31 (8.1%)</td>
<td>30 (30.9%)</td>
<td>17 (9.8%)</td>
<td>141 (15.5%)</td>
</tr>
<tr>
<td>Information Booklet for parents who suffer a miscarriage</td>
<td></td>
<td>41 (21.7%)</td>
<td>9 (13.4%)</td>
<td>11 (2.9%)</td>
<td>19 (19.6%)</td>
<td>15 (8.7%)</td>
<td>95 (10.5%)</td>
</tr>
<tr>
<td>Information for families bereaved through suicide</td>
<td></td>
<td>15 (7.9%)</td>
<td>6 (9%)</td>
<td>28 (7.3%)</td>
<td>12 (12.4%)</td>
<td>5 (2.9%)</td>
<td>66 (7.3%)</td>
</tr>
<tr>
<td>‘When someone close to you dies, a guide for talking with and supporting children’</td>
<td></td>
<td>34 (18%)</td>
<td>14 (20.9%)</td>
<td>71 (18.5%)</td>
<td>19 (19.6%)</td>
<td>13 (7.5%)</td>
<td>151 (16.6%)</td>
</tr>
<tr>
<td>Dealing with Sudden Death: Common grief reactions</td>
<td></td>
<td>22 (11.6%)</td>
<td>2 (3%)</td>
<td>92 (24%)</td>
<td>12 (12.4%)</td>
<td>8 (4.6%)</td>
<td>136 (15%)</td>
</tr>
<tr>
<td>Hospital post-mortem examination of a child or adult – information for parents/relatives</td>
<td></td>
<td>50 (26.5%)</td>
<td>6 (9%)</td>
<td>66 (17.2%)</td>
<td>8 (8.2%)</td>
<td>31 (17.9%)</td>
<td>161 (17.7%)</td>
</tr>
</tbody>
</table>
### Table 25: Details of staff responses relating to type of resources or information provided to bereaved relatives

(Ref: Staff survey p16-17)

Findings indicated that 576 (30%) staff do not provide written information. Two hundred and thirteen staff clarified the reason why they do not provide written information. These responses have been themed and ranked in order by number of responses in Table 26 below.

(Ref: Staff survey p18-23)

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Number of Responses</th>
<th>If you do not provide written information to bereaved relatives, what prevents you from providing such information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>42</td>
<td>None available</td>
</tr>
<tr>
<td>2</td>
<td>41</td>
<td>Nursing staff / other professional provides it</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>Not my role / responsibility</td>
</tr>
<tr>
<td>4</td>
<td>24</td>
<td>Not aware such information exists</td>
</tr>
<tr>
<td>5</td>
<td>21</td>
<td>Not appropriate to give at this time / not relevant / no reason to give it</td>
</tr>
<tr>
<td>6</td>
<td>16</td>
<td>Provide information verbally</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>Need more training on speaking to relatives/ unsure what to provide</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>Relatives don’t appear to need it/ don’t ask/ leave too soon</td>
</tr>
<tr>
<td>9</td>
<td>8</td>
<td>Not present at time of death/ rare event</td>
</tr>
<tr>
<td>10</td>
<td>7</td>
<td>Don’t know where to get it/ access it</td>
</tr>
<tr>
<td>11</td>
<td>5</td>
<td>Never knew it was needed/ not emphasized enough</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>‘Assumptions’ made regarding what staff presume relatives already know / have public access to</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>*Some staff responses included comments related to more than one theme</td>
</tr>
</tbody>
</table>

Table 26: Staff responses regarding barriers to the provision of information to bereaved relatives
**Standard 12**

Determine if new capital builds and refurbishment programmes have taken into account the need to include areas to promote privacy and dignity for dying patients and bereaved families

**Trust responses:** Trusts were asked to identify whether they have had any new buildings or refurbishments for inpatient services (including emergency departments) since 2009. In this period, all Trusts had opened new buildings for inpatient services. Three Trusts had also refurbished some facilities. Each described measures taken to promote privacy and dignity for dying patients and bereaved families in these facilities.

Descriptions of how Trusts met the need for privacy and dignity for dying patients and bereaved families in these facilities are available from the GAIN website – www.gain-ni.org.

*(Ref: Organisational audit p35-37)*

Information was sought on Trust facilities for viewing of the remains of deceased patients by families. All Trusts responded that viewing of the remains of deceased patients could be facilitated on wards. Three Trusts (BHSCT, SHSCT and SEHSCT) confirmed that viewing can be facilitated in the mortuary and on the ward within acute hospital settings.

*(Ref: Organisational audit Appendix 3 p59-61)*

**Summary Questions**

**Trust responses:** At the end of the organisational proforma Trusts were invited to contribute further comments in relation to dying, death and bereavement.

Further comments were received from two Trusts (BHSCT and SHSCT). One provided a summary of progress and another detailed current initiatives from their Bereavement Forum.

*(Ref: Organisational audit p38)*

**Staff responses:** At the end of the staff survey, respondents were given the opportunity to outline any changes or initiatives which have improved care before, at the time of, or after death in their area of practice. Of those who responded from the staff survey 1,457 indicated that the question was applicable.

Findings indicated that: 569 (39%) staff were aware of changes or initiatives; 687 (47.2%) staff were not aware and 201 (13.8%) staff did not record a response.

Staff comments were manually themed and the initiatives most frequently cited across Trusts were:

- bereavement boxes (available in a designated area on wards and departments, containing bereavement resources required to provide sensitive and effective bereavement care, e.g. bereavement information booklets, body transfer books);
- bereavement information booklets;
- waterlily symbol (a pictorial trigger used on wards to indicate that a death has occurred, designed to promote privacy and dignity);
• training and awareness sessions;
• use of patient property bags (specific cloth bags used for the dignified return of property to bereaved families when their loved one has died in an inpatient setting);
• Bereavement Coordinator;
• improvements to documentation and guidelines; and
• body transfer forms initiated.

Full details of comments provided are detailed in the staff survey supplementary report.

(Ref: Staff survey p49-60, with themed comments available at p82-87)

**Staff responses:** Respondents were given the opportunity to suggest how death, dying and bereavement information, resources or services could be improved. In total 454 (23.7%) staff provided suggestions.

In all Trusts the most common suggestion to improve death, dying and bereavement resources or services were as follows:

• additional bereavement training/updates (n=175);
• easy access to / availability of information (n=35);
• easy access to debriefing (n=29); and
• relatives rooms in wards (n=23).

Full details of comments provided are detailed in the staff survey supplementary report.

(Ref: Staff survey p60-77, with themed comments available at p88-94)
Discussion and summary of audit findings

The re-audit findings have demonstrated that actions have been taken by Trusts to have appropriate strategy, policies and guidelines in place relevant to the management of death and bereavement care as recommended in the original audit. Findings from the staff survey indicate the extent of their awareness of these actions.

In this section the Trust (n=5) and staff responses (n=1,914) will be summarised and the analysis of the results will be discussed.

Statistics from Northern Ireland Statistics and Research Agency (NISRA) regarding place of death indicate there were 14,678 deaths in Northern Ireland in 2014, of these 7,040 people (48%) died in hospital, 2,807 (19.1%) died in a nursing home and 4,831 (32.9%) died in all other places. All other places would include death at home.

More deaths in Northern Ireland occur in a hospital setting than in other places. It is therefore not surprising that the highest proportion of staff who responded (n= 1,456, 76.1%), work within an acute hospital setting. The lower number of responses from staff working in the community setting, 13.8% of all respondents, may be indicative of the lower proportion of deaths occurring at home.

**Standard 1 - Determine if Trusts/Trust staff are aware that a strategy for bereavement care has been developed**

- **Trust responses**

  All Trusts are aware of the HSC Strategy for Bereavement Care and have a Bereavement Forum in place to support its implementation.

- **Staff responses**

  Fifty per cent of staff are aware of the HSC Strategy for Bereavement Care.

- **Discussion**

  A recommendation of the original audit was: ‘to develop a strategy for bereavement care, to inform the direction of end of life and bereavement care in Northern Ireland.’ A Bereavement Strategy was launched by the Department of Health, Social Services and Public Safety in June 2009. Each Trust was directed to implement the strategy.

  The original recommendation has been achieved with the development of the strategy and the establishment of a Bereavement Forum in each Trust; however in light of the staff survey findings, there is scope for ongoing awareness-raising with staff of the bereavement strategy and the standard of care it promotes.
Standard 2

Determine if Trusts have an overarching policy on care of the dying and the management of death to include written guidance on:

- Last offices;
- All aspects of identification, transfer, storage, viewing and release of bodies;
- The issue of the Medical Certificate of Cause of Death;
- Reporting deaths to the Coroners Service;
- The management of sudden, unexpected death and the preservation of evidence in forensic cases; and
- A clear system of informing other professionals of the death

**Trust responses**

All Trusts have policy, procedure and guidance in place in the required areas. They also have additional policies, procedures and guidance for other areas relevant to death and bereavement. Access is primarily provided via Trust intranet sites and policy libraries.

**Staff responses**

Eight hundred and twenty eight (68.6%) nurses/midwives are aware of guidance on last offices, 799 (66.2%) of guidance on identification and transfer of bodies and 738 (61.1%) are aware of breaking bad news guidance. For medical staff 157 (86.3%) are aware of guidance on issuing of medical certificate of cause of death, 147 (80.8%) of guidance on reporting deaths to the coroner and 125 (68.7%) are aware of breaking bad news guidance. This would be in keeping with the particular role they perform.

Some staff identified additional policies which they follow, particular to their role or the service in which they provide care.

How policies and procedures are accessed was ascertained from staff with 78% knowing how to access these. There are however a number who do not. Significantly this includes nursing and medical staff.

When staff were asked about documentation used to accompany bodies on transfer to the mortuary or funeral director, 86.2% of staff reported that they use the body transfer form. The preparation of a deceased patient for removal from their place of death is the role of nurses and HCAs. Of the small percentage of staff who did not indicate they used the body transfer form, the majority were nurses and health care assistants.


- **Discussion**

Standard 2 has been met by all Trusts as they have in place the specific guidelines recommended in the original audit. It is encouraging to note that Trusts have developed further policies, procedures and guidelines, due to additional recommendations of the HSC Bereavement Strategy and in response to other strategies and directives, or perhaps as a result of the need of a particular service. Trusts who have not developed this additional guidance should consider doing so e.g. ‘Advanced care planning for children’ guidance.

As a point of note, some staff indicated they were aware of or follow guidance or policies which Trusts did not indicate that they have in existence, e.g. Advance Care Planning Guidance for Children. However, the reasons for this are unclear, and the methodology of the staff survey did not provide an opportunity for clarification. There may be some ambiguity with staff as to what constitutes a policy, procedure or guideline, or staff may have been following a more local form of guidance within their area or department.

It is important that staff are aware of, know how to access and follow standards and guidelines relevant to their professional role and practice. For example all nurses and midwives should be familiar with guidance on last offices and all medical staff should be aware of guidance on issuing medical certificates of cause of death and reporting deaths to the Coroner.

A review is currently being undertaken by the DHSSPS of the ‘Guidance on Death, Stillbirth and Cremation Certification’. The implementation of the reviewed guidance and the recommendations from the associated steering group will influence practice in relation to death certification in the future.

Regional guidance is currently being developed by the HSC Bereavement Network Board on care of the deceased person and their relatives, the implementation of this guidance will highlight the importance of adherence to guidelines on last offices for nurses.

Measures should be taken by Trusts to assure themselves that staff follow guidance relevant to their scope of practice.

A small but significant number of staff who responded to the survey indicated they are not aware of how/where to access relevant guidance.

Prior to the introduction of the regional Body Transfer Form Trusts used a range of documents to provide mortuary staff with information relevant to the deceased, such as the mortuary slip. The HSC Strategy for Bereavement Care recommended that Trusts should agree a minimum set of information to be transferred with the body of the deceased; and as a result the body transfer form was developed and implemented in 2012. The large percentage of staff who indicated knowledge of the body transfer form is an indication of the successful introduction of this relatively new regional form.

There is a need to ensure appropriate documentation accompanies the body in order to ensure good practice for transfer, storage and release of bodies. Therefore Trusts should
continue this good practice and ensure all staff comply with requirements through a system of audit. The mortuary slip should now be obsolete.

**Standard 3**

**Determine if corporate and local induction covers issues concerning death and bereavement as relevant to the role of the staff concerned**

- **Trust responses**

Four Trusts cover issues concerning death and bereavement at corporate induction, with all Trusts including this in professional induction for nursing, midwifery and medical staff. Two Trusts cover this at induction for allied health professionals and 3 at other profession-specific induction.

- **Staff responses**

Of 916 respondents, 256 (28%) stated that they received information on dealing with death, grief and bereavement at corporate induction, 190 (21.4%) received it at professional induction and 275 (29.4%) at department/service or team induction.

- **Discussion**

The methods of provision of information at induction vary from face-to-face presentation to the provision of a leaflet. Whilst efforts have been made to provide information at corporate, professional and local induction, a lower percentage of staff indicate that they received this information. Trusts need to consider the methods and effectiveness of provision of this information, explore how to maximise opportunities and improve staff uptake of induction programmes.

Induction is an area where there is an opportunity for the structure, content and information relating to death and bereavement on these programmes to be standardised across Trusts.

**Standard 4**

**Determine whether Trusts offer training in consent for hospital post mortem examinations to those senior medical staff who may be required to seek consent**

- **Trust responses**

All Trusts offer consent for hospital post mortem training, therefore the original recommendation is met in full.

- **Staff responses**

Fifty-six (41.8%) staff who responded to this question said they have completed training on seeking consent for hospital post mortem in the previous 3 years, with 74 (55.2%) responding
that they have not. Of those who have not completed training, there is a limited awareness of what training is available or how to access it.

**Discussion**

A policy, ‘Consent for hospital post mortem examination: HSC regional policy’, which meets Human Tissue Authority (HTA) requirements, has been in place since 2011.

A regional training package ‘Seeking and obtaining consent for hospital post mortem examination’, which is a mandatory requirement every three years for all those who obtain consent, was introduced in January 2014. Training and audit of compliance is the responsibility of TBCs, in partnership with pathology services. Recent HTA inspections have emphasised the need for staff who seek consent to have undertaken training. The majority of consented hospital post mortems are requested in obstetrics, gynaecology and paediatric work areas.

Based on responses to the staff survey, less than half of those staff who identified themselves as seeking consent are up-to-date with training. Trusts should be aware that training is mandatory and in line with HTA requirements; compliance should be audited.

**Standard 5**

**Determine if staff are made aware of support systems available to them**

- **Trust responses**

  All Trusts have systems in place to support staff to care for dying or deceased patients and bereaved relatives.

- **Staff responses**

  Of staff who responded, 988 (54.9%) are aware of systems to support them in relation to care for dying or deceased patients and bereaved relatives. This either indicates that some staff are unaware of available support systems within their workplace, or that they may be unaware that the support systems available can be accessed for support in relation to this aspect of their role.

- **Discussion**

  In this case the recommendation from Phase 1 of the original audit has been partially met as, based on the audit responses, many, but not all staff, are aware of support systems available to them in these circumstances.

  In Phase 2 of the original audit, where staff were asked to tell a story about the death of a patient they were caring for, two thirds of respondents described the situation as having had a positive or strongly positive emotional impact on them.

  A study of medical staff responses to patient deaths by Moores et al (2007) revealed a high level of professional satisfaction and coping well following death from the majority of
participants. However it also reported 1 in 10 experiencing emotional responses of moderate to severe intensity. This report suggested that repeated exposure to intense emotions in an ‘unsupported’ environment can lead to burnout; therefore there is a need to consider recognition, relief and management of the stress that may arise when staff care for dying patients and bereaved relatives.

Of those who are aware of support systems, there is a relatively even spread of awareness of them, with between 449 (45.4%) and 552 (55.9%) respondents being aware of most systems.

However, not all responded to each part of this question, particularly in relation to whether they knew how to avail of the system or whether they had ever used it. It is therefore difficult to accurately analyse these further elements.

When asked to describe examples of changes or initiatives leading to improvements in care in the summary questions within the staff survey, seven respondents cited debriefing and the use of Carecall/staff care; and equally six respondents when asked to identify areas for improvement suggested staff support/support service and debriefing.

These responses would indicate that there is a need to reinforce with staff those support systems which are available to them.

Standard 6

Determine if staff have opportunities for development and training in the care of the dying patient and bereaved relatives

- Trust responses

All Trusts recorded a broad range of opportunities for staff development and training in the care of dying patients and bereaved relatives.

- Staff responses

Staff cited various training sessions and subject areas covered by training attended, percentages attending were low, ranging from 1.7% to 19.1% of respondents. Overall there were 1,041 (54.4%) of respondents who had not attended any type of training.

When asked what prevented them accessing relevant training, the themes emerging included:

- staff unaware of training;
- staff unable to attend due to time constraints, staff shortage and inability to be released from the clinical setting;
- staff did not feel it was relevant or applicable; and
- training is unavailable / not mandatory.

- Discussion

Based on responses, the percentage of staff who avail of training opportunities is low. The comments provided suggest that there are significant challenges for HSC staff to avail of training and for Trusts to facilitate their attendance.
The second phase of the original audit found that when professionals identified that their training and experience helped them a lot, they were more likely to describe a positive experience. The original audit also found that the experience of dying patients and their families is influenced positively or negatively by the skills of those caring for them. It noted that the death of a patient affects professionals, and most rely on their peers to help deal with their feelings. Training and mentoring can equip professionals to take care of their patients, themselves and each other.

As there is evidence that staff competence and confidence in caring for dying and deceased patients and bereaved people can have an impact on the experience of those receiving care and those providing care, training is very important.

The re-audit findings suggest that more awareness needs to be raised of the training that is available. Consideration should also be given to staff access to training, to include alternative methods of provision, such as via e learning.

Consideration should be given to the level and type of training required for staff, depending on their role and responsibility, in relation to dying, death and bereavement care. For some staff, certain training may need to be mandatory in order that organisations can be assured of the standard and quality of care provided.

**Standard 7**

*Use of the care of the dying pathway should be promoted as a minimum safe standard*

- **Trust responses**

Four Trusts have an overarching policy or statement of care in place on care of the dying patient. The original recommendation no longer applies due to the withdrawal of the LCP or End of life care pathway.

- **Discussion**

The DHSSPS 2014 Circular advised that care of dying people no longer be guided by the LCP, and set out five principles which should underpin quality care in the final days and hours of life.

A guideline on ‘Care of dying adults in the last days of life’ has also been published by The National Institute for Health and Care Excellence (NICE) in December 2015. The DHSSPS has recently reviewed the NICE guidance and has formally endorsed it as applicable in Northern Ireland.

Phase 2 of the original audit identified that the experience of bereaved people can be positively or adversely affected by the care they or their loved one received, and the quality of that care can impact on the wellbeing of bereaved people and their memory of the event.
Based on responses to the summary questions in the staff survey and the comments provided, further regional guidance and training on care planning for dying patients is required.

When asked about any changes or initiatives that have improved care in the last five years, 27 staff stated the implementation of the care of the dying pathway, 21 cited the removal of the LCP and 17 mentioned the implementation of the LCP, but clarified that it was now withdrawn. It was difficult to analyse these responses, as in some cases it is unclear whether the staff are indicating that its removal was positive, or if it had been a positive initiative before it was removed.

When asked to provide suggestions of changes or initiatives to improve care in the future, 21 staff stated either bringing back the LCP or development of a replacement of the pathway. Even though staff were not asked a specific question about care planning for the dying or the LCP, they took the opportunity in the summary questions to raise awareness that this was an issue for them.

In light of this evidence and the comments made by staff about care planning for dying patients, it should be a regional priority to provide clear guidance that will enable these principles for care to become firmly embedded into practice.

**Standard 8**

**Determine if operational policies for chaplain’s services are available within Trusts**

- **Trust responses**

  All Trusts responded that they have guidance on chaplaincy/spiritual care.

- **Staff responses**

  A large number of staff responded that they are aware of when and how to access chaplaincy services with 1,290 (90.3%) responding yes and only 128 (9%) saying ‘no’. Of the small number who said ‘no’, 48 (37.5%) are doctors, 28 (21.9%) are nurses/midwives and 27 (21.1%) are HCAs.

**Discussion**

The recommendation from Phase 1 of the original audit has been met with the presence of guidance on spiritual care in all Trusts and with a large proportion of staff being aware of how and when to access chaplaincy services.

Of those who said ‘no’ 26 (20.3%) work in community settings where chaplains would not be available, as they are specifically employed to work in Trust facilities.
Standard 9

Determine whether governance systems are in place to ensure learning from complaints made by bereaved families

- **Trust responses**

  All Trusts detailed systems in place to ensure learning from complaints.

- **Staff responses**

  The majority of staff who responded to the survey had not been involved in a complaint or an incident.

  One hundred and ninety-eight (10.3%) respondents had been involved in a complaint and 206 (10.8%) had been involved in an incident. The majority (n= 137, 66.5%) of those involved in an incident were nurses/midwives and 133 (64.6%) work in an adult setting. This would be reflective of the percentage of nurses/midwives and the percentage of staff from adult settings who responded to the survey, and therefore no further inference could be drawn from this. Of those involved in an incident or complaint, 217 (71.6%) reported learning from this, with only 41 (13.5%) responding that there hadn’t been learning identified.

- **Discussion**

  The original recommendation, that governance systems should ensure learning from complaints made by bereaved families, is fully met by the systems which Trusts have described.

  An encouraging number of staff involved in incidents and complaints are aware of learning identified. It is difficult to analyse whether those respondents who stated that there was no learning, had not had learning shared with them, or whether there was no learning applicable to them, therefore no further recommendations can be made regarding this, except to encourage Trusts to continue to build on good practice in this area.

Standard 10

Determine if systems are in place to obtain feedback from bereaved relatives

- **Trust responses**

  All Trusts responded that they have governance systems/arrangements in place to actively seek feedback from relatives.

  All Trusts also responded that they have systems in place to seek feedback from staff on care provided.
Staff responses
A large number of staff (n=1,208, 75.6%), responded that they have received feedback provided by relatives on care given, whether positive or negative. Only 352 (22%) respondents reported not having received feedback.

However, a larger proportion of staff (n=832, 43.5 %), reported not having receiving feedback from their line manager on care provided. Of those who did receive it, some had received it from more than one source. The most common method of receiving feedback was via staff or team meetings.

Discussion
The original recommendation is fully met, as all Trusts responded that systems are in place to obtain feedback from bereaved relatives.

Feedback is obtained from bereaved relatives from a variety of sources. It may have been beneficial in the re-audit to ask staff how this is obtained from relatives and whether the feedback had been of a positive or negative nature.

There is a significant number of staff who have not received feedback from their line manager. It should be emphasised to managers that it is important to disseminate any feedback to staff on the care they provide to dying patients and their bereaved relatives, whether this is positive or negative.

Standard 11
Determine if information booklets for bereaved relatives are audited

Trust responses
All Trusts responded that they have written information available for relatives bereaved in a range of circumstances, and three Trusts audit the provision of this information. However, there is variation in the nature of the audit that is carried out in each Trust

Staff responses
Findings reveal that 909 (59.2%) staff provide written information to families. Trust bereavement booklets were the most commonly used (80.3%).

Of the 576 (37.5%) staff stating that they do not provide written information, the main reasons given by staff were as follows:

- that there is none available or they are not aware such information exists;
- that another professional provides it or it is not their role; and
- some staff also said that they provide information verbally or that it is not relevant or not the appropriate time to give it.
## Discussion

The HSC Services Strategy for Bereavement Care (2009) states that good communication and appropriate information can assist people to make informed choices and support bereaved families, reduce anxiety and strengthen coping mechanisms. It recommends that timely and accessible information pertaining to death, loss, and bereavement should be communicated verbally and reinforced/supported by written information.

Aoun (2014) describes a 3-tier public health model of bereavement care that promotes the provision of information about bereavement and relevant support after death as the first tier in an approach to enhance the wellbeing of bereaved people.

Since the original audit Trusts have developed additional booklets for specific circumstances of bereavement in response to service needs, or alternatively have sourced appropriate resources from other agencies, as evidenced in the staff responses.

Some Trust information booklets have been made available in a range of languages and those bereavement booklets published by DHSSPSNI have been translated into the most frequently used languages of the region.

As there was a proportion of staff who didn’t provide information, offering a range of reasons, some consideration should be given to raising-awareness of the value of written information to supplement verbal communication at a time when bereaved people find it hard to remember what they are told.

Initial focus in Trusts, following the launch of the HSC Bereavement Strategy, was on ensuring there was a range of suitable information developed or sourced from bereavement support organisations.

The original recommendation that information booklets for bereaved relatives should be audited is partially met. Trusts should consider how this could be achieved as there are variances in how this is done e.g. some Trusts audit the information booklet provision, others the suitability of content. A standard approach across the region should be considered, both as to how to audit the provision of information and the relatives view of the content. Revision to content should also be considered following feedback from families.

### Standard 12

**Determine if new capital builds and refurbishment programmes have taken into account the need to include areas to promote privacy and dignity for dying patients and bereaved families**

All Trusts have undertaken capital builds and three have undertaken refurbishment projects. All have evidenced measures to promote privacy and dignity for dying patients and bereaved families. The original recommendation has therefore been fully met.
Additional information was sought regarding facilitation of viewing of the remains of deceased patients by families. Two Trusts responded that they are not able to facilitate viewing in the mortuary for every acute hospital site. However all Trusts indicated that viewing is offered on wards and three also facilitate viewing in the mortuary.

- **Discussion**

When endeavouring to create a supportive experience at a difficult time, Trusts should continue to make facilities available for relatives, particularly in acute hospital settings, where a major refurbishment is not planned.

It is acknowledged that most families will be facilitated to view the deceased on ward areas. On those occasions where this is not possible, other viewing facilities e.g. the mortuary, should be available and of a standard that is accessible to relatives.

**Summary questions**

Many examples of changes or initiatives to improve care were cited by staff across all Trusts.

Trusts could consider raising awareness of initiatives which are in place and have resulted in improvement, and sharing these with other Trusts as appropriate.

The main suggestion from staff for improvement was in relation to the availability of more mandatory and optional bereavement training and updates. When these comments are linked to the findings in standard 6, it strengthens the need to consider the availability of appropriate training, how awareness could be raised of current opportunities available and how these could be more readily accessible to staff.

**Audit limitations**

1. It became apparent early in data collection that there were limitations to the electronic survey completion method. There was a poor uptake of this option as some staff do not have electronic access and others found the demands of the clinical environment prevented them having time to access it. Returns greatly improved when paper questionnaires were distributed to the clinical areas.

2. Staff at times recorded that they follow a policy not included in the organisational response. This may have been the result of policies being listed on the questionnaire requiring tick-box answers. The tick-box option was felt to be necessary as the pilot had captured many names for similar policies. It could be considered that some staff may have responded differently if they had been required to name the policies and guidelines which they followed rather than choosing from a predetermined list. Face-to-face interviews or focus groups would have provided an opportunity to clarify information provided, but equally may have had limitations regarding the numbers participating across staff role and work setting.
Conclusions

The majority of the recommendations for Trusts from Phase 1 of the original audit have been met fully, with the remaining small number at least partially met. This has been evident through the organisational responses from Trusts, with the development of a regional bereavement strategy, the development of a variety of policies, procedures and guidelines, the provision of bereavement resources and the availability of training and development opportunities for staff.

The number of respondents to the staff survey during this re-audit was encouraging. The majority of respondents indicated that their role involved provision of care at end of life, around the time of, after death, or into bereavement. The sample was therefore reflective of the cohort of staff who care for patients at end of life and for bereaved relatives.

However, the staff survey provided evidence that, although work has been progressed to ensure Trusts have the necessary resources to provide optimum care around the time of, after death and into bereavement, there is some disparity between what organisations have in place and what staff are aware of and use. There is further work required to ensure all staff working in health and social care, who are responsible for providing care at this time, have the necessary knowledge and skills and awareness of the resources available to them to enhance the standard of bereavement care.

Trusts need to re-examine how they make training available and accessible to staff, how they advertise it and how they disseminate information on new policies, guidance and initiatives.

Staff responses demonstrate the value in ensuring that staff receive prompt and timely feedback in relation to improvements and learning following incidents and complaints.

To complete the audit cycle for Phase 2 of the original audit, the HSC Bereavement Network Board will undertake a re-audit to capture the experiences of people bereaved in recent times.

The results of this re-audit indicate how much progress has been made in the field of bereavement care since the development of the HSC Bereavement Strategy for Bereavement Care. The task of raising awareness will continue, to ensure that all staff who support bereaved people can respond in the most appropriate way according to their respective roles, so that bereaved people receiving that care and support are helped in all ways possible at what is always a very difficult time.
Recommendations

Recommendation 1:

The HSC Bereavement Network Board should work with the DHSSPS to review and update the HSC Services Strategy for Bereavement Care in light of the findings of this re-audit. Future consideration should be given to a re-audit of Phase 2 of the original audit.

The reviewed Strategy should continue to focus on maintaining and improving the standard of care delivered to, and experienced by, patients and relatives around the time of death and bereavement. This would be an opportunity to share examples of good practice since the Strategy’s implementation in 2009. The HSC Bereavement Network Board and DHSSPS should continue to embed the standards of the Strategy in Trusts, alongside other regional standards and guidance which are being implemented as applicable to dying, death and bereavement.

Trusts should raise awareness of the Strategy with all staff who provide care at end of life and into bereavement. Compliance with the standards should be audited by Trusts to provide assurance that the Strategy is being implemented.

Recommendation 2:

Trusts should ensure that staff providing care at end of life and into bereavement are aware of policies, procedures and guidance relevant to care of the dying, the deceased and bereaved by:

- having a full range of the required policies, procedures and guidance in place;
- making staff aware of the policies, procedures and guidance which apply to their practice;
- ensuring policies, procedures and guidance are readily accessible;
- raising awareness regarding the use of the body transfer form with relevant staff; and ensuring all staff comply with requirements for use through a system of audit.

Recommendation 3:

Trusts should assess/audit the level and type of training required for staff, depending on their role, in relation to end of life and bereavement care, in order that they can be assured of the standard and quality of care provided. In particular they should:

- review the structure, content and information provided on induction programmes;
- ensure that HSC staff are made aware of training opportunities available;
- consider how best to facilitate HSC staff access to training, e.g. the provision of training in or near the clinical area;
- identify roles and professions for which bereavement training should be mandatory and at what level; and
- ensure training commissioned for HSC staff from education providers meets the standards for bereavement care.
Opportunities should be taken for standardisation of training across Trusts following review of existing programmes.

**Recommendation 4:**

Trusts should raise awareness of the availability of training on seeking consent for hospital post mortem examination and emphasise the mandatory requirement for relevant staff to complete this training every three years.

They should ensure:
- a system is in place to record that those who are seeking consent and requesting hospital post mortem examinations have completed training particularly within Obstetrics and Gynaecology and Paediatrics;
- that compliance of attendance at this training is audited against HTA standards; and
- Trusts should consider identifying a senior medical clinician to champion this training within Obstetrics and Gynaecology in collaboration with TBCs.

**Recommendation 5:**

Trusts and services should continue to provide and promote awareness of a range of systems and mechanisms that support HSC staff caring for patients at end of life and for their bereaved relatives.

In particular, attention should be given to:
- ongoing support for HSC staff who work directly with dying patients and/or bereaved families; and
- specific support for HSC staff following a serious incident/traumatic event at work.

**Recommendation 6:**

Trusts and service managers should ensure feedback is given to staff regarding the care provided to dying patients and/or their bereaved relatives regardless of whether this is positive or negative. This should include the sharing of any learning from complaints and/or incidents.

**Recommendation 7:**

All Trusts should ensure that:
- staff who are responsible for the provision of written bereavement information to relatives are aware of its value in supplementing verbal communication;
- written information appropriate to the circumstances of death is offered to every bereaved family and should be accessible and available in a format which meets the needs of the individual affected, including translated and easy-read versions. Translation of resources not currently available in other languages should be facilitated;
- ongoing audit of information booklets for bereaved relatives occurs. A standardised approach to the auditing of booklets should be agreed to include audit of provision and relatives’ view of content. Booklets should be reviewed following audit; and
there is a mechanism for recording the provision of bereavement information to relatives.

Recommendation 8:

Trusts and relevant HSC bodies responsible for palliative and end of life care strategy and policy should take measures to ensure that the principles that underpin care planning for dying patients are interpreted and embedded in practice.

Recommendation 9:

Trusts should ensure that all mortuaries are of a standard that supports sensitive and respectful viewing of deceased patients when the need arises.
References


   http://www.gain-ni.org/index.php/audits/audit

   http://www.gain-ni.org/index.php/audits/audit


6. HSS (MD) 21/2014. Advice to Health and Social Care Professionals for care of the dying person in the final days and hours of life – phasing out of the Liverpool Care Pathway in Northern Ireland by 31 October 2014.  

7. HSC Consent for Hospital Post Mortem Examination Regional Policy 2015 
   https://www.dhsspsni.gov.uk/articles/postmortem-examinations-consent-forms-and-careplan


   https://www.nisra.gov.uk/archive/demography/publications/annual reports/2014/tables5.11_2014.xlsx


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**Sources of advice in relation to the report**

The GAIN Office should be contacted with regard to any queries regarding this report and they will liaise with the report authors, as appropriate.
Appendices

Appendix 1

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

Organisational Audit Proforma

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

The following questions are to identify each Trust's progress with implementation of the recommendation original audit.

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<thead>
<tr>
<th>Trust Name:</th>
<th>NHSCT</th>
<th>WHSCT</th>
<th>SHSCT</th>
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1.0 Does your organisation have a Bereavement Forum?

Yes [ ] No [ ]

If Yes, please attach evidence (to include Terms of Reference, membership, frequency of meetings, and action plans, if available).

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

Yes [ ] No [ ]

*Is this delivered via:*

- E-learning [ ]
- Face to face presentation [ ]
- Information packs/leaflets [ ]

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

Yes [ ] No [ ]

If Yes, for which professional groups?

Please tick, as appropriate

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Yes, via E-Learning</th>
<th>Yes, Face To Face</th>
<th>Yes, via Information</th>
<th>No information provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing / Midwifery</td>
<td></td>
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<tr>
<td>Doctors</td>
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<tr>
<td>Allied Health Professions</td>
<td></td>
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</tr>
<tr>
<td>Other staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Other staff, please specify:

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Page 1
3.0 Please indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in your organisation:

Please provide the name of the relevant documents and detail how these can be accessed by Trust staff

- Is there Trust guidance on Last Offices? Yes [ ] No [ ]
  
  If Yes, please specify:
  
  (i) Document Name: __________________________
  
  (ii) Where can this be accessed by staff?
  Trust Intranet/Policy Library [ ] Within Departments/Teams [ ]
  Trust Intranet/Business Areas [ ] Other [ ]
  If Other, please specify: __________________________

- Is there Trust guidance on the identification and transfer of bodies? Yes [ ] No [ ]
  
  If Yes, please specify:
  
  (i) Document Name: __________________________
  
  (ii) Where can this be accessed by staff?
  Trust Intranet Policy Library [ ] Within Departments/Teams [ ]
  Trust Intranet/Business Areas [ ] Other [ ]
  If Other, please specify: __________________________

- Is there Trust guidance on the storage, viewing and release of bodies? Yes [ ] No [ ]
  
  If Yes, please specify:
  
  (i) Document Name: __________________________
  
  (ii) Where can this be accessed by staff?
  Trust Intranet/Policy Library [ ] Within Departments/Teams [ ]
  Trust Intranet/Business Areas [ ] Other [ ]
  If Other, please specify: __________________________

- Is there Trust guidance on the verification of death? Yes [ ] No [ ]
  
  If Yes, please specify:
  
  (i) Document Name: __________________________
  
  (ii) Where can this be accessed by staff?
  Trust Intranet/Policy Library [ ] Within Departments/Teams [ ]
  Trust Intranet/Business Areas [ ] Other [ ]
  If Other, please specify: __________________________
3.0 Please indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in your organisation: (cont’d)

Please provide the name of the relevant documents and detail how these can be accessed by Trust staff

- **Is there Trust guidance on the Issuing of a Medical Certificate of Cause of Death?**
  - Yes ☐ No ☐
  - If Yes, please specify:
    1. (i) Document Name: ________________________________
    2. (ii) Where can this be accessed by staff:
       - Trust Intranet/Policy Library ☐
       - Trust Intranet/Business Areas ☐
       - Within Departments ☐
       - Other ☐

- **Is there Trust guidance on the management of sudden/unexpected death?**
  - Yes ☐ No ☐
  - If Yes, please specify:
    1. (i) Document Name: ________________________________
    2. (ii) Where can this be accessed by staff:
       - Trust Intranet/Policy Library ☐
       - Trust Intranet/Business Areas ☐
       - Within Departments ☐
       - Other ☐

- **Is there Trust guidance on reporting deaths to the Coroner?**
  - Yes ☐ No ☐
  - If Yes, please specify:
    1. (i) Document Name: ________________________________
    2. (ii) Where can this be accessed by staff:
       - Trust Intranet/Policy Library ☐
       - Trust Intranet/Business Areas ☐
       - Within Departments ☐
       - Other ☐

- **Is there Trust guidance on preservation of evidence in forensic cases?**
  - Yes ☐ No ☐
  - If Yes, please specify:
    1. (i) Document Name: ________________________________
    2. (ii) Where can this be accessed by staff:
       - Trust Intranet/Policy Library ☐
       - Trust Intranet/Business Areas ☐
       - Within Departments ☐
       - Other ☐
3.0 Please indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in your organisation: (cont’d)

Please provide the name of the relevant documents and detail how these can be accessed by Trust staff.

- Is there Trust guidance on seeking and obtaining consent for hospital-consented post mortem examination?
  - Yes [ ] No [ ]
  - If Yes, please specify:
    - (i) Document Name: ___________________________
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]
    - If Other, please specify: ___________________________

- Is there Trust guidance on organ donation?
  - Yes [ ] No [ ]
  - If Yes, please specify:
    - (i) Document Name: ___________________________
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]
    - If Other, please specify: ___________________________

- Is there Trust guidance on Chaplaincy/Spiritual Care?
  - Yes [ ] No [ ]
  - If Yes, please specify:
    - (i) Document Name: ___________________________
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]
    - If Other, please specify: ___________________________

- Is there Trust guidance on Bereavement Care?
  - Yes [ ] No [ ]
  - If Yes, please specify:
    - (i) Document Name: ___________________________
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]
    - If Other, please specify: ___________________________
### 3.0 Please indicate which of the following dying, death and bereavement policies, procedures or guidelines are available in your organisation: (cont'd)

- **Is there Trust guidance on 'do not attempt cardio pulmonary resuscitation'?**
  - Yes [ ]
  - No [ ]
  - **If Yes, please specify:**
    - (i) Document Name: 
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]

- **Is there Trust guidance on advanced care planning for adults?**
  - Yes [ ]
  - No [ ]
  - **If Yes, please specify:**
    - (i) Document Name: 
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]

- **Is there Trust guidance on advanced care planning for children?**
  - Yes [ ]
  - No [ ]
  - **If Yes, please specify:**
    - (i) Document Name: 
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]

- **Is there Trust guidance on breaking bad news?**
  - Yes [ ]
  - No [ ]
  - **If Yes, please specify:**
    - (i) Document Name: 
    - (ii) Where can this be accessed by staff?
      - Trust Intranet/Policy Library [ ]
      - Trust Intranet/Business Areas [ ]
      - Within Departments [ ]
      - Other [ ]
3.1 Does your organisation have an overarching policy or statement on care of the dying patient?  

Yes □  ☐ No □  ☑

If Yes, please specify:

(i) Document Name: 

(ii) Where can this be accessed by staff?

<table>
<thead>
<tr>
<th>Provider</th>
<th>Frequency of Provision</th>
<th>Number of Places</th>
<th>Duration of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Intranet/Policy Library</td>
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<td>Trust Intranet/Business Areas</td>
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<td>Within Departments</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

4.0 Does your organisation have a process for:

- Informing other professionals or agencies of a death?  
  Yes □  ☐ No □  ☑
- Transferring all required information with the body of the deceased to the mortuary or family funeral director?  
  Yes □  ☐ No □  ☑

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

Yes □  ☐ No □  ☑

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

Please tick all that apply

- Confidential counselling service
- Occupational Health Support
- Team based supervision
- Bereavement Co-Ordinator
- Debriefing
- Peer Support
- Other

If Other, please specify: 

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

Yes □  ☐ No □  ☑

Please detail all training opportunities available in the table below. Please include in-house training and training commissioned from other organisations such as CEC and educational institutions

<table>
<thead>
<tr>
<th>Name of training opportunity</th>
<th>Provider</th>
<th>Number of Places</th>
<th>Frequency of provision</th>
<th>Duration of training</th>
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<td>Table continued overleaf</td>
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</tbody>
</table>
7.0 Are training opportunities in place for staff in relation to care of the dying or deceased patients and bereaved relatives? (cont’d)

Please detail all training opportunities available in the table below. Please include in-house training and training commissioned from other organisations such as CEC and educational institutions.

<table>
<thead>
<tr>
<th>Name of training opportunity</th>
<th>Provider</th>
<th>Number of Places</th>
<th>Frequency of provision</th>
<th>Duration of training</th>
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</tbody>
</table>

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?

If Yes, please detail these:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8.1 Are Governance systems 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?

If Yes, please detail these:

________________________________________________________________________

________________________________________________________________________

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


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

Yes [ ] No [ ]

If Yes, which of the following are available?

- Trust Bereavement Booklet
- Information Booklet for parents on the death of a child
- Information Booklet for parents who suffer a stillbirth or neonatal death
- Information Booklet for parents who suffer a miscarriage
- Information for families bereaved through suicide
- When someone close to you dies, a guide for talking with and supporting children
- Dealing with Sudden Death: Common grief reactions
- Hospital post mortem examination of a child or adult - information for parents/relatives
- Hospital post mortem examination of a baby - information for parents
- Information relating to the Coroner's Service
- Other resources available

Please detail any other resources available within your Trust:


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

Yes [ ] No [ ]

If Yes, how is this done?


Page 8
11.0 Since 2009, within the Trust have there been any:

- NEW BUILDINGS for Inpatient Services (including Emergency Departments)?
  - Yes [ ]
  - No [ ]
  If Yes, how was the need to promote privacy and dignity for dying patients and bereaved families addressed?
  Please detail: ________________________________
  ________________________________
  ________________________________
  ________________________________
  ________________________________

- REFURBISHMENT OF EXISTING BUILDINGS for Inpatient Services (including Emergency Departments)?
  - Yes [ ]
  - No [ ]
  If Yes, how was the need to promote privacy and dignity for dying patients and bereaved families addressed?
  Please detail: ________________________________
  ________________________________
  ________________________________
  ________________________________
  ________________________________

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

Please complete for all hospital sites in your Trust area (including acute, non-acute, mental health, and any others)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Type e.g. Acute, Non-Acute, Mental Health, Learning Disability</th>
<th>Viewing Opportunities</th>
<th>Detail any barriers which prevent viewing of deceased patients by families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>On Ward</td>
<td>In Mortuary</td>
</tr>
</tbody>
</table>
11.1 How does the Trust facilitate viewing of the remains of deceased patients by families (cont’d)?

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Type e.g. Acute, Non-Acute, Mental Health, Learning Disability</th>
<th>Viewing Opportunities</th>
<th>Detail any barriers which prevent viewing of deceased patients by families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On Ward</td>
<td>In Mortuary</td>
<td></td>
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</tbody>
</table>

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

__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

Thank you for taking the time to complete the Trust Organisational Audit Proforma. Please retain a copy for your records.

Please return your completed proforma to: Ruth McDonald, Audit & Effectiveness, Governance Department, Northern Health & Social Care Trust, Bush House, Antrim Hospital Site, Bush Road, ANTRIM, County Antrim, BT41 2QB.
Dying, Death and Bereavement: A regional HSC Staff re-audit of HSC Trusts' policies, procedures and practices when death occurs

Please complete this questionnaire if you provide care for dying patients and/or provide care for the deceased at time of death or afterwards and/or provide care, information or support to bereaved relatives.

Which Trust are you currently working in?

- Northern Health & Social Care Trust
- Western Health & Social Care Trust
- Belfast Health and Social Care Trust
- Southern Health & Social Care Trust
- South Eastern Health & Social Care Trust

Which area of the Trust are you working in?

- Acute Hospital
- Non-Acute Hospital
- Community
- Other

If 'Other', please specify: ____________________________

What is your role?

- Doctor
- Nurse / Midwife
- Social Worker
- Chaplain
- Health Care Assistant
- Allied Health Professional
- Social Care Staff
- Domicillary/Homecare Staff
- Mortuary Technician
- Porter
- Administrative Staff
- Other, specify: ____________________________

Please detail which specialty:

- Maternity
- Physical Disability
- Adults
- Palliative Care
- Children's
- Learning Disability
- Mental Health

1. Are you aware of the HSC Services Strategy for Bereavement Care (2009)?

- Yes
- No

2. If you commenced your current post since 2009 did you receive information on dealing with death, grief and bereavement at:

- Corporate Induction
- Professional Induction
- Department/Service/Team Induction

- Yes
- No
- NA

Page 1
### 3.0 Do you care for dying patients?

- [ ] Yes
- [ ] No

**Do you provide care for the deceased at the time of death or afterwards?**

- [ ] Yes
- [ ] No

**Do you provide care, information or support to bereaved relatives?**

- [ ] Yes
- [ ] No

### 4.0 What Dying, Death and Bereavement related Trust policies, procedures or guidance do you follow?  
(Please tick all that apply)

- [ ] Last offices
- [ ] Identification and transfer of bodies
- [ ] Storage, viewing and release of bodies
- [ ] Verification of death
- [ ] Issuing of Medical Certificate of Cause of death
- [ ] Management of sudden / unexpected death
- [ ] Reporting deaths to the coroner
- [ ] Preservation of evidence in forensic cases
- [ ] Seeking and obtaining consent for hospital post mortem examination
- [ ] Organ donation
- [ ] Chaplaincy / Spiritual care
- [ ] Do not attempt cardio pulmonary resuscitation
- [ ] Advanced care planning for adults
- [ ] Advanced care planning for children
- [ ] Breaking bad news
- [ ] Bereavement Care
- [ ] Other

If Other, please specify

________________________________________

### 4.1 Do you know how to access Dying, Death and Bereavement policies, procedures or guidance?

- [ ] Yes
- [ ] No

### 5.0 If you provide care to patients at the time of death are you aware of when and how to access chaplaincy services?

- [ ] Yes
- [ ] No
- [ ] Not applicable

### 6.0 Is it your responsibility to inform other professionals / agencies of a death?

- [ ] Yes
- [ ] No
6.1 If it is your responsibility to inform other professionals/agencies of a death, what methods do you use to do this? (Please tick all that apply)

Checklist in place to ensure relevant parties are informed of the death
- Telephone call
- Letter
- Email
- Other

If Other, please specify: ________________________________

7.0 Do you prepare deceased patients for removal from place of death?
- Yes
- No

7.1 If Yes, what documentation accompanies the body to the mortuary or to the funeral director(s)? (Please tick all that apply)
- Mortuary slip
- Body transfer form
- Other

If Other, please specify: ________________________________

8.0 When death occurs do you provide written information to bereaved relatives?
- Yes
- No
- N/A

8.1 If Yes, please indicate which resources/information you use:
- Trust Bereavement Booklet
- Information Booklet for parents on death of a child
- Information Booklet for parents who suffer a stillbirth or neonatal death
- Information Booklet for parents who suffer a miscarriage
- Information for families bereaved through suicide
- 'When someone close to you dies, a guide for talking with and supporting children'
- Dealing with Sudden Death: Common grief reactions'
- Hospital postmortem examination of a child or adult - information for parents
- Hospital postmortem examination of a baby - information for parents
- Information relating to the Coroner's service
- Other resources

Please detail any other resources used: ________________________________

...
8.2 If you do not provide written information to bereaved relatives, what prevents you from providing such information?


9.0 If you seek consent for hospital/consented post mortem, have you completed training on this in the last 3 years?

Yes [ ] No [ ] Not applicable [ ]

9.1 If No, do you know what training is available?

Yes [ ] No [ ] Not applicable [ ]

9.2 Do you know how to access hospital post mortem training?

Yes [ ] No [ ] Not applicable [ ]

10.0 Have you ever received feedback from bereaved relatives, either positive or negative, on the care you have provided for their dying relatives?

Yes [ ] No [ ] Not applicable [ ]

10.1 Have you ever received feedback from your line manager regarding the care you have provided to dying patients and/or their bereaved relatives?

(please tick all that apply)

Yes, at staff/team meeting [ ]
Yes, given a copy of the written feedback [ ]
Yes, at one-to-one meeting with manager [ ]
Yes, via email [ ]
Yes, put on display in workplace [ ]
No, never received any feedback [ ]

11.0 Have you been involved in a complaint relating to the care of the dying, deceased or bereaved?

Yes [ ] No [ ]

11.1 Have you been involved in an incident relating to the care of the dying, deceased or bereaved?

Yes [ ] No [ ]
11.2 If you have been involved in an incident or complaint relating to the care of the dying, deceased or bereaved, has there been learning identified from this?

Yes [ ] No [ ] Not applicable [ ]

12.0 Are you aware of any systems within the Trust to support you in your role caring for dying or deceased patients and/or bereaved relatives?

Yes [ ] No [ ]

If Yes, please indicate those you are aware of, whether you know how to avail of them and whether you have used them (Please tick all that apply)

<table>
<thead>
<tr>
<th>Bereavement co-ordinator</th>
<th>Aware of</th>
<th>Know how to</th>
<th>Have used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carecall / Staff care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debriefing</td>
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<td></td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Poor support</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Other, please specify:

13.0 Have you attended any training/awareness raising sessions which covered the following areas? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Last offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification and transfer of bodies</td>
</tr>
<tr>
<td>Storage, viewing and release of bodies</td>
</tr>
<tr>
<td>Verification of death</td>
</tr>
<tr>
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<tr>
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<tr>
<td>Reporting deaths to the coroner</td>
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<tr>
<td>Preservation of evidence in forensic cases</td>
</tr>
<tr>
<td>Seeking and obtaining consent for hospital post mortem examination</td>
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<td>Chaplaincy / Spiritual care</td>
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<tr>
<td>Do not attempt cardio pulmonary resuscitation</td>
</tr>
<tr>
<td>Advanced care planning for adults</td>
</tr>
<tr>
<td>Advanced care planning for children</td>
</tr>
<tr>
<td>Breaking bad news</td>
</tr>
<tr>
<td>Bereavement Care</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

If Other, please specify:

Page 66 of 71
13.1 Please describe any issues that may have prevented your access to relevant training.

________________________________________________________

14.0 Since 2009 have there been any changes or initiatives to improve care before, or at
the time of, or after death in your area of practice?

  Yes  No  Not applicable

If Yes, please give examples:

________________________________________________________

________________________________________________________

15.0 Have you any suggestions about how death, dying and bereavement information,
resources or services could be improved?

  Please detail:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Thank you for taking the time to complete the questionnaire.

Please return your completed questionnaire to: Ruth McDonald, Audit & Effectiveness, Governance Department, Northern Health and Social Care Trust,Bush House, Antrim Hospital Site, Bush Road, ANTRIM, County Antrim, BT41 2QB
Appendix 3

Glossary of Terms

**BHSCT**: Belfast Health and Social Care Trust

**DHSSPS**: Department of Health, Social Services and Public Safety

**GAIN**: Guidelines and Audit Implementation Network

**HSC**: Health and Social Care

**LCP**: Liverpool Care Pathway

**NHSCT**: Northern Health and Social Care Trust

**NISRA**: Northern Ireland Statistics and Research Agency

**SEHSCT**: South Eastern Health and Social Care Trust

**SHSCT**: Southern Health and Social Care Trust

**TBC**: Trust Bereavement Co-ordinator

**WHSCT**: Western Health and Social Care Trust
## Appendix 4: List of tables within the report

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page number</th>
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<tbody>
<tr>
<td>1</td>
<td>Participating Trusts</td>
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