BEREAVEMENT OFFICE OPERATIONAL POLICY

Amendments

<table>
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<tr>
<th>Date</th>
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<tr>
<td>Jan 2011</td>
<td>All</td>
<td>Full document review and update.</td>
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<tr>
<td>July 2013</td>
<td>All</td>
<td>Full document review and update.</td>
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Compiled by: Bereavement Officer.

In consultation with Head of Patient Engagement and Experience Manager

Ratified by:

Date: April 2013

Review Date: April 2016

Target Audience: Nursing & Bereavement Office staff

Impact Assessment Carried out by: Bereavement Officer

Policy Owner: Bereavement Officer
BEREAVEMENT OFFICE OPERATIONAL POLICY

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1. INTRODUCTION

This document sets out the framework for the operation of the Trust’s Bereavement Office.

2. PURPOSE

This policy explains the role of the Bereavement Office which aims to provide a sensitive, efficient and timely service to the next of kin of patients who die at Ashford & St Peter’s Hospital Trust. The role of the Bereavement Office is also to educate and inform staff of the Bereavement Office function and how to achieve best practice and to promote the image of the Trust as caring for not only its patients, but also those with whom they share their lives.

3. GENERAL DUTIES & RESPONSIBILITIES

BEREAVEMENT OFFICE STAFF

• Keep clear accurate records relating to each death in the hospital.
• Ensure the accuracy of appropriate paperwork relating to the death of a patient, so that the next of kin can proceed with funeral arrangements.
• Return property and valuables to next of kin
• Provide accurate information, where appropriate, with regard to registration, funeral arrangements, post mortem (either Coroner’s or hospital).
• Liaise with the Head of Pastoral Care/Birth Reflections Service/NICU Bereavement Nurse and Labour Ward when a baby/infant dies in the hospital, to make all necessary arrangements.
• Make all necessary arrangements when a patient dies with no next of kin.
• To oversee the process for consent to hospital post-mortems.
• To provide training and information in relation to Induction/Midwife training and Junior Doctor Induction training.
• Update and review Bereavement Booklet for next of kin.
• Be proactive in the updating of policies, dissemination and attendance at the End of Life Care Working Group, and the Maternity Bereavement Group.
• Operate within a local network with other Bereavement Officers in the South East and work across organisational boundaries.

4. OPENING HOURS & ACCESS

ST PETER’S HOSPITAL OFFICE

The Bereavement Office at St Peter’s Hospital will be open to relatives between the hours of 9am and 4pm. Trust staff may access the office from 8.30am – 4pm, should they need it. The
Bereavement Office is situated to the left of the main Outpatients entrance and can be approached from outside the main building. There is a designated car parking space outside the office.

ASHFORD HOSPITAL

The Bereavement Office at Ashford Hospital is managed remotely from the St Peter’s Bereavement Office. Arrangements will be made to meet with the relatives in the Bereavement Office at Ashford. For further information, please see ‘Procedure for Handling Deaths at Ashford Hospital’. The Bereavement Office is shared with PALS, and is situated in the main entrance just opposite the reception desk.

The telephone number for the Bereavement Office is ext 2319. Calls relating to deaths at Ashford Hospital are also diverted to this extension number.

5. **ADMINISTRATION**

- Telephone calls will be answered immediately when possible.

- If the telephone cannot be answered, a recorded message advises callers to leave a message. This message will be updated according to Bereavement Office activity. Voicemail messages are checked periodically throughout the working day and actioned on receipt.

- The department will aim to issue the Medical Certificate of Cause of Death (MCCD) within one working day of the patients death. Where this is not possible, the next of kin and the Head of Patient Engagement and Experience will be kept informed of the reasons for any delay.

- The department will also arrange the timely completion of cremation papers. Funeral Directors will be advised of the doctors’ names. Records will be kept of all doctors completing Form 5 of the cremation papers.

- A record will be kept of all cremation fees received for doctors.

- Bereavement Booklets will be distributed to all wards and supplies will be replenished as necessary.

- Policies relating to the Bereavement Office will be kept under review, and hard copies of all relevant policies will be kept in a master file in the Bereavement Office.

- A record of all deaths, detailing patient information, certifying doctors names and Funeral Directors will be kept in the Death Register Book.

- Property belonging to deceased patients will be kept in the locked property cupboard in the Bereavement Office. Valuables will be kept in the safe, in the property cupboard. Property will be returned to relatives on presentation of ID and a copy of the receipt signed by them will be retained.

- GP’s will be informed by fax or via the Electronic Death Register of the cause and death of their patients.

- Medical Records for deceased patients will be tracked and sent to Medical Coding once the process for completing certificates is complete.

- The monthly cremation service for pre-24 week deceased babies will be organised in conjunction with the Chaplain and the contract Funeral Directors.
For babies who require a post mortem, transport will be arranged to and from St George’s Hospital, Tooting.

6. **ANNUAL LEAVE/SICKNESS**

The Bereavement Office will be covered should annual leave or sickness occur. In the event of the Bereavement Officer being unable to work (either due to sickness or annual leave), cover will be provided by the wider Patient Experience/Quality Team.

7. **KEY WORKING RELATIONSHIPS**

The Bereavement Officer has a regular working relationship with many internal and external agencies, as listed below:

- Medical Staff /Ward Staff and administrative teams (i.e. clerks, secretaries & cashiers)
- Mortuary Staff
- Chaplaincy Team
- Palliative Care Team
- Coroner’s Officers
- Registrars of Births, Marriages and Deaths
- Funeral Directors
- Treasury Solicitors
- Crematoria staff
- Other Hospitals

In cases of deceased patients with no known next of kin, it is also often necessary for the Bereavement Officer to liaise with local Councils; solicitors; banks; Social Workers and Benefit Agencies in order to deal with the deceased's affairs and to organise the funeral.

8. **CONFIDENTIALITY AND CONSENT**

The Bereavement Office will maintain confidentiality of medical records, and patient information at all times.

Where a request is made for information, the Bereavement Officer will work in accordance with Trust Policy and may be required to advise next of kin/carers and friends of the need to maintain patient confidentiality following a death.

9. **GROUPS AND COMMITTEES**

The Bereavement Officers will attend bi-monthly End of Life Care Steering Group meetings and Maternity Bereavement meetings. Group members are updated on matters concerning the Bereavement Office.

10. **RISK MANAGEMENT**

The Bereavement Officer will work in accordance with the Trust’s Quality and Risk Management Strategy for the reporting and investigation of incidents.
11. REPORTING

Each week, statistics relating to ward deaths are compiled and at the end of every month they are reported to the Bereavement Service Line Manager. Deaths that have involved Clostridium Difficile Diarrhoea are closely monitored and if it appears anywhere on a MCCD, the Trust’s Infection Control team are notified immediately.

12. DISSEMINATION AND IMPLEMENTATION OF THIS POLICY

This policy will be disseminated through the Aspire global e mail and will be available in hard copy with the Bereavement Office.

13. MONITORING OF THIS POLICY

The Bereavement Office Line Manager will monitor compliance with this policy. Compliance with this policy will be reported to the CGC via the End of Life Care Working Group.

14. EQUALITY IMPACT ASSESSMENT FOR THIS DOCUMENT

This can be found in Appendix 1.

15. ARCHIVING ARRANGEMENTS

This is a trust-wide document and archiving arrangements are managed by the Quality Department who can be contacted to request master/archived copies.

16. REFERENCES

When a patient dies: Advice on Developing Bereavement Services in the NHS (Dept of Health 2005)

Care and respect in death: good practice guidance for NHS mortuary staff (Dept of Health 2006).


The Human Tissue Authority Codes of Practice – Code 1 Consent (September 09) Online: www.hta.gov.uk/guidance/codes_of_practice.cfm

The Human Tissue Authority Codes of Practice – Code 3 Post Mortem Examination (September 09) Online: www.hta.gov.uk/guidance/codes_of_practice.cfm

APPENDIX 1

Equality Impact Assessment Summary

Name: Alison Allan, Bereavement Officer

Policy Bereavement Office Operational Policy

Background
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

The aim of the policy is to provide basic information about the role of the Bereavement Office and its key responsibilities.

Methodology
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

Key Findings
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

Conclusion
- Provide a summary of the overall conclusions

Recommendations
- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

There are no further recommended changes to the policy.
**Guidance on Equalities Groups**

<table>
<thead>
<tr>
<th>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</th>
<th>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</th>
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<td>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
<td>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
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<tr>
<td>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
<td>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
</tr>
<tr>
<td>Culture (consider dietary requirements, family relationships and individual care needs)</td>
<td>Social class (consider ability to access services and information, for example, is information provided in plain English?)</td>
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