**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | caroline.wilson2@nhs.net  | **Responses to be sent back to:** | caroline.wilson2@nhs.net  |
| **Date request made:** | 13/02/2017 | **Date sent out:** | 13/02/2017 |
| **Details of Request:** | **Does your unit run a bereavement service for relatives? If so, would you be willing to share what you do and any suggestions and lessons learnt?** |
| **No.** | **Response Received From:** | **Details of Response:** |
| 1 | Caroline AllisonEast Surrey Hospital | We are inviting back relatives of patients who have died suddenly or who we feel have  had issues with their experience in terms of difficulty accepting what has happened during stay. This stemmed from a series of families who lodged complaints a couple of years ago, and we introduced this. However, we do find that we get a very low uptake.More recently we have added a leaflet to our Bereavement booklets stating that we will offer this support, and giving our contact details so they can get in touch with us too. Again, this renewed interest has stemmed from a feeling that it may have been useful to have more contact with families before a coroner’s inquest. |
| 2 | Cristina Diaz Cid RobbiePractice Educator Intensive Care UnitEast Cheshire   | We do not have that service but we give a leaflet about services available in our area.  |
| 3 | Anne Williams   Macclesfield (East Cheshire) | We do not run a bereavement service for relatives here at Macclesfield (East Cheshire). We have looked in to setting up a service, and had a working group of nurses and chaplains. There were a number of significant issues, the first being we do already run an aftercare service for patients, which is seen as a “pressure” with no budget, so to do the same for another service in a small unit would be very difficult. When we looked into a memorial service the problem was one of format. The staff on the unit wanted a non-religious service, the chaplains a religious one and despite best efforts no solution was found and momentum was lost. I do know the maternity unit have a memorial service, I could try and find details from them if that would help. |
| 4 | Sheila HillBereavement Care SisterIntensive Care UnitRoyal Berkshire HospitalReadingHill Sheila <Sheila.Hill@royalberkshire.nhs.uk> | We have had a bereavement service of sorts since 1999 which started small but has grown of course. Originally we did it in our own time, then got funding through a UK Transplant scheme and then funded by Hospital League of Friends fund. Now accepted as part of ICU establishment. There are 3 of us ( 2 permanent and 1 nurse seconded for 6 months at a time) and between us we have 2 days a week bereavement time.Our time is pent as follows:Provide information in the form of a booklet specific to ICU for relatives after the death of a patient in ICU. This includes offering tissue donation.We support and follow up bereaved relatives - we send a letter at 6-8 weeks following the death (though would contact sooner if we were concerned) offering a bereavement meeting. This can be with one of us, us and a Consultant, us and PALS. Can be telephone, face to face - we have meetings on ICU or in a room away from Unit if relatives prefer, we have done the odd home visit.We support and train medical and nursing staff (ICU team) teach new staff re our service, documentation, and external services (e.g. palliative care). Help medical trainees prepare M&M data for presenation at Clinical Governance. We also do multidisciplinary scenario training sessions (e.g breaking bad news, offering tissue donation), and arrange and run debriefs as needed. Can work along side staff withdrawing treatment, managing end of life care.Give feedback to staff from families. Can provide staff support - practical, emotional, spiritualWe liaise with other departments - palliative care, PALS, mortuary, coroner, organ donation, ChaplainsWe acknowledge and follow up financial donationsWe organise 2 memorial services a year (May and November) for relatives of patients who died in ICU and who were patients in ICU but died elsewhere. We hold these at a local church and run them with one of the hospital chaplains, meet with relatives afterwards for tea and cake.The 3 of us in the Bereavement team have group supervision once a month.The bain of our lives is property as everyone else seems to think we will deal with anything found after the patient has died!! |
| 5 | **Lisa Swan**Matron Critical Care and Pain serviceNorthampton General Hospital | We do not have a bereavement service but we do have a process whereby a bereavement card is sent to all relatives of patients who have died. |
| 6 | Jane PlattMatron Critical Care UnitLTHTR | We have an annual Memorial Service which I would be happy to share details of if this is the kind of information you would like. |
| 7 | Gill WoodworthSister Critical Care  Medical and Acute Specialities WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST | We have offered bereavement support for our relatives for many years now.When a patient dies the staff fill in a form with all the details, we then send a card, one month after to the next of kin. There is a contact number, they can ring for an appointment to see a member of our team. Helen is a qualified counsellor but is not employed as such, so we use her skills to offer support. Sometimes people just don’t understand what has happened, especially if it’s a sudden death. Sometimes it’s to complain, sometimes they want to see the case notes, in which case we direct them to the appropriate people.We get really good feedback from this. We also hold a church service in the hospital chapel once a year, which is really well attended. We have a local women’s choir who sing for us, it’s very emotional, but thoroughly enjoyed and appreciated.  |
| 8 | Miranda WilliamsLead NurseITU Morriston  | Following every  death we sent out a sympathy card to relatives and then a follow up letter at 3 months inviting the family to contact us should they feel they need support. They are also given contact details for psychological support.We have had examples where family have taken up the service and have found it beneficial. |
| 9 | Ann EgbokhanSenior Sister A.I.C.U. Glenfield Hospital Leicester. | I have listed aspects of our service below. The bereavement service we provide as been running now for about 16 years! It has obviously evolved over the years and has had many different nurse leads. I took over in February 2016 and I have run two days so far. This year we will be running just one day on the 11/11/17. I find the day runs better if more families come back. 1. We invite the relatives of patients who have died from the previous 6 or 12 months. We look back and see if there were any complaints from any families, we normally do not have many, but it’s always good to be aware!
2. We hold the day normally twice a year, in May and November avoiding Bank Holidays. We hold the day on a Saturday morning from 10.00 until 13.00hrs in our Clinical Education Centre away from the unit. Although this year we will trail holding the day once in November.
3. We send out a letter with a S.A.E  for their replies. If they accept we then send out another letter with the plan of the day and a car park permit( all monies we get from our Charitable funds)along with a map of where to find the Clinical Education Centre..
4. The session is not religious but we have the Hospital Chaplain there and he normally says a few words about loss and bereavement. We do not say any prayers. We have said poems and sometimes words of comfort and these are well received and most poignant.
5. The day starts at 10.00, there is coffee and tea for when they are arrive.Someone will introduce everyone and then tell them the plan for the morning.We then offer a couple of activities normally a hand massage in another room( we have a couple of staff who do this)and they go in if they wish and they enjoy a chat with a stranger! The other activity is ‘paint a plate or heart’ or nearer Christmas we have Baubles to decorate, we have a member of staff at the table painting so that helps them to relax and join in. We collect them at the end and label them, get them fired and then send them back about a week later. This activity is well received and good if children attend too, which they often do.
6. We provide Danish pastries about 11.00 and while all the activities are going on the group of staff involved with the support day circulate around the tables and generally chat. Before the day starts we have a briefing session where we let everyone know who is attending, what the patient died of, sometimes a member of staff might remember the patient and relative so that always a good ice breaker.
7. At about 12.30 we do a balloon release , so just before we give everyone a card so they can write a message on it, at the balloon release either the chaplain or a member of staff reads out a poem and then we let go of the balloons. We then go back to the room and normally they are ready to leave after a short time.
8. We have a Consultant there on the day so they can answer any medical questions and sometimes they ask for an appointment after the day to discuss any issues. We also have very good support from the patient partners, they are excellent at ice breakers, and offer much support.
9. They all give us positive feedback and say they have felt the day was worthwhile.
10. We only run the day if we have 5 families attending and ask them how many they will be bringing for catering purposes.
11. If we send out 25 letters we might only get 10 replies and 5 that say yes so don’t expect a massive response!

This year the day is being held on 11/11/17 which is of course is poignant for other reasons, so we will run the day slightly different, and have the release of Balloons at 11:00.It is good to remember the families that do come back WANT to come for some reason, sometimes closure sometimes other reasons. The day is, in a strange way uplifting and generally feels very comfortable. Hope this information is of some use. Please don’t hesitate to contact me for further information, it would be a pleasure to offer further support. |
| 10 | Emma WhitbyRehabilitation SisterWard 4EIntensive Care Unit, Whiston Hospita | We at whiston have a yearly remembrance service which I organise,Please contact me if I can help,Kind RegardsEmma |
| 11 | Sally WestonSenior SisterAICUGlenfield HospitalLeicester | Hi to bothWe follow the Trust wide bereavement guidelines if this is any use to you? (please see attached) |
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