**NHSGGC Bereavement Steering Group **

**6th October 2016**

**2pm – Meeting Room B**

**JB Russell House**

|  |  |
| --- | --- |
| **Chair:** | Professor Bridget Johnston: Florence Nightingale Professor Clinical Research – University of Glasgow/NHSGGC |
| **Minutes** | Michelle Magennis: Business and Programme Manager (Corporate)  |
| **Present:** | Wilma Hepburn: Lead PNA Partnerships/ HSCPs |
|  | Shirley Byron: Macmillan Nurse Facilitator Primary Care |
|  | Carol Graham: Prince and Princess of Wales Hospice Representative |
|  | Paul Corrigan: Information Officer, NHSGGC  |
|  | Flora Muir: Patient Experience Public Involvement & Quality |
|  | Carol Campbell: Head of Spiritual Care & Chaplaincy |
|  | Debbie Schofield: Public Health Programme Manager |
|  | Sharon Lambie: Palliative Care Nurse Specialist, GRI |
|  | Margaret Fitzpatrick: Inpatient Management Team Support, Mental Health Services |
|  | Elaine O’ Donnell: Palliative Care PD Facilitator |
|  | Jill Mc Kane: Inverclyde GP Palliative Care Facilitator/ Ardgowan Hospice Specialty Dr |
|  | Audrey Slater: People and Change Manager (HR) |
|  | Lisa King: Palliative Care Sister – W Dun HSCP |
|  | Josephine Wight: Community Care Service Manager/ Senior Nurse – E Ren HSCP |
|  | Claire O’ Neill: Lead Nurse, Palliative Care Services |

|  |  |
| --- | --- |
| **Apologies:** | Karen Allen: Practice Development Nurse, Children’s Hospital |
|  | Les Mc Queen: Senior L&E Adviser - Acute |
|  | Debbie Hardie: CSM Clyde Sector – Acute |
|  | Helen Morrison: Consultant – Palliative Care |
|  | George Duncan: Consultant – Rehabilitation – South Sector Rep |
|  | Laura Cunningham: MND Specialist Nurse – Regional Services – Acute |
|  | Coral Brady: Family Bereavement Service – Paediatrics - Acute |
|  | Jane Kelly: Health Improvement: Partnerships |
|  | Sue Robinson: Consultant Clinical Psychologist: Specialist Children’s Services |
|  | Dr Toby Mohammed: Assistant Chief Nurse, Governance & Regulation |

|  |  |  |
| --- | --- | --- |
| **1.** | **Welcome/Apologies**B Johnston welcomed all to the first meeting of the group and apologies were noted.  | **Action** |
| **2.** | **Introduction and Background**The Chair advised members that this is a new group with a clear remit and actions that we will need to deliver on. Ideally the group should have representation from all areas across acute and HSCPs and it was agreed that M Magennis would circulate the current membership list with the minutes of this meeting for members to review. As the group is GGC wide it was agreed that meetings would take place on a quarterly basis and that the venue would also be rotated to reflect this.**Action 1: MM to circulate the current membership with the minutes from this meeting.** | **MM** |
| **3.** | **Terms of Reference - draft**The group revisited the draft terms of reference and the following revisions were suggested:* The document should state clearly that actions will be taken forward on behalf of the Board - not just from the steering group;
* The pre-death component of the bereavement journey is very important and this needs to be made explicitly clear in the document;
* The reporting arrangements need to be clear - Palliative Care MCN structure is changing and it is not yet clear how this will look which makes this more difficult to confirm;
* The group’s membership needs to be as inclusive as possible, staff can attend at any time and can also feed information into the group, this is not a closed membership.

B Johnston reiterated the need to ensure that actions are taken forward by the group on a GGC wide basis. Where possible, staff should be encouraged to be creative and innovative in their approach to bereavement care; a one size fits all model will not be appropriate but all agreed that some aspects will require a more coordinated approach e.g. information leaflets and booklets.W Hepburn made the point that the 6 HSCPs each have their own ideas about how services should be developed and that the HSCP structures are very different from those in acute. PNAs/senior nurse roles in relation to the development of bereavement services will be different and will be primarily about influencing decision-making and recommending good practice. Members agreed that a key area for consideration by the group is the provision of accessible and high quality staff support. All present felt that it was important to identify the support that is currently being provided which will then highlight the gaps and areas for future development. Members also agreed that there was a need to revisit all printed information in use within wards and departments to ensure that the leaflets that staff are using are the best and most up-to-date available.**Action 2: M Magennis to circulate the ToR to members for further comment****Action 3: B Johnston to clarify the reporting arrangements with E Love, Chief Nurse for Professional Governance and Regulation.** | **MM****BJ** |
| **4.** | **Updates from Sectors/HSCPs**1. **Prince and Princess of Wales Hospice**
* PPW Hospice opened 6 years ago funded by Big Lottery;
* The Service covers S Glasgow, S Lanarkshire and Renfrewshire although external referrals are also received;
* 1-1 support is provided by qualified staff - Glasgow-wide for children and their families;
* PPW works closely with schools as important partners;
* 1 million of additional funding has been provided by Big Lottery to CBUK and Richmond Hope charities to set up bereavement services for children in Glasgow;
* This extended funding will develop and expand the current model and enable more targeted work with bereaved teenagers for whom the impact of bereavement is known to be significant. The service will also enable a more systemic approach to bereavement work with parents and carers;
* Training – PPW offer 2 full study days free of charge to staff in all HSCPs;
* PPW also has Links with the 2 new services in Glasgow and the Child Bereavement Advisory Group which is also now up and running;
* Priority areas for consideration are: training, resources and information;
* Funding is also enabling a small piece of research to be conducted – the key question is how do we enable practitioners to provide support at particular points in time?
1. **Community/Primary Care**
* Bereavement and loss training is incorporated into District Nursing training and training for all Care Home staff;
* Resilience training is also incorporated into modules for staff using Values Based Reflective Practice training;
* Bereavement and loss has also been brought into training for Cordia Home Carers to support staff in appropriate ways to respond during the bereavement journey;
* There is currently a training issue for staff who call to pick up equipment after a person has died - these staff also need to be supported to respond sensitively and appropriately to situations that might arise in the course of their work.
1. **ACCORD**
* Bereavement and loss training is built into existing training programmes;
* ACCORD has established links into local HSCP training calendars to avoid unnecessary duplication of training for staff;
* All training offered is free of charge to HSCP staff;
* Occasionally bespoke training is offered on request;
1. **Glasgow Royal Infirmary (S Lambie)**
* Bereavement and loss training is delivered through existing modules delivered by the service;
* A study day is available and targeted at middle grade doctors. This is a module funded by NES and it includes a bereavement and loss component;
* S Lambie is supporting a project which is currently underway to pilot the use of specially made ‘bereavement bags’ for the return of patient property. The bags are made from a hessian-type fabric with a small gauze pocket bag for patient’s jewellery and a small condolence card. 1500 bags were purchased and distributed to areas within the GRI, RCH, Mental Health and QEUH. The pilot has now been running for four months out of the six and 21 responses to the audit questionnaire have been returned. Although the results were mostly positive some responses did identify issues with the quality of the bags and the condolence card was not deemed to be appropriate for use with children and their families. Members also queried whether the bags would be suitable for use in Care Homes due to their size and limited capacity. After some discussion, the group decided to await the outcome from the full audit before making any recommendation. In the meantime, M Magennis will scope out what other areas are using for the return of patient property. B Johnston advised the group that evidence clearly shows that how loved one’s possessions are returned has a significant impact. Members also requested an overview report/data on where deaths occur in GGC which E O’ Donnell agreed to provide for the next meeting.

**Action 4: M Magennis to scope current arrangements for the return of patient property with other Boards.****Action 5: E O’ Donnell to provide update report on where deaths occur across NHSGGC.**1. **Palliative Care Practice Development**
* The service has identified gaps in staff support and significant areas of unmet need;
* Staff have been engaged in effective programmes of joint working with Chaplaincy over the past few years;
* The service offers a 5 day training unit which covers a number of significant areas inclusive of bereavement and loss;
* Palliative Care PD signpost staff to more formal learning - Chaplaincy, VBRP training is currently evaluating extremely well;
* The service also offers a 2 day training module for auxiliary staff.
1. **Inpatient Mental Health Services**
* The service offers debriefing sessions for staff;
* Staff are now engaged in rolling out sessions for staff involved in traumatic deaths.
1. **Chaplaincy**
* Chaplaincy service work closely with Learning and Education colleagues to promote, develop and deliver training;
* Changed from a calendar approach to a more people-led approach, available training is now detailed on a flyer which is posted on the L&E website;
* Training is inclusive of all staff groups who wish to avail of it, as requests come in they are divided into sectors and allocated to the designated Chaplain for each area;
* 500+ staff have been trained to date;
* 95% of respondents stated that the training was important or very important to their area of work;
* 97% of those who responded stated that they would recommend the training to a colleague;
* Training is being delivered to staff in paediatrics on a monthly basis by the Chaplain for RCH.

**Action 6: C Campbell to forward up to date training figures*** C Campbell also agreed to do an analysis of the areas who have accessed training to date and to identify areas with a poor uptake.
1. **Community Staff & Care Homes**
* Requests from staff for training have identified needs within Health Centres, Adult Services NW, LD NW, Health Improvement Centres and Nursing Homes;
* Very little happening in terms of training in care homes;
* Bereavement services appear to have slipped down the list of priorities in this particular area;
* No standalone training sessions currently available for staff.

B Johnston stated that the need for training will be greater as the DNACPR Policy (August 2016) now specifically states that information for relatives and a conversation/discussion with them must be provided. Also the Duty of Candour legislation places a responsibility on Health Boards to demonstrate that they are meeting the requirements of the Act. E O’ Donnell stated that the CAS standard on End of Life Care may help to build this in.1. **Maternity Services**

The GGC Maternity Service has no dedicated resource to support pregnancy loss/bereavement care, some midwives with special interest link with Chaplaincy, Sands, miscarriage association and other 3rd sector agencies. A small number of midwives work in the fetal medicine unit which is a tertiary referral centre and have counselling skills. There are a variety of information leaflets and memory boxes.GGC is one of 3 Boards awarded funding in conjunction with Scottish Government and Sands to look at current resources and training provided and a report on progress is due next month (November 2016)This report will include an update on ad hoc training and new modules available from NES.Recent government publications: infant cremations code of practice/guidance on pregnancy loss/report on National cremation investigation; some key areas of work to be taken forwards from these are as follows: communication, including information leaflets, timing of consent, joint working with the funeral director and cremation services.1. **General Practice**
* Some similarity with Hospices in terms of the training provided;
* Training for GPs and education for medical students is required to shift their perceptions as a priority;
* Working with Hospice staff in the development and delivery of training;
* Evening sessions for GPs is proving beneficial;
* Important to educate generalists as they look after people throughout their lives, recognise what constitutes ‘normal’ grief and can identify when things become more complicated.
1. **Human Resources**
* Provision of an Employee Counselling Service which is free to all staff - by phone or face-to-face
* Occupation Health Service - assess cases and offer advice and support to both employees and their managers

All present agreed that there is a need to look to a future model of staff support which is consistently available across all areas of need. Resources for managers to utilise when grief is complicated and impacting on the staff member’s work and wellbeing is an area that needs to be recognised and managed effectively.1. **East Renfrewshire HSCP**
* East Renfrewshire is in the process of developing a number of ‘Bereavement Hubs’ within key environments – work is ongoing and it is anticipated that this development will help conversations to take place discreetly and sensitively and in ways that are helpful to those most affected;
* The ‘Hubs’ are a work in progress and will be integrated into Health and Social Care Centres with satellite hubs across other areas;
* The ‘Hubs’ provide opportunities for communication with people returning to wards to collect their loved one’s belongings; the Carer’s Centre is also part of this process, available 5 days a week with signposting to a range of other professionals and voluntary support services.

  | **MM****EOD** |
| **5.** | **Information/National Booklet**B Johnston asked members which booklet was currently being used across GGC. F Muir advised that GGC had developed their own version of the national booklet which was considered to be more reflective of our specific context. Members agreed that we should check when the GGC booklet is next up for review and also how many copies of the booklet remain in stock. Community still use ‘What to do after a death in Scotland’ - not used in acute. **Action 7: Flora and Elaine to review booklet numbers****Action 8: MM to check with Marie Curie Glasgow which ‘pre-death’ booklet they are using.** | **FM/EOD****MM** |
| **6.** | **Website**P Corrigan took members through the websites and the information available on both Staffnet and the Board’s public site. Members were asked to review the site and to forward any recommendations or suggestions to him directly at paul.corrigan@ggc.scot.nhs.uk |  |
| **7.** | **Future Meeting Schedule**The decision was made to rotate the venue for future meetings to reflect the GGC wide nature of the membership.It was agreed that the next meeting would be hosted by East Renfrewshire HSCP – M Magennis to confirm date and venue and forward the details to members. |  |
|  | **AOCB**1. F Muir queried whether the draft version of the Death of Asylum Seekers in Hospital Policy had been signed off by Chief Nurses **M Magennis to check and add to the agenda of the next meeting.**
2. **CRUSE SLA** - to be added to the agenda of the next meeting.
3. **User Experience -** to be added to the agenda of the next meeting for discussion**.**
 |  |
|  | **Summary of Actions**1. M Magennis to circulate the current membership with the minutes from this meeting.
2. M Magennis to circulate the ToR to members for further comment.
3. B Johnston to clarify the reporting arrangements with E Love, Chief Nurse for Professional Governance and Regulation.
4. M Magennis to scope current arrangements for the return of patient property with other Boards.
5. E O’ Donnell to provide update report on where deaths occur across NHSGGC.
6. C Campbell to forward up to date training figures and provide information on training uptake across areas
7. Flora and Elaine to review GGC booklet numbers
8. MM to check with Marie Curie Glasgow which ‘pre-death’ booklet they are using.

  |  |
|  | **Time and date of next meeting****1.30pm, 7th February 2017.** |  |