

5. Death and Bereavement Presentation by Babs Williams and Bereavement Group

Babs Williams introduced the members of the Bereavement Group. She outlined the history of the group, which had been formed following a complaint in 1996 which highlighted patient expectation and lack of communication. Overall numbers of deaths at St Michael's, excluding terminations, were 140 still births and miscarriages per annum and 25 fetuses. The aims of the bereavement group were to ensure the provision of an efficient and sensitive service at St Michael's Hospital, to act as a support group for staff involved in the bereavement service, to identify training needs and support required for such staff and to clarify the roles of staff closely involved with bereavement. Having identified the main issues, the group set up training and support for staff, produced a definition of the bereavement procedure, improved patient information and input and updated documentation. It was difficult to identify an acceptable method of obtaining feedback on such a sensitive subject. As there had been no in-house training available initially, bereavement officers attended a Skills for Bereavement Counselling course; subsequently an in-house course had been planned and took place in April, 8 hours over 4 days. One-to-one informal counselling for staff was available and advertised throughout the hospital. Whilst nursing staff took the brunt of bereavement handling, medical staff were encouraged to become more involved. The logistics were handled by two members of the group. The Bereavement Procedure (attached to these notes) included making funeral arrangements if required. Most people chose a hospital funeral, although people from outside Bristol preferred their own location. A more sensitive approach had been developed to bereavement and a leaflet had been prepared in which the whole procedure following death had been clearly explained. The Special Trustees had funded the processing of photographs of deceased babies (1 roll per baby).

Current projects for the group included providing local guidelines for last offices and for breaking bad news. St Michael's Hospital would be the pilot site for a patient survey which was to commence soon.

Tony Sullivan, Bereavement Officer, was contacted by the ward and would visit the family as soon as possible after a death, when he would provide a full explanation and options for burial. He would assist in making arrangements in accordance with the wishes of the bereaved. He had received no special training other than for bereavement. His role, whilst initially technical, developed following contact with parents.

Dr Helen Porter was involved only if a post mortem was required. A regional service was provided for the South West, handling 700 post mortems this year at St Michael's and BRCH. The main problem encountered by pathology was that the post mortem consent forms were not always correctly processed. The possibility of using a Trust-wide form of consent forms was discussed. These included permission for organ retention and it was important that senior doctors, registrars and consultants became involved. She outlined the importance of retention of tissue. A Committee on Retention of Organs, chaired by Professor P J Berry, was drafting national guidelines on organ retention. At the request of an obstetrician, pathologists sometimes had the opportunity to explain the process to bereaved parents. The importance of consent forms being attached to the deceased was discussed. Disappointment was expressed that there was felt to be a need to treat social