

included the blessing of babies, and funeral services for a variety of faiths or individually planned to suit the needs of the bereaved. 2-3 funerals a week were held at St Michael's Hospital. Whilst the chaplain would meet the bereaved before the funeral, every effort was made to meet them either before they left hospital or when they returned for the death certificate. The chaplain would endeavour to identify whether the family needed further support and would assure parents of her availability afterwards. A memorial book was maintained at the hospital to record names, a copy was sent to the bereaved and the book was available for viewing by them at any time. Funeral and memorial services were held for past losses and the chaplain reported that the last memorial service for children lost in pregnancy, held jointly with Southmead, was attended by 60 people. The chaplain had identified the need for some counselling availability as a result of the emergence of feelings of guilt following termination.

Hugh Ross stressed that it was important that the first contact made with the bereaved should be well handled, whether by medical, nursing, switchboard, portering or admin staff. All staff should be aware of their responsibilities and strong links should be formed throughout the whole process. It was apparent that a Trust-wide bereavement service was an area for a future initiative.

Richard Dixon congratulated Babs Williams and her colleagues in the Bereavement Group on their hard work and the thought which had gone into the process.

Following the Group's departure, the Committee discussed what might be the next step to take towards highlighting shortcomings and improving the way bereavement was handled across the Trust. The pilot survey would reveal only how well the Trust fulfilled the bereavement parts of the Patient's Charter; however the link between hospital and home would be included to encourage Avon Health to identify it as part of primary care. It was recognised that the process was not always well handled, support and training was not always provided and too often junior doctors were left to deal with bereaved people. There was an element of bereavement training included in the first year for medical students, but it was agreed that bereavement information should be provided by the person who was best able to do so. The Trust needed to identify what was the hospital element and then be in a position to feed into the community.

The importance of Diane Kennington's role was recognised and it was considered important that she should receive more support from a senior level: Victor Barley would include the process of post mortem and organ retrieval consent forms at a future Steering Committee meeting.

*Action : V Barley*

## **6. Clinical Audit**

### **[i] Convenor's Report**

The Clinical Audit Strategy documentation remained totally valid although progress was behind schedule. Marius Lemon had established links with Avon Health (Christine Woodward). He had met Dr Gill Turner on a useful visit to Southampton where, from an entirely centralised base, clinical audit was farmed out to directorates: he thought