NHS Walsall
Community Health

Operational Policy for Bereavement Services
NHS Walsall Community Health

NHS Walsall Community Health Integrated Governance Sub Group formally approved this policy on 10th March 2011

Signature.....
David Shakespeare
Head of professional practice

Signature.....
Phil Begg
Chairman of Community Health

Please note that the Intranet version of this document is the only version that is maintained. Any printed versions should therefore be viewed as 'uncontrolled' and may not be the most up-to-date.

Metadata

Version:	V 1
Status:	Draft Version
Lead Director/Manager responsible	Sally Killian
Name of originator/ author:	John Hayes
Ratified by:	WCH Integrated Governance Sub group
Date ratified:	10th March 2011
Date Policy is Effective From	10th March 2011
Review date:	February 2013
Expiry date:	March 2014
Date of Equality and Diversity Impact Assessment	25/05/2010
Date of Health Inequalities Impact Assessment	N/A
Target audience:	All NHS WCH staff
NHS Walsall/ WCH linked documents	Confidentiality Policy
Distribution of the document	Cancer & Palliative Care Bereavement Services Team PPE Volunteers
Implementation of the document	As detailed in narrative – section 10
Document Control and Archiving	As detailed in narrative – section 11
Monitoring Compliance and Effectiveness	As detailed in narrative – section 12

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
John Hayes	Bereavement Services Coordinator
Sally Killian	Operational Manager for Non Clinical Palliative & End of Life Care

Circulated to the following individuals for consultation

Name	Designation
Liza Burnell	Family Bereavement Worker
Professional Forum	

Please note that the Intranet version of this document is the only version that is maintained. Any printed versions should therefore be viewed as 'uncontrolled' and may not be the most up-to-date.

CONTENT **PAGE**

1. Introduction

This document sets out the Cancer and Palliative Care Bereavement Service Operational Policy. The service will be referred to as the Bereavement Service from hereafter.

Research has indicated that the loss of a significant other may have a profound effect. It certainly will have an impact.

Worden (1996) suggested bereavement could adversely affect children, providing evidence to show that bereavement affected their subsequent life experiences and behaviour. More recently Fauth et al (2009) explored the life experiences and backgrounds of over 7,500 five to sixteen year olds, using data from a previous Office for National Statistics study (2005). Their analysis found that children who had experienced the death of a parent, sibling or friend were significantly more likely than their non-bereaved peers to have had a serious illness, been diagnosed with a mental disorder, have a parent with a serious mental illness, have a parent who has had a serious financial crisis or to have been excluded from school at some point.

Parkes (1996) casts a light on adult grief and some of the attendant complications. Similarly Stroebe & Stroebe (1997) and Waskowic and Chartier (2003) highlight the psychological, emotional and physical impact of grief on bereaved adults. Bereavement Services can intervene at an early stage and support people who are struggling with the grieving process or the impact of their loss on their lives, to prevent difficulties escalating and promote the emotional and mental health and wellbeing of its clients.

The Bereavement Service is part of NHS Walsall Community Health. It is available to support relatives and friends of adults who have died from a palliative condition (cancer or non-malignant disease eg chronic heart failure, respiratory failure, renal failure, motor neurone disease) and in any setting (home, nursing home, hospital etc) in the Walsall Health Economy, irrespective of ethnic origin or age. The aim of the service is to provide help to bereaved clients, either through direct support from the Bereavement Service itself or by referring on to other agencies, to prevent the detrimental consequences of bereavement.[1]

2. Purpose

The purpose of this document is to set out the operational policy for Bereavement Services, to ensure all staff, volunteers and members of the public are aware of what the service can offer. The Policy is based on the referenced documents as referenced throughout

3. Definitions

3.1 Clients

Clients, their relatives, carers and friends who are receiving palliative or end of life care. Clients may be adults or children, or any person who has experienced bereavement, or who is going to experience bereavement in the future. The dying or deceased will be a family member or significant other for whom palliative and end of life care has been provided for a life-limiting illness. All will be residents of Walsall apart from the families and friends of children who have died under the care of Walsall Acorns Hospice.

The service is accessed by written referral from the following:

- Self, family or friend (Reference will be made to the relevant GP or other health professional)
- Health professional
- Hospice
- Nursing/residential home
- Faith community
- Funeral Director

It is essential that the person referred to the service is in full agreement with the referral.

For ease of use, all the above will be referred to as "client(s)" in this document.

3.2 Definition of Bereavement counselling and support

NICE guidance *'Improving Supportive and Palliative Care for Adults with Cancer' (2001)* envisages three components of care:

1. Grieving following bereavement is a normal experience, and the majority of people have sufficient resources to respond and adapt to this life event. Family, friends, social and faith groups provide support. Identified needs at this level tend to be informational – practical 'what do I need to do' and advisory 'what sort of feelings and thoughts may I encounter'
2. Some people require a more formal opportunity to grieve. This may be due to a number of circumstances eg. Social isolation, family dynamics. Whilst not experiencing complicated grief the need for emotional and psychological expression remains. Such expression may be encouraged by a 'listening-ear' approach employing trained volunteers.
3. For some people, however, their grief is overwhelming and interferes with normal day-to-day life giving rise to complicated or complex grief. Determinants of such are varied for instance previous unresolved losses, ambivalent relationship with the deceased. In this case, bereavement counselling or other psychological/psychiatric intervention is likely to be necessary and helpful. Bereavement counselling gives the client an opportunity to talk through and express any feelings or worries they may have following the death of a significant person in their life. Thereby the process aims to enable clients to express their feelings, identify their resources and support their ability to cope with their grief. By listening to the client non-judgementally, the counsellor accords respect and dignity to client and values the individual experience they are undergoing. Clients are also supported during bereavement by being given information about the grieving process and what to expect, and helped to respond and adapt to their new situation. Bereavement counselling may be offered to individual adults, their children, their carers or friends, or in family or bereavement support groups according to the client's needs and wishes. All counselling is provided with recognition of and respect towards the clients personal social, cultural and spiritual needs.

3.3 Definition of Palliative Care

"Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patients illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance quality of life, and may also positively influence the course of illness
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications"

(Quoted from *"Definition of Palliative Care"*, World Health Organisation Website, 2010).

Any mention of palliative conditions in this document will refer to:

- Cancer
- HIV / AIDS
- End Stage Respiratory disease
- End Stage Cardiac disease
- End Stage Renal disease

- Neurological Conditions: eg. Motor Neurone disease
  Multiple Sclerosis

Information on other rare palliative conditions can be obtained on request.

4. Responsibilities

4.1 Role of the Bereavement Services Coordinator

- The Bereavement Services Coordinator is responsible for management of Bereavement Services staff and volunteers, including the recruitment, selection and training of bereavement visitors in conjunction with the Voluntary Services Co-ordinator. S/he is also responsible for providing counselling interventions to adult clients as follows:

- Triage of referrals

- Allocation of clients to other Bereavement Workers or agencies as appropriate

- Clinical supervision of bereavement visitors.

- Facilitation of group sessions for adult clients.

- Managing personal caseload of adult clients with complex grief

- Managing Family Bereavement Support Worker, clerical staff and volunteers

- Developing policies and procedures as the service develops

- Responding to complaints received by the service

4.2 Role of the Family Bereavement Support Worker

The Family Bereavement Support Worker is responsible for providing counselling interventions to children and their families, including:

- Managing a caseload providing one to one pre/post bereavement support and counselling to bereaved children, young people and their families.

- Undertaking assessments and planning appropriate follow up.

- Facilitating therapeutic group sessions for bereaved children, young people and their families.

- Attend monthly counselling supervision.

- Establishing and maintaining links with other workers involved in the provision of pre/post bereavement support to children, young people and their families, including information provision.

4.3 Role of Secretary

The secretary is responsible for:

- Taking referrals by phone, fax and letter
- Dealing with correspondence relating to clients
- Organising appointments and managing the coordinator's diary
- Gathering and collating audit data
- General administration

4.4 Role of Volunteer Bereavement Visitors

Volunteer Bereavement Visitors are trained to support bereaved adult clients at level Two. They will:

- Be selected at interview
- Have satisfactory references, enhanced criminal records check and medical check
- Have completed the required bereavement training course
- Manage a personal caseload of clients as allocated by the Bereavement Coordinator
- See clients in their own homes as necessary
- Maintain clinical records for each client
- Attend monthly clinical supervision (a minimum of nine sessions per year) to support them in their work

Hereafter the Bereavement Services Coordinator, Family Bereavement Worker and Bereavement Visitors may be referred to collectively as 'bereavement worker(s)' in this document.

5. Resources

5.1 Counselling Settings

The Bereavement Coordinator and Family Support Worker are able to provide counselling at the Palliative Care Centre. Counselling and support is also provided outside the Bereavement Services site at locations convenient to the clients, such as at home or at school.

5.2 Play materials

The Family Support Worker has access to a variety of age appropriate play materials e.g. a dolls house, drawing and writing materials, worry dolls and a sand pit. Children's Story books are available at Blakenall Village Centre, and from the Cancer Information and Support Service. All these portable resources are used to facilitate children's expression and communication and to support them with worries both at the Palliative Care Centre at other locations such as home and school.

5.3 Written Materials

Bereavement Services hold a stock of leaflets and some books regarding the services available and the process of bereavement. These are available for clients and referrers to the service. Letters are provided to the referrer to confirm that counselling has begun, and following discharge from the service.

5.4 Library Resources from Information and Support Services

Clients requiring more general information can be referred to the Information and Support Service, which has a library including the following items:

- Cancer and palliative care specific titles.
- Children's books concerning cancer, illness and bereavement.
- Stories told by cancer and palliative care patients and carers
- Self help titles.
- Healthy eating and recipes, exercise, relaxation titles.
- Fiction
- Items are recorded on a database and kept up to date when new additions are added to the library

5.5 Electronic Resources

A computer is available to both the Bereavement Services Coordinator and the Family Support Worker, who will each locate and download relevant and age-appropriate information for the client. Internet based resources provide the most up to date versions of the materials and the Service, where possible, utilises these resources in preference to maintaining large stocks of printed material, which can date quite quickly.

Electronic patient records concerning demographic details and contact data will be held in the secure iPM NHS Care Records Service, according to the guidelines and protocols stipulated in that Service.

5.6 Criteria for Inclusion of Local Information Materials

Local information materials will be kept if they meet the criteria above and are related to nationwide resources' and describe or promote local services relevant to Centre clients.

5.7 Criteria for Inclusion of Resources

Bereavement Service ill use information materials that:

- Are relevant to the topic of bereavement, and to other topics of concern raised by the client.
- Have been reviewed by the Bereavement Services Coordinator or the Family Bereavement Worker as being appropriate to the client's needs.
- Are reflective of current thinking and information available regarding the topic concerned.

6. Bereavement Services Client Pathway

6.1 Accessing the Service

The service is accessed by written referral from the following:

- Self, family or friend (Reference will be made to the relevant GP or other health professional)
- Health professional
- Hospice
- Nursing/residential home
- Faith community
- Funeral Director

6.2 Ensuring Equality of Access to the Service

Counselling and Support will be offered to all clients affected by a life limiting illnesses and their relatives, friends or children irrespective of their sex, gender, ethnicity, or age. Services will be tailored to the client(s)' their level one, two and three needs (described in 6.5) as assessed by the Bereavement Coordinator or the Family Bereavement Worker:

- Clients with level one needs are given the relevant information from Bereavement Services, or signposted to another service to access appropriate support. Staff will be available to talk to clients and referrers about their specific counselling, information or support needs by telephone.

- Clients with level two and three needs will be offered bereavement counselling and support. Clients who do not have English as their first language and those who are deaf can be offered information/counselling with the help of another language or British Sign Language interpreter.

- The Bereavement Services premises can be accessed by clients with physical disability and staff will ensure that access facilities are appropriate for clients with a physical disability at all other sites where counselling is offered.

- Other media to support communication with children, clients with additional learning needs or a learning disability are available. Clients with complex communication difficulties can be aided by joint working with a carer, named supporting professional or other person as required by the client.

6.3 Opening Times

Formal assessment and counselling is offered to clients on an appointments only basis, at mutually agreed times. Bereavement Service staff are also available to offer general information and advice to referrers or clients who wish to find out about the service by telephone. This will operate between:

Monday to Thursday	9:00am to 5:00pm
Friday	8:30am to 4:30pm
Saturday and Sunday	Closed
Public Holidays	Closed

The Centre can be accessed in by phone or email as follows:

By phone: 01922 443998

By email: john.hayes@walsall.nhs.uk (Bereavement Services Coordinator)
Liza.burnell@walsall.nhs.uk (Family Support Worker)

All contacts by clients are to be made via the Bereavement Service.

6.4 Referral Process

It is essential that the person referred to the service is in full agreement with the referral.

IF THE REFERRER IS CONCERNED THAT THERE IS A SERIOUS RISK OF SELF-HARM, HE/SHE SHOULD CONTACT THE EMERGENCY MENTAL HEALTH TEAM (Phone: 01922 644535). The Bereavement Service is not an emergency service.

It is usual that a period of six to eight weeks is allowed post bereavement prior to referral to a bereavement service for assessment of need and subsequent support. However, children and families are likely to benefit from being referred to the service for pre-bereavement work.

Urgent referral may be made by contacting the Bereavement Services Co-ordinator or the Family Bereavement Worker by telephone.

Referral will be by receipt of a completed referral form (initial telephone contact may be made) Referral forms will be available from the Bereavement Centre The following information will be required:

- Client's name, address, postcode, telephone number.
- Other agencies involved, e.g. GP.
- Client and/or their parent or carer's agreement to the referral.
- Date of bereavement, where appropriate.
- Relationship to the dead person, or person in end of life care.
- Reason for referral.
- Family relationships and support.
- Person making the referral.

6.5 Assessment and Triage

The Service will make initial contact with the client within 5 working days following receipt of the referral. Clients who wish to use the Service will be offered an appointment at a mutually convenient time, usually within 2 weeks of initial contact. Some clients may not wish to use the Service at the time of initial contact and their details will be kept on file for future reference.

All initial assessments will be carried out by the Bereavement Co-ordinator or the Family Bereavement Worker either at the Bereavement Centre or another mutually convenient base.

All clients will receive an individual assessment, which will include both the client's and the bereavement worker's assessment of need. Following completion of that assessment, the bereavement worker and the client will agree the following:

- Level of intervention required (as per NICE Guidelines).
- Which particular service to be accessed (see below).
- Number of sessions agreed until review (may subsequently be modified by experienced bereavement worker).
- Time between sessions (may subsequently be modified by experienced bereavement worker).
- Contact arrangement between sessions. Clients and/or their parent(s) or carer(s) will be given a contact card, with names of people the client can speak to between 9:00 am and 5:00 pm. Outside normal working hours messages can be left on an answer phone. All contacts are to be made via the Bereavement Service.
- Negotiation of disclosure to: a) supervisors and colleagues within supervision groups, b) the General Practitioner and/or referring agency via supervisors as necessary, c) Parents/carers in the case of a minor.

6.4 Consent

Bereavement workers will ensure that the client's consent, and the consent of their parent(s)/carer(s) where relevant, is received prior to offering counseling, signposting or referring them to other services. Staff must record that consent has been given appropriately in the client's record file.

6.6 Counselling and Support Work

In line with the NICE Guidelines 'Improving Supportive and Palliative care for Adults with Cancer' (2004)[4], the Bereavement Service will offer three levels of support.

Level One

Most people manage without professional intervention, but lack understanding of the grieving process. This will be addressed by offering up-to-date written and verbal information regarding the grieving process and other potential avenues of support, such as:

- Relative's evenings.
- Open access drop-in groups.
- Self-help groups.
- Peer Support Groups.
- Social Support Groups.

- Community Groups
- Faith groups.
- Annual memorial service.

Level Two

Some people will require more formal support, which will be provided by:

- Bereavement visitor (one-to-one).
- Group work, facilitated by Bereavement co-ordinator.
- Support to children and families, provided by Family Bereavement Support Worker
- Referral to other Agency (E.g. Community Primary Mental Health Services).
- Chaplaincy

Level Three

A minority of people have complex grief requiring specialist intervention. This may be provided by the Bereavement Service Coordinator or, in the case of children, the Family Bereavement Worker. The Bereavement Service Coordinator or the Family Bereavement Worker may refer clients to a Psychologist or Psychiatrist for other specialist intervention according to their needs.

Throughout the counseling process, the Bereavement Worker and the client(s) will negotiate regular review of sessions and, and the client(s) and bereavement worker's view of the client's progress through the bereavement. The ongoing sessions will be structured accordingly.

6.6 Discharge

- The initial assessment by the Bereavement Coordinator or Family Bereavement Worker determines the planned number of sessions for each client, subject to review at later stages in the counselling process.
- Clients will be discharged from the service when the agreed number of sessions have been completed.
- If clients require further help they may be referred to another level within the service (e.g. psychologist, group sessions, and self-help group).
- Discharge or referral on must be agreed with the client(s).

- Clients who fail to attend two sessions without adequate explanation will be discharged from the service. A letter informing them of this action will be sent to both the client and their GP.

- If the client(s) need to attend the Bereavement Service again following discharge, a new referral must be completed if more than 6 months has lapsed.

7. Staff Training / Education and Development

7.1 Mandatory Training

- All new staff undertake Organisational and Local Staff Induction (NHS Walsall Community Health).

- All staff undertake regular Mandatory Training (NHS Walsall Community Health), to include: Health and Safety, Fire Safety, Infection Control, Equality and Diversity, Conflict Resolution, Basic Adult and Child Protection Awareness and Clinical Governance.

7.2 Specialist Training

Staff have further training in the relevant areas according to their need, to include:

- Counselling Skills and Theory.

- Loss and Grief Training.

- Palliative Care Awareness Training.

- Non Malignant Disease Awareness Training.

- Site Specific Awareness Training.

7.1 Additional Safeguarding Training

The Bereavement Services Coordinator and Family Bereavement Worker maintain additional Level 2 Safeguarding Training for both Children and Adults. It is their responsibility to ensure Bereavement Visitors are also trained to the appropriate level.

7.3 Partnership Working

Bereavement Services will maintain and develop close working links with:

- The acute and community sector, working closely with Clinical Nurse Specialists, Macmillan Nurses, Occupational Therapists, GPs and other health professionals involved with the care of cancer and palliative care patients in Walsall.

- St. Giles Hospice.
- Walsall Metropolitan Borough Council, liaising with Social Carers, Adult Mental health, CAMHS and other practitioners involved with the care of cancer and palliative care patients in Walsall.
- Local and national Cancer and Palliative Care Support Groups.
- Local and national adults' and children's Bereavement Support Groups.
- Voluntary Groups.
- Cancer Information and Support Services
- The Patient Advisory Cancer Team (PACT).

8. Professional Accountability and Responsibility

8.1 Clinical Governance and Risk Assessment

The Bereavement Services Coordinator and Family Bereavement Worker are responsible for maintaining records, auditing practice and assessing risk to feed back to the Clinical Governance Team. They attend monthly Clinical Team Meetings and Palliative and End of Life Care Multidisciplinary Team meetings to ensure they are aware of continuing practice improvement and development issues.

8.2 Client Involvement

The Patient Advisory Cancer Team (PACT) is a group of cancer patients and carers representing a diverse community. It aims to improve cancer services for everyone across Walsall and the surrounding area. The Bereavement Services Coordinator or Family Bereavement Worker will attend PACT meetings regularly ensuring the views of PACT members are considered and that support is provided on addressing issues for cancer and palliative care clients using the Bereavement Service. The views of the PACT group are sought in various aspects around providing bereavement care for palliative and end of life care clients and their families.

8.3 Code of Conduct

Bereavement Services staff and volunteers will assist all clients in a professional, polite and courteous way. All staff and volunteers will treat any personal information of users in line with NHS Walsall Community Health's confidentiality policy, and offer a confidential service to users, including the use of private space if requested.

Staff will expect to be treated in the same way and verbal abuse, violence or aggression towards staff will not be tolerated. NHS Walsall Community Health has a zero tolerance policy towards violence or abuse towards its staff, and legal action will be taken where necessary.

9. Providing Information to Clients

9.1 Medical Information

It is expected that information about the client's medical status, if appropriate, will be provided by the referrer. It is to be noted that Bereavement Services staff are not medically trained and will not engage in providing specific information related to any client's personal condition. They will encourage clients to speak with their clinician(s) where further information or clarification regarding any individual aspect of their health needs. Staff will be able to support clients in approaching their clinician as appropriate.

9.2 Local Information and Support

Contact details are held in the Centre for local and national support groups, charitable organisations, local services and services within Palliative and End of Life Care. This information will be available to clients in relation to their specific condition.

9.3 What Bereavement Services <u>will not</u> provide

- Given the referral criteria of the Bereavement Service counselling and support will not be provided to those who are bereaved by way of non-palliative conditions eg sudden deaths, deaths through suicide, child death

- Legal advice of any sort

- Practical arrangements regarding funerals to include monetary assistance.

10. Confidentiality and Client Records.

10.1 Paper Records

The service has a written policy for confidentiality that must be followed by all staff and volunteers of Walsall Teaching Primary Care Trust. It is:

- Reviewed 3 yearly and updated if necessary.

- Clients can have access to their records following a written request.

- All records held by the Bereavement Coordinator, Family Bereavement Worker or volunteers are returned to the Bereavement Service at the end of work with a particular client and are held for 8 years before being destroyed. Any notes relating to children will be kept until the child is 25, or until they are 26 if seen over the age of 17 years.
- All records are made and stored in a manner compliant with the Data Protection Act.

An individual set of client notes is made for each client. While the client's counselling is ongoing, safe-keeping of their records is the responsibility of the individual health professional or bereavement visitor. Clients' notes are stored in a locked filing cabinet in the Services office. The office is locked at the end of the day, and electric

blinds lowered to cover the windows. Records are completed by the relevant staff member at the time of seeing the client, using black ink. Entries will be dated and signed/printed legibly. Standard letters and other correspondence will also be copied to the client's file.

To accommodate work at other centres from time-to-time, the Bereavement Services Coordinator and Family Bereavement Worker will need to take notes to other sites. At these times all staff will take individual responsibility for the safekeeping of the records, and ensure they are kept in a secure place, paying all due attention to the safety of those records when off site, in accordance with the Trust's written policy.

10.2 Electronic Records

Demographic and contact details are entered into the iPM Health Care Records Management System for each client and episode of care, according to the guidelines and protocols provided by that service.

10.3 Confidentiality

Staff will not disclose or record anything the client does not wish disclosed to others or to be recorded. However, the client needs to be aware that the Bereavement Coordinator, Family Bereavement Worker and Bereavement Visitor is not under a duty of confidentiality if the client discloses anything that is likely to cause harm to themselves or put others at risk of harm. If at any time the client discloses information that may indicate a child or adult has been, is currently, or may in the future be at risk of harm, this must be fed back to the Bereavement Co-ordinator and Safeguarding Team, who must take the immediate appropriate actions as detailed in the organisation's Safeguarding Policy (as per Children Act 1989).

11. Document Control and Archiving

11.1 Library of Procedural Documents

The author is responsible for recording, storing and controlling this policy. Once the final version has been ratified, the author will provide a copy of the current policy to Governance and Communications so that it can be accessible to others.

11.2 Archiving Arrangements

All versions of this policy will be archived in electronic format within the Information Centre policy folder on G drive. Archiving will take place by the Bereavement Services Coordinator once the final version of the policy has been issued.

11.3 Process for Retrieving Archived Policy

To obtain a copy of the archived policy, contact should be made with the Information Centre Coordinator.

12. Monitoring Compliance and Effectiveness

12.1 Process for Monitoring Compliance and Effectiveness

Monitoring compliance with this policy will be the responsibility of the Operational Manager for Non Clinical Palliative and End of Life Care. Compliance with the policy will be monitored by ensuring that all materials provided comply with the quality criteria outlined in the policy.

12.2 Standards/ Key Performance Indicators

The commissioners require that the Bereavement Services performance is at the minimum maintained and areas for improvement identified on a year on year basis. In order to achieve this providers and commissioners will monitor performance in the following areas:

Core KPIs

- Report the number and percentage of clients that were contacted and assessed within 2 weeks, achieving a minimum of 95%. At the end of Quarter 4 report full year as a percentage. (Access)

- Report the number of referrals, face to face contacts, and discharges (Activity)

12.3 Data Collection

Data is gathered on all contacts which have taken place with clients. Contact data includes the number of contacts and the type of intervention offered, the time taken and whether or not the client has been referred to other services.

12.4 Client Feedback

NHS Walsall Community Health actively seeks feedback on its services from all service users. Bereavement Services staff will encourage clients to provide feedback by free comments in a book held in Bereavement Services at the Blakenall Village Centre.

12.5 Satisfaction Surveys

The service will use satisfaction surveys annually to identify users' responses to the service, providing users with an opportunity to constructively feedback to help with service improvement and development.

12.6 Audits

User records and data collection systems will be audited to ensure that they meet with NHS Walsall Community Health policies and procedures. Audits will be monitored by the Governance Department.

12.7 Equality Impact Assessment

NHS Walsall Community Health aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over

others. An Equality Impact Assessment has been undertaken and there are no adverse or positive impacts **(see Appendix B).**

13. Dissemination and Implementation

13.1 Dissemination of the Policy

After ratification the author will provide a copy of the policy to be placed on NHS Walsall intranet. The policy will also be included on the NHS Walsall Community Health website www.walsallcommunityhealth.nhs.uk

13.2 Implementation of the Policy

The Operational Manager for Non Clinical Palliative and End of Life Care is responsible for ensuring that this policy is followed by all staff and volunteers.

14. References and Associated Documentation

14.1 References

Fauth, B. Thompson, M. Penny, A. (2009). *Associations between childhood bereavement and children's background, experiences and outcomes: Secondary analysis of the Mental health of children and young people in Great Britain 2004 data,* London: National Children's Bureau.

Office for National Statistics. Social and Vital Statistics Division and others (2005), *Mental health of children and young people in Great Britain,* 2004, London: HMSO.

Worden, JW (1996), *Children and Grief: When a parent dies.* New York: Guildford.

National Institute of Clinical Evidence (2004) *Guidelines in Improving Supportive and Palliative Care for Adults with Cancer*: http://www.who.int/cancer/palliative/definition/en/

Parkes, C.M, (*Studies of Grief in Adulthood Life,* 3rd edn. London, Routledge

Stroebe W, and Stroebe, M. (1987) *Bereavement and Health,* Cambridge, Cambridge University Press

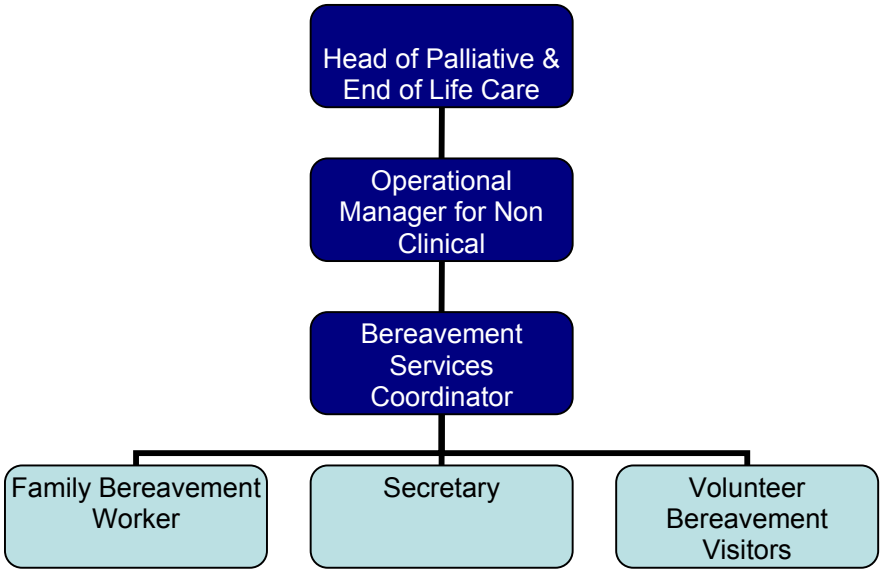
Waskowic, T.D. and Chartier, B.M (2003) *Attachment and the experience of grief following the loss of a spouse,* Omega 47, 1: 77 – 91.

14.2 Associated Documents

- NHS Walsall Community Health Confidentiality Policy
- Cancer Plan (2000)
- Gold Standards Framework (2002)

- NICE Guide on Supportive & Palliative Care (2004)
- When a Patient Dies (2005)
- End of Life Care Strategy (2008)
- Walsall NHS Palliative Care Strategy 2009
- Use of Volunteers procedure
- Lone Working procedure

APPENDIX A – MANAGEMENT STRUCTURE OF BEREAVEMENT SERVICES



APPENDIX B Equality Impact Assessment

Title of the policy/guidance:	Bereavement Services	
	Yes/No	**Comments**
1 Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
Race	No	
Ethnic origins (including gypsies and travellers)	No	
Nationality	No	
Gender	No	
Culture	No	
Religion or belief	No	
Sexual orientation including lesbian, gay and bisexual people	No	
Age	No	
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2 Is there any evidence that some groups are affected differently?	No	
3 If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4 Is the impact of the policy/guidance likely to be negative? (If no, please go to question 5.)	No	
If so can the impact be avoided?		
What alternatives are there to achieving the policy/guidance without the impact?		
Can we reduce the impact by taking different action?		
5 Health inequalities		
6 Please consider the following questions relating to Human Rights Act:		
Will it affect a person's right to life?	No	
Will someone be deprived of their liberty or have their security threatened?	No	
Could this result in a person being treated in a degrading or inhuman manner?	No	
Is there a possibility that a person will be prevented from exercising their beliefs?	No	
Will anyone's private and family life be interfered with?	No	

Is further detailed impact assessment required? No

Name	Role	Date completed	Outcome
John Hayes	Service Co-ordinator	10/09/2010	

APPENDIX C Checklist for the Review and Approval of Procedural Document

	Title of document being reviewed:	**Yes/No**	**Comments**
1.	**Title**	Operational Policy for Cancer and Palliative Care Information & Support Services	

	Title of document being reviewed:	Yes/No	Comments
	Is the title clear and unambiguous? It should not start with the word policy.	Yes	See front page
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated? This should be in the purpose section.	Yes	
3.	**Development Process**		
	Is the method described in brief? This should be in the introduction or purpose.	Yes	Section one
	Are people involved in the development identified?	Yes	See contributions list
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	See consultation list
4.	**Content**		
	Is the objective of the document clear?	Yes	See purpose
	Is the target population clear and unambiguous?	Yes	See metadata
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	See section 13
	Are the references cited in full?	Yes	See section 13
	Are supporting documents referenced?	Yes	See section 13
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	See metadata
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	See section10. stored on internet and sent out via SAB alert

	Title of document being reviewed:	Yes/No	Comments
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	WCH internet
	Have archiving arrangements for superseded documents been addressed?	Yes	See metadata/records management policy
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	See monitoring section 12
10.	**Review Date**		
	Is the review date identified?	Yes	See metadata
	Is the frequency of review identified? If so is it acceptable?	Yes	See metadata
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	Author of the policy

Lead Director			
If you are assured that the correct procedure has been followed for the consultation of this policy, sign and date it and forward to the chair of the committee for ratification.			
Name		Date	
Signature		Ratification Committee	

Ratification Committee Approval			
If the committee is in agreement to ratify this document, can the Chair sign and date it and forward to the \Head of Assurance			
Name		Date	
Signature			