University Hospitals of North Midlands NHS Trust

Policy No. (C13)
Trust Policy for End of Life Care in Adults

The following personnel have direct roles and responsibilities in the implementation of this policy:

- **All Trust Staff**

Version:	**5**
Ratified By:	**Quality and Safety Forum**
Date Ratified:	**June 2018**
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Date of Review:	**June 2021**
Trust Contact:	**Director of Nursing – Education, Development and Workforce**
Executive Lead:	**Chief Nurse**

Version Control Schedule

Final Version	Issue Date	Comments
1	November 2003	
2	June 2010	This policy has undergone extensive review utilising a focus group of specialists from within this field. It is now more concise and endorses the Department of Health End of Life Strategy and Care Pathway (2008) as a framework for best practice in the delivery of good end of life care. This includes care from diagnosis through to care after death incorporating bereavement support for families and carers.
3	October 2012	Contact details changed in view of hospital move
4	January 2015	Extensive review of policy following removal of LCP from use nationally and publication of several national policy documents.
5	June 2018	Full review, updating of service information and inclusion of new national policy documents.

Statement on Trust Policies

Staff Side and Trade Unions
The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity
The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment
The organisation 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. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance
Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Bill, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality
GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the "right and freedom" of natural persons (i.e. livening individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

Whiles GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000
The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of compliant. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections
The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.
The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights
The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development
The University Hospitals of North Midlands NHS Trust (UHNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1 INTRODUCTION

1.1 This End of Life (EOL) policy arises from a review of previous Trust policy (C13 End of Life Policy). It recognises national initiatives to improve care for patients with EOL needs. In 2008 the End of Life Strategy was published by the Department of Health (Department of Health 2008). This was followed by further national documents which support the delivery of EOL care including NICE quality standard for End of Life care (NICE 2011) and Ambitions for Palliative and End of Life care (National Palliative and End of Life care partnership 2015).

The Trust endorses the End of Life Care Pathway (Appendix 2) as recommended by the DH End of Life Strategy (2008) as the framework for best practice in the delivery of quality end of life care. This reflects the whole patient journey from diagnosis through to care after death including bereavement support for families and carers. The Trust also recognises the 6 ambitions for Palliative and End of Life care (Appendix 3) as recommended by the National Palliative and End of Life care partnership. This reflects the ambitions for delivery of services to support EOL care.

Whilst it is recognised that patients would often choose to die at home, at present over half of all deaths occur in acute hospitals. One of the key aims of the End of Life Strategy is to enable more people to die in the place of their choice and to reduce the number of deaths in hospital. This aim is a driver for a more proactive approach including early identification and discussion and the opportunity for patients to have an advanced care plan. However, it is recognised that “hospitals will almost certainly continue to be the most common place for death in this country for the foreseeable future” (DH 2008). Therefore, care of the dying is an important and significant part of hospital care. As such, it is a core responsibility for all hospital staff to provide care that promotes a dignified death for patients and adequate support to their carers.

This policy relates to all adult patients who receive care at the UHNM at EOL (last 12 months of life). It includes care of the dying patient and their family and care after death. It is applicable to the care of those who die at the UHNM in expected and unexpected situations. Everyone has a right to a dignified death. High quality EOL care and support should be delivered to all dying patients and their families and carers regardless of where in the Trust this occurs.

1.2 This policy should be read in conjunction with:

- Trust Policy & Guidelines for Breaking Bad news C18
- Trust Policy Spiritual Care C47
- Verification of Death Guidelines (Intranet > Clinicians > Clinical Guidance > Clinical Guidelines > Medical)
- Trust Policy for Child Health Bereavement C19
- Children and young people advance care planning pathway (Intranet > Clinicians > Clinical Services > Children’s Centre > Paediatric Palliative Care)
- Trust guidelines on The decision to deactivate implantable cardioverter defibrillator therapy in an adult patient (Intranet > Clinicians > Clinical Services > Heart and Lung Centre > Cardiac Devices)
- Trust Policy F01 for Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
- Trust Policy C09 for Resuscitation
- Trust Policy for Obtaining Consent C43
- Trust Policy C55 for Organ & Tissue Donation
- Trust Policy C02 for Expansion of Professional Practice
- Trust Policy C32 Privacy and Dignity
- Department of Health (2008) End of Life Care Strategy; Promoting high quality care for all adults at the end of life

2. POLICY STATEMENT

2.1 It is a core responsibility for the University Hospital of North Midland NHS Trust (UHNM) to provide care that promotes optimal standards of EOL care for patients, including a dignified death. There is a need to ensure adequate support to their carers whilst abiding by the express or stated wishes of the patient and their family with regards to religion, faith, culture or custom.

The UHNM EOL Operational Group reports to the Trust Executive Team. This steering group is responsible for delivering a strategic plan for EOL Care for the Trust which is compatible with national directives as well as the Local Health Economy strategic plan.

3. SCOPE

3.1 The policy for care of the adult patient at the EOL applies to the patient and their family and carers. This document is applicable to all staff employed by UHNM that provide care to patients and their families or carers during the last year of life, including both temporary and permanent staff.

4. DEFINITIONS

4.1 ACP – Advance Care Planning
EOL – End of Life
DH – Department of Health
NICE – National Institute for Health and Care Excellence

5 ROLES AND RESPONSIBILITIES

Roles and responsibilities for all Trust staff should be read in conjunction with Appendix 1 the Underlying Principles of Care at End of Life

5.1 Executive Board
Is responsible for ratifying this policy and ensuring that adequate systems are in place to manage EOL care within the Trust.

5.2 Quality and Safety Forum
Is responsible for approving this policy prior to ratification and for receiving and reviewing audit reports in relation to implementation of this policy.

5.3 Director of Nursing – Education, Development and Workforce
As the executive lead for this policy is responsible for ensuring the production and review of the policy.

5.4 Non-executive lead for EOL
Is responsible for contributing to EOL strategy at UHNM. This includes attending steering group meetings and reviewing the work plan and output of the group.

5.5 End of Life Operational Group
Is responsible for the delivery of a strategy for EOL care at the UHNM. This includes monitoring audit outcomes, standards and complaints, ensuring action plans are developed where required and that actions are followed up to a satisfactory conclusion.

5.6 Clinical Directors/Associate Directors/Associate Chief nurses
Are responsible for implementation and dissemination of this policy within their Division and for ensuring that there are local processes in place to comply with this policy.

5.7 Ward / Department Managers

Are responsible for the implementation and dissemination of this policy within their clinical area and to ensure that their staff are appropriately trained, aware of and follow the guidance contained within this policy and report any failures. The quality nurse under the supervision of the ward manager will participate in EOL governance reporting by providing information when requested to be included in the biannual EOL governance report.

5.8 Medical Staff

The consultant caring for a patient is responsible for:

- The overall medical care of the patient.
- Ensuring that communication with the patient and family regarding disease progression, prognosis and End of Life issues is delivered sensitively using an approach that allows them to seek or decline further information and make decisions based upon this.
- Ensuring that patients are able to express their wishes regarding type and place of care, and that these wishes are recorded, communicated to relevant health care professionals and taken into account when plans of care are made.
- Ensuring that patients receive appropriate palliative care, including referral to the Hospital Specialist Palliative Care Team when required.
- In consultation with the multiprofessional team, diagnosing dying and communicating and documenting the plan of care clearly.
- Signing and ensuring completion of last days of life documentation when appropriate.

Medical staff involved in the delivery of care are responsible for:

- Providing generalist palliative care to all patients and seeking advice from specialist palliative care when needed.
- Communicating with patients and carers openly and sensitively.
- The completion of a discharge summary and a Medical Cause of Death Certificate in a timely manner. (The overall responsibility for identification of the Medical Cause of Death (if known) rests with the consultant responsible for the patient's care.)
- Using End of Life tools when appropriate.
- Ensuring the relevant information regarding a patient's plan of care is communicated accurately to the multiprofessional team and documented clearly in the patient's notes.
- Completion of last days of life documentation when required.
- Completing EOL mandatory training every 3 years.

5.9 Nursing staff involved in the delivery of care are responsible for:

- Providing generalist palliative care to all patients and seeking advice from specialist palliative care when needed.
- Communicating with patients and carers openly and sensitively.
- Using end of life tools.
- Ensuring the relevant information regarding a patient's plan of care is communicated accurately to the multiprofessional team and documented clearly in the patient's notes.
- Completing the nursing element of the last days of life documentation when it has been commenced by the responsible consultant.
- Completing EOL mandatory training every 3 years.

6 EDUCATION / TRAINING AND PLAN OF IMPLEMENTATION

The core End of Life competencies identified by Skills for Health (DH 2009) are:
Communication skills
Assessment and care planning
Symptom management
Advanced care planning
These core competencies will be utilised in the development and delivery of EOL education at the UHNM. They are included in the EOL mandatory training face to face and e-learning

package that must be completed by qualified medical and nursing staff involved in the care of adult patients every 3 years.

6.1 The EOL Operational Group will assess the education needs of the workforce in EOL care and identify learning needs. The group will ensure that appropriate education is available to meet these needs and will monitor the effectiveness of this education.

6.2 It is the responsibility of ward/department managers to ensure that staff are offered and have access to EOL training appropriate to their role. Staff should be supported to develop and apply skills and knowledge in EOL care through continuous professional development.

6.3 Staff delivering any aspect of EOL care have a responsibility to ensure that they have the necessary skills and competencies and undertake training to enable them to deliver high quality EOL care for patients and carers. This should be recorded within the individual staff member's ESR record.

7. MONITORING AND REVIEW ARRANGEMENTS

7.1 The UHNM EOL Operational group has responsibility for monitoring the compliance and effectiveness of this policy.

The EOL Operational Group utilises complaints and adverse incident reports to monitor the quality of EOL care and identifies actions to improve practice when required. This group is responsible for determining which areas of practice should be audited and developing an audit programme. This group utilises the results of audit to direct service improvement.

Opportunities will be provided by the EOL Operational Group for patients, carers and the public to give opinions and to be included in service development. This will include patient and public involvement and the opportunity for users to provide feedback on the services received.

7.2 This policy will be reviewed in three years unless changes in clinical practice or legislation indicate review is required before this time.

8. REFERENCES

Department of Health (2006) Our Health, Our Care, Our Say: a new direction for community services.

Department of Health (2008) End of Life Care Strategy; Promoting high quality care for all adults at the end of life.

Department of Health (2009) common core competencies and principles for health and social care workers working with adults at the end of life Department of Health publications.

NICE (2011) Quality standard for End of Life care.

NICE (2015) Care of the dying adult in the last days of life.

The Royal Marsden Hospital Manual of Clinical Nursing Procedures 8th Edition (2011). Wiley-Blackwell. West Sussex

Leadership Alliance for the care of dying people (2014) One chance to get it right.

APPENDIX 1 THE UNDERLYING PRINCIPLES OF CARE AT END OF LIFE

It is the responsibility of all staff to treat the patient with respect before and after death ensuring that their needs for privacy, dignity, spiritual support and individual cultural and religious needs have been met.

Patients have a right to open and honest communication regarding their health and care. Information provided to a patient, relative or carer should be delivered in a sensitive manner taking into account their individual needs and wishes according to Trust Policy and Guidelines C18 for Breaking Bad News.

The patient and family's specific wishes and instructions should be ascertained, clearly documented and communicated to appropriate staff via assessment, care planning and review. Individual patient care should be co-coordinated across organisational boundaries.

The patient's right to die in a place of their choice when it is possible should be respected and wherever possible, appropriate support arranged and given.

A team approach is required to avoid giving conflicting messages to the family and carers and it is the responsibility of all staff providing such care to communicate and document the plan of care clearly and appropriately.

If a dying patient is to remain in hospital there should be unrestricted visiting for family and friends if desired by the patient. Provision should be made to enable relatives to stay overnight if required. Patients who are dying should be offered a side room where possible.

Care after death includes timely verification and certification of death or referral of the deceased to the coroner where appropriate, as well as emotional and practical support for carers.

Relatives and carers of patients who die suddenly or unexpectedly in UHNM may require additional support, as well as information regarding the process of referral to the Coroner and possible need for a post mortem examination.

COMMUNICATION

Communication with the patient and family regarding disease progression, prognosis and EOL issues should be delivered sensitively using an approach that allows them to seek or decline further information and make decisions based upon this. Further guidance can be obtained from Trust Policy C18 for Breaking Bad News.

The nurse caring for the patient should be present where possible during communication of such information by medical staff to support the patient, supplement information and answer any questions.

All communication with the patient and/or family should be documented in the health records.

Advocates or interpreters should be used when necessary.

The privacy and dignity of patients and carers should be preserved at all times when communicating significant news. The use of side rooms should always be explored.

ADVANCE CARE PLANNING

In order to ensure that End of Life care is provided in accordance with a patient's own wishes, it is necessary to discuss with individuals their preferences regarding the type of care they would wish to receive and where they wish to be cared for in case they lose capacity or are unable to express their preferences in the future (Mental Capacity Act 2005 HMSO).

Ensuring that discussion also takes place about resuscitation and a decision is made in advance where possible, is advisable, as this is preferable to making decisions in a crisis when there may be insufficient time to gather and consider all of the relevant information relating to the patient's wishes and clinical condition.

These discussions need to be handled with skill and sensitivity. The content and outcomes of such a discussion should be documented, regularly reviewed and communicated to other relevant people subject to the individual's agreement. This is the process of advance care planning.

More detailed information on how to support patients with advance care planning can be found on the Trust intranet. Clinicians>Support Services>Palliative Care>Advance Care Planning

PREFERRED PLACE OF CARE

All patients with palliative care needs should have their preferences for the nature and location of care assessed on a regular basis, commencing at the earliest opportunity.

Some patients may have this recorded using an advance care plan. This should then be communicated to the patient's GP and other relevant healthcare professionals with the patient's agreement.

Discussions regarding preferred place of care should be documented in the health record and should be highlighted in the ward discharge plan.

Patients' preferred place of care and preferred place of death (which may differ) may include home, hospital, care home or hospice. Patients' wishes should be acknowledged and followed wherever possible.

DISCHARGE OF END OF LIFE PATIENTS

The discharge of a patient from hospital should ideally occur only when all necessary support services are in place. The UHNM rapid discharge pathway details the assessments and referrals that are required to ensure support services are in place. The needs of the patient and their carers should be assessed in order to identify their care needs at home. The services available to meet these needs should be discussed with the patient/carer in order to agree a discharge plan. All relevant information should be passed to the community services that will be providing the patient's care using the rapid discharge checklist. When services require a written referral this should be completed in a timely manner.

Patients and carers should be given written information regarding which services to contact if problems arise following discharge. The going home from hospital leaflet should also be given.

Referral for hospice and community palliative care services should be made according to the eligibility criteria for the relevant organisation and relevant documentation should be completed.

PALLIATIVE CARE

It is the responsibility of all staff to provide a general level of palliative care for patients with an advanced progressive illness. The management of pain and other symptoms and the provision of psychological, social and spiritual support are paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.

Those providing a general level of palliative care should be able to:

- Assess the care needs of each patient and their family across the domains of physical, psychological, social, and spiritual and information needs.
- Meet those needs within the limits of their knowledge, skills and competence in palliative care.
- Know when to seek advice from or refer to specialist palliative care services.

Hospital Specialist Palliative Care Team

The Hospital Specialist Palliative Care Team provide a Trust wide service at the UHNM for patients (adults) who are diagnosed with an advanced progressive disease (malignant and non-malignant) and who present with complex problems that require specialist palliative care intervention.

Hospital Specialist Palliative Care Service is available 7 days a week 9-5. Telephone 01782 674029. Saturday and Sunday service at County Hospital is telephone advice only.

Patients can be referred to the Hospital Specialist Palliative Care Team according to referral criteria available on trust intranet site via Clinicians>Support Services>Palliative Care.

Advice and support from the Hospital Specialist Palliative Care Team can be obtained with regard to:

- Pain and symptom control
- Care of patients in the last few days of life
- Emotional / psychological / spiritual support for patients, relatives and carers
- Advice regarding clinical direction
- Information and advice with regard to diagnosis and palliative treatment
- Advice and support on complex discharge planning
- Information regarding services which can provide social or financial help

Specialist palliative care telephone advice is offered by the Douglas Macmillan Hospice if required outside the operating times of the hospital team. This service is available on 01782 344300.

CARE OF THE DYING PATIENT

More than half of deaths in the UK occur in hospitals. Caring for patients in the last days of life is a core responsibility of all healthcare professionals in UHNM. Documents including a medical decision document, nursing care plan and accompanying guidance have been developed to support care in the last days of life in the Trust. The documents follow the 5 principles of care for dying people (Leadership Alliance for the care of dying people, 2014). It also follows the principles of the NICE guideline Care of dying adults in the last days of life (NICE 2015). The medical and nursing documentation have a purple border to make them easily recognisable. The medical document must be agreed to by the responsible consultant who should sign the medical document. The Purple Bow Scheme is in use in UHNM to facilitate compassionate support. The bow is a symbol that can be used when a patient is in the last hours or days of life, if the patient and family are in agreement. The bow symbol can be attached to the curtain or side room door and lets staff know that the patient and family may require additional support, compassion and time. It also includes supporting family members practically with open visiting, refreshments and exemption parking.

SPIRITUAL, RELIGIOUS AND PASTORAL CARE

Spiritual care is recognised as an important and integral aspect of care of the dying patient (DH 2008). For some patients and their family/carers, the search for existential meaning may become an important focus at EOL and therefore assessment of their spiritual needs by health care professionals is an essential part of their EOL care. These spiritual issues for patients, carers and relatives should be acknowledged and assessed in a flexible non-judgemental manner.

Health care professionals must identify, assess and document the spiritual needs of patients, relatives and carers. Health care professionals must plan how and identify by whom these spiritual needs will be met.

For those patients whose religious faith is integral to their spirituality, health care professionals must be able to assess and document the religious needs of the patient in order to refer to the appropriate religious support. The referral could be to the hospital Chaplaincy Team or to a religious representative from the patient's faith community.

All patients, relatives and carers can access the Trust's Chaplaincy Team which is part of the Trust's resources to provide spiritual, religious and pastoral support. The Trust's Chaplaincy Team provides a 24 hour service.

Information on the needs of patients and their families from specific religious and faith groups is available for healthcare professionals on the hospital intranet via Services>Chaplaincy>Documents>World Faiths in Hospital.

The Trust's Chaplaincy Service provides the following:

- Opportunities to nurture and affirm the spirituality of patients and their families and carers whether or not they have a religious affiliation
- Pastoral care, spiritual care and religious care, supporting people facing the hopes and fears experienced during the last days of someone's life
- Opportunities for patients and their families and carers to discuss planning a funeral service
- Funeral prayers on the ward for patients unable to attend a family funeral
- Other services and rituals for patients and their families and carers, for example: marriage in hospital, baptisms and naming and blessing babies in the Forget-Me-Not suite on Delivery, A &E and Children's wards
- Religious and pastoral support to those families who utilise the Trust's contracts for babies and adult welfare funerals
- Religious and pastoral support to those families who attend memorial services held by hospital departments, e.g. Renal, Babies and Children and Cystic Fibrosis annual memorial services
- Acts of remembrance and support for staff when a colleague dies

VERIFICATION OF DEATH

The verification of a patient's death should be completed in accordance with current medical guidelines and must be undertaken in a timely manner to enable transfer of the deceased to the mortuary or external chapel of rest.

Expected deaths can be verified by a registered nurse who has undergone further training and has been deemed competent in verification of expected deaths as laid out in the Verification of Expected Death guideline contained within the nursing guidelines.

PERSONAL CARE AFTER DEATH (PREVIOUSLY CALLED LAST OFFICES)

Personal care after death is administered as appropriate to the beliefs and customs of the patient in accordance with the current nursing guidelines available. Copies of all clinical guidelines are available on Trust intranet via Clinicians>Clinical Guidance>Clinical Guidelines

It is important that all 5 sections of the mortuary slip are completed. The white copy must be attached directly to the body and the yellow copy to the outer sheet. If a body bag has been used then the yellow copy must be placed in the bag's document window.

NOTIFYING APPROPRIATE PEOPLE

On the death of a patient the following people are notified:

- Next of kin
- Bereavement services
- Medical staff to complete EPR and discharge summary to ensure patient's record is closed and that all appointments are cancelled.

Information on what to do following a death should be given to the family of the deceased by the ward nursing staff in the form of the trust information booklet. Copies of the booklet can be obtained from the bereavement services office or from the Trust intranet via Clinicians>Support Services>Bereavement>General Documents

MANAGEMENT OF PERSONAL PROPERTY

Patients' personal property should be handled in accordance with the Trust policy F01 for Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

ORGAN DONATION

Organ donation can only be considered if the person is ventilated and will therefore usually be limited to Intensive Care Units, Emergency Department and Theatre Recovery. **For all Organ Donation referrals please contact the 24hr Donor Referral line on [redacted]. Within the County Hospital also inform the Bereavement Service on extension [redacted]**

Tissue donation can be considered for all patients after their death, wherever they are cared for in the hospital. **For Tissue Donation referrals please contact the on call Tissue Co-ordinator on pager [redacted] (24hr service).**

For information, protocols and guidelines on Organ and Tissue Donation please refer to the hospital intranet via Clinicians>Support Services>Organ and tissue donation

TRANSFER TO THE MORTUARY

When a death occurs on a ward or in the Emergency Department it is the responsibility of the nursing staff to contact the porters or West Midlands Ambulance Service to organise the transfer of the deceased to the mortuary.

- Royal Stoke Hospital on [redacted]
- County Hopsital on [redacted]

The transfer of the deceased to the mortuary should be at the earliest opportunity. If family/friends cannot view the deceased within 3 hours they should be transferred to the mortuary where a viewing can be arranged in the chapel of rest.

There is one mortuary at the RSUH situated on LG1 of the new hospital. At county Hospital the mortuary is situated on the ground floor. All coroner's post mortems and hospital consented post mortems are carried out at RSUH mortuary.

It is the responsibility of the mortuary technicians at RSUH & County Hospital to book the deceased onto the computer system and facilitate the removal of the deceased to funeral directors or family representatives in accordance with local procedures.

The mortuary is open for telephone enquiries from [redacted] Monday to Friday and is staffed with qualified technicians at RSUH and a mortuary assistant at County Hospital. There is also an on-call service to facilitate viewing in exceptional circumstances and identifications which operates between [redacted] Saturday and Sunday. A technician can be contacted via the call centre outside of normal working hours for technical advice or queries.

The hospital notes with a completed discharge summary should be left at the designated collection point within the mortuary. For patients who die in the Emergency Department, notes will be collected directly from there by the bereavement services staff.

The mortuary will not accept any patient property. This should be handed over to relatives from the ward. Jewellery can be left on the body and must be recorded accurately on the Notice of Death form attached to the body.

SUPPORTING THE BEREAVED

The needs of carers and relatives must be assessed in order to provide them with appropriate support during the patient's time in hospital and in the period around death. A vital component of good care in the period approaching and surrounding death is the provision of appropriate and individualised bereavement support. Relatives should be actively supported throughout the period surrounding the death of the patient. The need for chaplaincy support should be assessed at this time and a referral made if required for the patient or their family or carers.

During the last days of the patient's life and at the time of their death their family and carers will experience loss and grief. Healthcare professionals should provide information about the experience of bereavement and offer support. Verbal information given to bereaved relatives should, as far as possible, be reinforced with written information such as the trust bereavement booklet. Bereaved relatives or carers should be signposted to local providers of bereavement support or counselling if this need is identified.

UHNM BEREAVEMENT SERVICE OFFICE

The Trust operates a Bereavement Services office:

- RSUH Telephone [redacted]
- County Telephone [redacted] outside of these hours.

Staff in the Bereavement Services office are responsible for ensuring that Medical Cause of Death Certificates are issued to the family if the doctor is able to issue this. If it is not possible to issue a Medical Cause of Death Certificate, which can occur for a number of reasons, the death should be referred to the Coroner.

- RSUH, the bereavement services office will report the case to Her Majesty's Coroner (HMC) of North Staffordshire/Midlands.
- County Hospital, it is the responsibility of the Doctor to report the case to Her Majesty's Coroner (HMC) of South Staffordshire.

The Coroner will consider the information provided and decide whether a post mortem is required. Where a Coroner's post mortem is required the Coroner is then responsible for issuing the Medical Cause of Death Certificate. Bereavement Services office staff are also responsible for ensuring that

relevant cremation forms are completed for the designated funeral director. The deceased's General Practitioner will also be advised of the death.

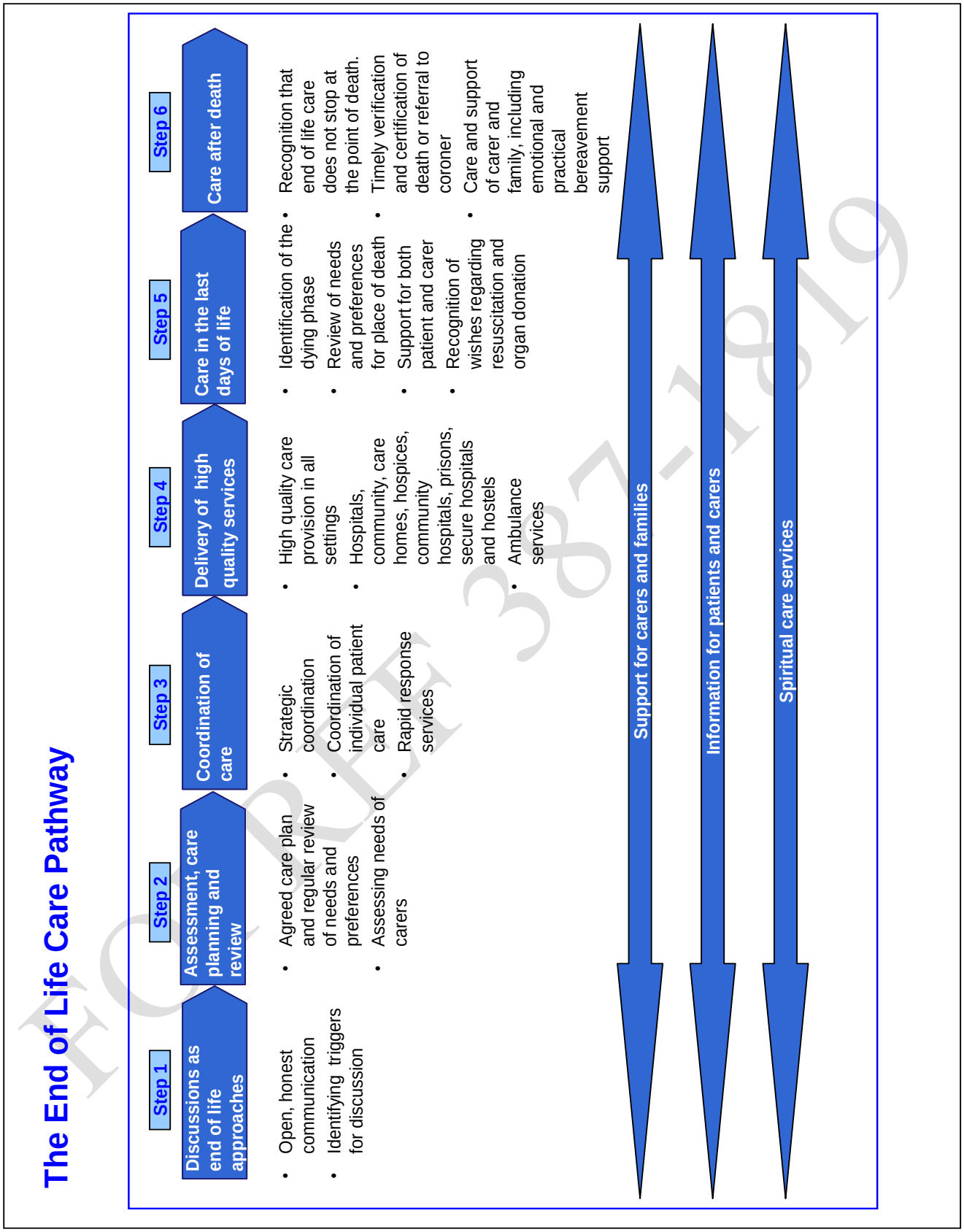
- At RSUH the staff in the Bereavement Services office routinely contact the deceased's General Practitioner to advise them of the death
- At County Hospital the General Practitioner will be informed by a letter which is generated by the doctor

Bereavement Services staff are able to meet with the relatives and offer them practical help in order to make funeral arrangements. In some cases where no relatives are identified, the Trust will make arrangements and pay for the cost of a funeral. In addition Bereavement Services office staff are able to signpost relatives to other local and national organisations that can offer help, support and counselling but the Trust does not offer a bereavement counselling service.

In order to ensure a prompt and responsive service for families, all deaths must be reported to Bereavement Services, if the death occurs during the hours of 9-4pm

- RSUH – Notes will be delivered to Bereavement Services at the same time the deceased is being transferred to the Mortuary. For deaths outside these hours the hospital notes should be left in the Mortuary for collection by Bereavement Services/Sodexo the following morning.
- County Hospital – For both weekdays and weekends the notes should go to the mortuary with the deceased, they will then be collected by the Bereavement Services team from the mortuary. Mortuary staff will advise the bereavement team of a death that occurs at County hospital by secure email the next working day.

APPENDIX 2 END OF LIFE CARE PATHWAY



APPENDIX 3 AMBITIONS FOR PALLIATIVE AND END OF LIFE CARE