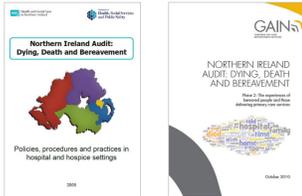


Background

- Original audit carried out by the HSC Bereavement Network in two phases
- Phase one resulted in 12 recommendations
- HSC Strategy for Bereavement Care subsequently developed
- To complete the audit cycle the HSC Bereavement Network re-audited phase one in 2015/2016



Aim of Re-Audit

- To document the extent to which Trusts have met the twelve recommendations from phase one of the original audit
- From the data collected make recommendations for further improvement or development.

Methodology

The re-audit comprised of 2 elements:

- An organisational proforma completed by each HSC Trust regarding actions to meet recommendations of initial audit.
- A staff survey captured awareness and the impact of this progress in practice.

Results

Standard 3: Whether corporate and local induction covers issues concerning death and bereavement

Staff response: 28% of staff had received information at corporate induction and 21.4% at professional induction.

Standard 6: Training and development

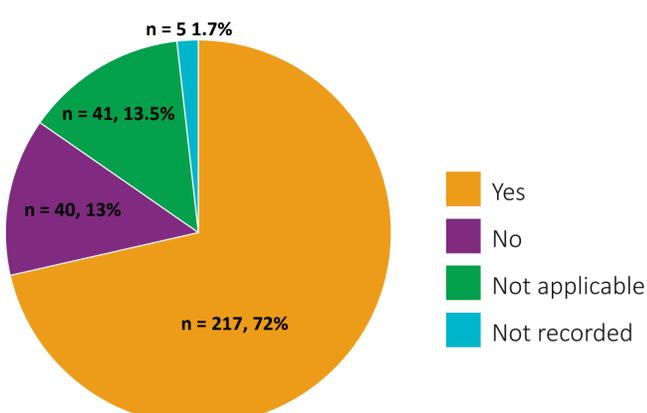
Trust responses: 100% of Trusts have opportunities in place for development and training in care of dying patients and bereaved relatives.

Staff responses: Staff cited various training sessions but percentages attending ranged from 1.7% to 19.1% of respondents.

Overall 1,041 (54.4%) of respondents had not attended any type of training.

Standard 9: Learning from incidents or from complaints made by bereaved families.

Staff responses:



Standard 11: Written information for bereaved relatives

Trust responses: 100% Trust have written information.

60% audit its provision

Staff response:

	Trust					Total
	NHSCT	WHSCT	BHSCT	SHSCT	SEHSCT	
Yes	189 (45.1%)	67 (39.6%)	383 (50.1%)	97 (39%)	173 (55.4%)	909 (47.5%)
No	134 (32%)	68 (40.2%)	227 (29.7%)	86 (34.5%)	61 (19.6%)	576 (30.1%)
Not applicable	90 (21.5%)	28 (16.6%)	127 (16.6%)	61 (24.5%)	73 (23.4%)	379 (19.8%)
Not recorded	6 (1.4%)	6 (3.6%)	28 (3.7%)	5 (2%)	5 (1.6%)	50 (2.6%)
Total	419 (100%)	169 (100%)	765 (100%)	249 (100%)	312 (100%)	1,914 (100%)

Stated barriers to provision included staff were not aware of it, it was someone else's responsibility to provide it or it was not an appropriate time to give.

Recommendations

- Review and update HSC Strategy for Bereavement Care
- Make relevant guidance readily accessible for staff
- Review content and delivery of training programmes and improve accessibility
- Monitor and improve uptake of PM consent training
- Raise staff's awareness of all support that is available
- Continue to develop and monitor content and use of bereavement resources
- Embed care planning for those at end of life
- Improve facilities where viewing of deceased takes place

Conclusion

Original recommendations fully implemented by Trusts, with the development of regional bereavement strategy, relevant policies, bereavement resources and training for staff. However, not all staff are aware of, or access, what is available. This has implications for the quality of care.



Evidence of Implementation

- A regional implementation plan has been developed by the HSC Bereavement Network.
- The NI Strategy for Bereavement Care is currently being reviewed.
- Individual Trusts have held workshops to develop Trust implementation plans.
- Plans in place to reaudit phase 2 of the original audit in 2017 with 10,000 voices.