

Sands position statement - Bereavement Leads - England

This statement outlines our position on the need for the Bereavement Lead role to be implemented across England, and was created to inform decision makers.

The need

A Bereavement Lead role is needed to ensure high quality bereavement care is provided to all bereaved parents and their families whenever and wherever they need it. Sands has campaigned for this role through the Baby Loss Awareness Week Alliance and alongside the National Bereavement Care Pathway standard, which states that good care requires that 'There is a bereavement lead in every healthcare setting where a pregnancy or baby loss may occur'.

A pregnancy loss or the death of a baby can be devastating for parents and their families. The care that parents receive at this time can have a lasting impact on them.

It is essential that all staff who come into contact with parents are competent and feel confident in providing excellent bereavement care. It is also important that all policies, structures and protocols are designed to ensure parents receive the best possible care wherever and however they enter the system.

About the Bereavement Lead Role

The Bereavement Lead role will necessarily involve working across multiple specialties including gynaecology, maternity, neonatal, emergency and community settings to reduce the current inequity in the provision of care across experiences of pregnancy loss and the death of a baby. The role will sit within the Women's and Children's Division.

The Bereavement Lead will need to be part of a regional structure, potentially coordinating care across several Trusts and/ or multiple sites within each Trust.

This is a strategic and a senior leadership role within the NHS with a voice at board level within the Trust. The Bereavement Lead will need to identify, audit and monitor best practice and plan improvements, taking problems to board level if necessary.

The Bereavement Lead will need to link into the Local Maternity Systems structure and have a voice at regional level, while acknowledging the remit of the role is broader than maternity.

Each Trust must have access to at least one regional bereavement lead. For some regions this will need to be a full time post, for others it will not. When deciding the number of posts required for your region, and the number of hours needed for each post to effectively carry out this role, the Trust Board will need to take into account the following to ensure there is sufficient time allocated to the role:

- Perinatal mortality rates
- Whether the unit is a tertiary unit
- Existing resources within the region
- Geography of the region (population/rural)
- External assessment of the scale of improvement needed to get the service where it needs to be
- Information about the current quality of care provided

Sands cannot be prescriptive about the number of hours or the number of posts required per region for this role to be impactful. It will be dependent on local arrangements and will need to be responsive and flexible to have the greatest impact across different settings, geographies and structures. It is crucial that this key role is not under resourced.

The Bereavement Lead role will include:

Multidisciplinary working

Multidisciplinary working that includes both hospital and community staff provides an opportunity for teams to review and contribute to policy and practice, share information and solve problems with their colleagues. It results in more joined up care, with fewer parents falling through the gaps.

- Ensure the right conversations are happening at the right level to ensure parents experience high quality care
- Ensure an evidenced based plan of care is in place and is implemented by the right people
- Working with primary and secondary care colleagues to implement need assessments for on-going care
- Ensure processes are embedded that facilitate parents accessing on-going psychological support quickly & easily where needed
- Ensure the parent engagement element of any reviews and investigations are embedded within practice
- Ensure learning from reviews and investigations is used to improve provision of care for staff and parents
- Ensure that current practice is up to date with best practise and current guidelines and activity
- Ensure effective joined up working to embed learning and best practise across all areas, including with the Local Maternity Systems Maternity safety Champion and the smoking cessation team
- Ensure that care for the baby and their family is integrated and multidisciplinary and that there is good communication within and across teams and specialties.
- Ensure an appropriate parent feedback mechanism is embedded and implemented

The Bereavement Lead will work at a strategic level, so will be responsible for planning, monitoring and evaluating all bereavement care delivered within their region. It will also be the Bereavement Lead's role to ensure the Bereavement Midwife (and others) have the support, the resources, structures and the training to complete their work to the best of their abilities.

Staff support & training

Bereavement care training can help staff to develop skills in communicating more sensitively and empathetically with parents and increase their awareness of the needs of bereaved parents.

Training can help staff feel more confident in the care they provide and help to reduce staff stress.

The stress and distress of individual staff can affect the quality of care that parents receive as well as their colleagues and the wider organisation.

Support and training are essential to ensure staff well-being and to avoid staff burn out.

- Ensure that support and training is integrated into day-to-day practice
- Embed supported reflective practice for teams and individuals
- Ensure external clinical supervision is accessible for staff across specialities
- Ensure all staff who might come in to contact with a parent experiencing a pregnancy loss or the death of a baby receives high quality, skills focused training in bereavement care
- Support all staff that need training to attend training - this includes community, ancillary and non-clinical staff.