



Paper No. Presentation	
	Tick One ✓
For discussion	✓
For approval	
For information/noting	

Date of Trust Board Meeting: 25th November 2020

Confidential or Public Agenda: Public

Agenda item: Managing End of Life and Bereavement during Covid-19

1.0 Introduction:

The COVID-19 pandemic has placed an increased emotional and physical burden on health and social care staff dealing with the death of individuals at home, in hospitals, hospices and within care homes. This is at a time when colleagues are also experiencing the wider societal burden of the pandemic.

In addition to this the Trust has experienced the death of two of our colleagues as a result of the pandemic with its associated impact on family, friend’s colleagues and the wider workforce.

2.0 Background information

As a result of the COVID-19 pandemic and the associated restrictions on visiting the Trust initiated a Family Liaison support service. Between 02.04.2020 to 02.11.2020, 512 calls were made to bereaved families by the family liaison support team.

Behind each one of these deaths has been a clinical team who have supported the patient and family, before, at the time of and after death, within the restrictions that COVID-19 has imposed.

3.0 Brief summary of key points contained in the paper/s

The Trust has in place a number of supports to help alleviate the negative impact that the pandemic has placed on the workforce’s personal and professional wellbeing.

A formal and informal support service has been found to be helpful to staff who appreciated the presence of individuals whose purpose is to support them. The presentation today wishes to inform Trust Board of some of the interventions that have been employed to support staff at this time.

4.0 Recommendation/s for the Trust Board (please state if the paper/s is for information/noting or for approval by Board members)

The Trust should continue to provide psychological support services for staff in order to allow for the processing of challenging end of life care experiences.

The learning from clinical areas, for example the Intensive Care Unit should be spread to other patient sites. This has included debriefing sessions within the team following end of life visits or the use of virtual visits at end of life.

Consideration should be given by Trust Board to the planning of a service of remembrance which acknowledges the sacrifices and dedication shown by staff during the pandemic.

Lead Director: Nicki Patterson

Designation: Director of Nursing Primary Care and Older People

Date: 25/11/2020