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**Talking about Bereavement Podcast Series**

**Transcript of ‘The journey so far: 10 years of the Bereavement Education Programme’ podcast episode**

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**LI:** Hello and a very warm welcome to the Talking About Bereavement Podcast brought to you by the Bereavement Education Programme at NHS Education for Scotland. I'm Lynne Innes from the education team and I'm so glad that you're here today. In this series, we'll be opening up honest and thoughtful conversations about bereavement. I'll be joined by guests who will share their experiences, insights and the meaningful work they're doing to support others through grief and bereavement. Whether you're a professional, a carer or someone with a personal interest, there's something here for you.

Hi again and welcome to this episode of the podcast. I'm really pleased to introduce my guest today. We've got a really great conversation ahead, so let's go for it. This is quite a unique episode of the podcast because it features all of the Bereavement Education Programme team today as we are about to celebrate our 10th anniversary of being an education programme, so I'll tell you who's here. We've got Ken Donaldson, we've got Janice Nicolson, we've got Becky McCoo, we've got Graham Whyte, we've got Clare Tucker, and we've got myself. And you'll be hearing from all of them as they kinda reminisce a bit and recount some of the times that they've had as being part of the Bereavement Education Programme and also the work that we've gone on to develop. I’m going to come to Janice first because Janice has been with the education team since, or with the programme since the very beginning since its inception and I wonder, Janice, if you just want to tell us a little bit about how it came to be and to where we are today.

**JN:** Thanks, Lynne. Well, that makes me sound, and I think I am, the oldest person in the team.

So this work started as Lynne just said about 10 years ago and it was really inspired by the change in legislation around death certification. The legislation changes meant that Scottish Government commissioned NES to create some educational resources to support doctors to comply with the new medical certificate of cause of death guidance. That work went extraordinarily well. We then kind of widened our reach into bereavement to where we are today. So we've, we've travelled from looking at change in legislation specifically for a medical audience and all the way to all health and social care staff and the much, much wider remit round bereavement which I believe my colleagues will be talking about now Lynne.

**LI:** Okay. Thanks, Janice. Does it feel like 10 years since it all started, or does it just feel like it's just started and how can we possibly be 10 years?

**JN:** Both I think. I've been in NES for over 20 years and it's quite hard to separate out, but this work has been quite a journey. It's been very interesting. We've developed a fabulous team that are very supportive to each other, and I think it’s been a fabulous 10 years to look back and celebrate.

**LI:** Thanks, Janice. And I think from my own perspective, cause’ I was part of the team, a kinda full time member of the team just until last year and I was, probably quite a short period of time that I was with you given that it's been around for 10 years, but certainly I would agree that it's one of the kind of best teams, friendliest, supportive teams that I've had the privilege of working in, and it's lovely to be able to still be part of that team in a small way. And I came to, to do some of the work around the COPMed work around the sudden death of a doctor or dentist in training which sparked quite a lot of, which sparked us then to look at bereavement in the workplace, which was a kind of whole other area that we hadn't really looked at before. So yeah, it's been really good to be part of this team and still part of it in a small way. I wonder if I could come to one of, one of the others to talk about your experience of the bereavement team in the last 10 years and anything that you've kind of found that was particularly meaningful or, or you know, any little hiccups that you want to share as well is fine. Who would like to go first? Clare, would you like to come in?

**CT:** Not really to answer that question, but just to say that even if you were only with us for a really short time, you had a very big impact in a very positive way Lynne. So I'm not sure that we can just have you say that you were here for a really short time cause’ I think your chaplaincy and spiritual care involvement and input was really pivotal in helping us, you know, think much broader and take that staff wellbeing piece a lot wider as well. So no, I just felt I had to say that, but I'll let someone else answer your question.

**LI:** Okay. Thank you. Ken, do you want to come in?

**KD:** Okay. I will, thanks, Lynne. So hello everybody. I'm Ken Donaldson. I'm, my main job is as Medical Director in NHS Dumfries and Galloway, but I'm one of the Associate Postgraduate Deans working with the bereavement group at NES. And yeah, it's a real privilege to, to work in this team and, so I think I've been the Associate Postgraduate Dean, along with Graham now it must be, I think, about eight years, which I, I still struggle to get my head round it's only 10 years. The amount of work and content we've produced, it makes me think that the groups been going a lot longer. But I suppose the first thing to touch upon Lynne was, you know how have I got involved with it all, I suppose. And, I, I can't actually specifically remember who it was that invited me onto the steering group, but it, I guess my, my interest as I moved into management, I, I, I encountered a lot of families who had, had really difficult experiences through the end of life of a loved one, and there, and I, I was witnessing a really difficult bereavement, often years after the event, they were still angry, still hadn’t got questions answered. And it really sort of focused my mind on how important that end of life big piece was in hospital of not under the kind of care of a palliative care team who usually do incredibly, always do incredibly well, but just in more of a general setting and how it was and how the impact on, on bereavement wasn't really noticed by the vast majority of clinicians who kind of moved on after a patient died.

So that, that was kind of, I, I definitely had an interest in that area and through obviously a conversation with somebody at some point I got invited onto the steering group for the, for the bereavement team and you know, and was really kinda, kind of overwhelmed initially just the, the amount of work that must have been only in the first few years, but, the particularly the short videos that for, that I found really powerful. I mean, there's, there's so much content now, it's difficult to kind of put your finger on it, but the, the videos initially really struck me as being a, a really useful tool to educate folks. I, you know, I used them with junior doctors, resident doctors and I think, I think they're a really great resource, but yeah, and then the position for Associate Postgraduate Dean came up and, and myself and Graham got the role. And it's been and it's been a real joy, which is sometimes it's a funny thing to say when we're talking about bereavement, it's such a, it can be such a difficult topic but I think the amount of work we've done, the content we've got, the impact I've seen it have on so many teams is, is pretty overwhelming and, and, and does, it does give me a lot of real satisfaction. The creativity offered in this space, you know, to kind of let your imagination run a bit and how we're going to do something a bit different and how we're going to create something has been, has been something I found really heartening. And it's kind of given me quite a bit of resilience in that, that other job.

**LI:** That was one of the questions I was thinking about when you were speaking was what, what is it that give, you know, what is it that gives us joy in this role because as you say, it's not a, you know, nobody thinks of it as a particularly joyful job. And in fact, when I was working more full time in the team and people used to say where you working, it was kind of like they didn't know say after you said I'm working in the bereavement team because it's kind of like, what do you say to that? And it almost as if none of us are bereaved

**KD:** Yeah.

**LI:** or, or that we've, you know, that we kind of trying to shut that down. But actually, you know, we all are bereaved and

**KD:** Yeah.

**LI:** at some, probably at some stages in our life and so we're all dealing with this as we go through our lives. But yeah, it is a bizarrely maybe it is a joyful place to work, and I think that's part of the, the culture of the team that's been embedded within the team but also been nurtured within the team. And I think that, that it enables the work that we do, which can be hard makes it a, a joyful place to do it rather than, than something that's, that's miserable and difficult.

**KD:** Yeah, I mean just to come back on that Lynne, you’re absolutely right there's something with the team that’s, that is joyful, and you know, look forward to the meetings and I guess the only regret is we don’t meet face to face as much as we used to. But, but yeah, there’s definitely just a, I really enjoy the meetings and, and get a lot out of them. And I suppose, I mean, there's lots of aspects, but I think the one thing that, that bit about is something about bereavement that doesn’t have enough of a profile that I think we're doing a lot to try and raise. And when you go to host our conferences, which we may come on to a bit later and you see you know 1000 people coming along, that tells me that there's a real, you know, need out there for folks to, to engage in this. And that the people are wanting to engage and there is, so I think that tells me that we're doing, you know, a really important job and it's and it really matters to, to folks that we're doing what we do.

**LI:** Yeah, yeah, yeah. Thank you. I wonder if Clare or Graham or Becky would like to come in. Graham, you've got your, you'd like to come in and say something about your involvement in the team.

**GW:** Yeah. No, thanks, Lynne. Yes, similar to, to Ken yeah, I think it is, it was November 2017 that I, I took up post and, yeah, colleague had, had showed me the job advert that was in one of the or shared it online and I just thought quite, quite appealed to me and I suppose in my background as, I’m a Consultant in Palliative Medicine, but also as I say one of the Associate Postgraduate Deans with Ken and, and I suppose a lot of my sort of prior experience to that and during my training it was, it was maybe that bereavement didn’t necessarily get the profile it should do. And, and certainly within kind of sometimes in medical colleagues you often found that you know, as soon as the death certificate was signed that almost they felt that that was their job, job over. And similarly, I had seen many situations where maybe it hadn't been handled particularly well sort of maybe leading up to death or in the immediate aftermath, and some of the impact that had had. So that was certainly part of my motivation for, for getting involved in the team and I was lucky enough to be appointed alongside Ken, as I say, almost eight years ago now, and I remember thinking at the time maybe wasn't entirely sure what would be involved in the role and thinking we'll, we’ll give it a couple of years, see what happens. But yeah, here we are eight, eight years later, and I suppose that almost is a reflection you still feel there's work to be done and we still need to, there’s lots of areas where we would still like to do to try and increase that awareness

**LI:** Yeah.

**GW:** and, and thinking about the podcast, talking about the creative element to it or the, the, the team as and, and a whole. I was thinking back to one of my first experiences was in a, a, going into meeting room and we were creating one of the animations and there was this production company that had come over from Ireland and, and this is totally different to the, the day job and, and, and you can see what potentially was, was coming out of it and it was all quite, quite exciting and, and sort of different ways that we were looking to educate people, I suppose and that helped that kind of motivate you going forward. So yeah, so I suppose that's a little bit about what brought me into the, into the field.

**LI:** And I suppose that, that, that creative element of the, the team I'm going to say it's never really been curbed, has it? It's been, it's been enabled to flourish actually. And you know I remember Clare when I first started you said something about, we're only limited by our imagination. And you know, because we, we were thinking about what we needed to do and what would be useful for people and what would be helpful, but actually we were, we were really enabled to be creative and, and not and not kind of restricted in any way and, and that sometimes doesn't always happen. So it's been quite refreshing to, to, to do that, and talking about creative, I'm going to come to Becky, who at her interview blew us away with her creativeness. And I think she's still blowing us away with her creativeness. So, Becky, would you like to tell us a bit about your, your involvement in the team.

**BM:** Yes. Thanks, Lynne. And that's funny I was actually going, going to mention that at the interview. So I'm probably the newest member of the team. So I've been here for just about two and a half years now. I started out in another team within NES, that contract was coming to an end. And it was quite funny so I actually saw the, I had a look at the job description for, for this role and it was the Support Around Death website. So I went and had a look and I was really blown away by the digital tools as well that you used cause’ that really appeals to like my creative side creating animations and things like that. And I remember thinking how am I going to win them over in my interview and I thought I'll make a wee animation character of myself, and it went really well and it's worked out. Two and a half years later I'm still here. Still making a lot of animations, e-learning modules but one of the, one of the memories I'll always have from starting out in this team was I think I was maybe only about four weeks into, into this role and Lynne you were going down to the RCN conference in, in Brighton and I was asked if I wanted to go, and I remember thinking, oh, I've, I've not been in this very long, I, I don't know how I'll do. I don't know how I’ll got on down there. And I think people are, when we were talking about nobody really talks about bereavement I feel like we really felt that when we're down there. I have to say I probably think our stand Lynne was one of the busiest and probably not just because everybody loved our thistle logo canvas bags, I think people were genuinely intrigued that, oh my goodness, there's, there’s a stand here and they're talking about bereavement resources. So people were coming over and I remember thinking, oh, what if I don’t know what to say to people. It almost didn't really matter what I said to people, people just wanted you to listen to their experience and just know that there was resources there. And I remember coming away from those few days thinking I have learned so much from other people and it felt like after that weekend, it felt like I had been in this role for, for years and it kind of felt like I had all this experience just by chatting to people. And as I've been in this role, that has definitely developed, you know, especially now if I'm making animations or e-learning modules, you think about all these people that you spoke to and you think there is such a need for this and it's just such a brilliant team to be a part of. It's, it's very supportive. So yeah and I don't have a medical background, so my background is a little bit different, but I feel like from just chatting to people and being around everybody else, it, it kind of feels like I know all that stuff anyway. So yeah, so that's a little about, about me there Lynne.

**LI:** I was just thinking about that, that RCN conference, Becky. And I don't know if you remember the Centre for Workforce Supply were also there but they were upstairs, and we were downstairs

**BM:** Yeah.

**LI:** and they had Tunnocks Teacakes. So we did a bit of a swap, didn't we? And we took some of their Tunnocks Teacakes down and they took some of our canvas bags up. So they were promoting bereavement, and we were, I don't know what we were doing with the Tunnocks Teacakes. I know I never ate one

**BM**: No.

**LI:** because I was trying not to eat them at that point, and, but I think we were giving them to people because they were real novelty in that people had these Tunnocks Teacakes. But that kind of real kind of, we didn't know any of the people from the Centre for Workforce Supply, but we, we introduced ourselves, got to know them, they got to know us and the kind of that real kind of opportunity to work together as well alongside each other was, was, was actually really good fun. And you did brilliantly at that, that, that conference Becky. In fact, I think a few times I left you on your own cause’

**BM:** Yeah.

**LI:** I went into some of the, the sessions and you were absolutely great managing and you, I can't quite believe now that you'd only been with us four weeks

**BM:** Yeah.

**LI:** when that happened. So you know, that, that was, that was a good experience.

**BM:** Yep, definitely.

**LI:** Clare, I'm going to come to you now cause’ you've been in the team for quite a long time as well. Probably you joined after Janice, I think, you’ll be able to tell us how long and what your experience of the, the team has been like.

**CT:** Yes, so I think I've been with NES just over 10 years now. So it's probably just after the workstream sort of started that I was, I joined the organisation and yeah, just I think I love these stories. I think that we've heard already and yeah, Becky, that was just amazing reflecting back on that. I remember that you packing off to, you know, go down to Brighton for that, it’s a lovely story. I think it's something like with Graham was saying about the time and how long it's been going. I think it's funny quite often, like certainly earlier on or two or three years in people would say to me, oh well have you sort of sorted bereavement now. Now you know, surely that's coming to an end and you're moving on to a different topic now and I think maybe if I had thought about it early on, I might have thought the same myself that surely, you know, we'll make a few resources and give bereavement a bit of attention and then, you know, that'll be sorted and we'll move on to the next thing. But it's amazing how, with that kind of way that we've been able to respond to need or gaps as they've emerged, we've actually just continued to go and, and we've never really got to a point where we've sort of seen it as done and, and there's just been more avenues to explore or more areas of bereavement that have been appropriate to give attention to. And the fact that we've been able to sort of respond to feedback that we've had both sort of lived experience, but also you know broader stakeholder feedback from all the various groups we’re, we’re linked in with to uncover those areas where perhaps attention hasn't been given before and then pay attention to those and see what we can do in those spaces. It's just been really good, and it's just gone on and on, so in some ways it'd be nice to think, well, we could sort of solve it. But in, in many ways, I think, you know, I think there would perhaps always be a need for a team that's thinking about how we upskill health and social care staff to feel as prepared as they can, as well as thinking about staff wellbeing as well and the impact of experiencing death and dying in the course of your work and, and looking after yourself in that too. So it's been a brilliant place to work. So yeah, it's been brilliant and some amazing feedback that we've had over the years and seeing some of the numbers of the 10s of thousands of views of various films, and as Ken said, all the people that have come to conferences, you know, in the thousands, it's been great to kind of shine a light on bereavement and get it out from under the shadows and try and encourage people to think about it as the topic that we can talk about and we don't have to be, be frightened about, about, about talking about.

**LI:** Yeah, yeah, I suppose it would be quite nice just when you're talking about the conferences there to hear a bit about the conferences, I think if I'm right, there's been five conferences. Is that correct? And I wonder if somebody would like to say a bit about the conferences and what, what, what that's been like cause’ I know they've, they've probably got bigger and better each year as well.

**KD:** Okay, I'm happy to come on that, Lynne. So yeah, I mean, I think the conferences have been really successful and I guess reflecting back to the first one, which I think was 2019, which was all face to face in Edinburgh was really successful and you know, a real buzz from that. And again, back to that recognition as a real need for this kind of work we're doing, and people really want to engage with it. COVID came along and clearly changed things, so we didn't have anything in 2020. And then from that point onwards, they’ve always been virtual conferences. But that's given, you know it's opened the door to so many more people to be able to attend. And as I mentioned earlier, we were touching 1000 at the last one we did so which is really exciting to think you know that many people are able to come along and yeah, over the years, I mean the contents been phenomenal. We have had a number of really, you know, famous people come along, Michael Rosen who wrote, ‘We’re Going on a Bear Hunt’ and he was, he was brilliant and a number of other, you know, big names, I suppose one brief story if I can tell it was

**LI:** Yeah, absolutely. Go for it, yeah.

**KD:** Yeah. So we had a, a comedian called Cariad Lloyd, who's some, you know, she, she's in a lot of kind of well known TV quiz shows and, and other things. But she wrote a book around bereavement when she, she recognised that when her dad had died, when she was 15 and how that had affected her really throughout her adult life. And she'd written a really good book called ‘You are not alone’ just about her experiences and understanding of bereavement. So I did a, I think we called it a fireside chat where I just interviewed her for kind of 20-25 minutes at the start of one of the conferences. But one of the things she talks about is being in well she’s describes it as the dead dad club about how people are in a kind of dead person club and I, and I kind of started off by that question around, by almost apologising to her cause’ I felt like I wasn't in a dead club because both my parents were alive and nobody really close to me had died, but as she was talking, I kind of had the realisation that as a clinician I was in the dead patients club and there was, there were a number of significant patients I remembered over the years who had died and how that had, I guess affected me over the years. So that, that was quite a learning point for me, and I suppose the other learning point with Cariad was how I had expressly told her in our pre meet that we were not allowed to say any swear words and she’d promised even though she said she does swear quite a lot she recognised that and she wouldn't swear. And then in the middle of the, the chat, she dropped a fairly significant swear word and I believe my, my face was a picture. But yes, but no, I think, I think the conferences have been a really excellent addition to everything we do, with, with a real reach now that we're virtual. So yeah, really good.

**LI:** And I think we've got another one this year, haven't we?

**KD:** We do, yes.

**LI:** Yeah.

**KD:** Very good point, Lynne. Yes. So yes, I mean, I think we're definitely I think it's out there now, people can, can register on, it's November the 11th looking for nods. Yeah, November 11th just getting the date, right. So please anybody listen to this that’s interested, please come along.

**LI:** Yeah, and this year we've got Helen Fielding as our plenary speaker, who wrote the Bridget Jones Diary series, particularly the last film that, that's just come out ‘Mad About the Boy’ which features quite a bit about bereavement actually, so I think that's really exciting that we've managed

**KD:** Yeah.

**LI:** to, to get Helen to come along and, and be part of the conference this year.

**KD**: Yeah. Really looking forward to that.

**LI:** I wonder if somebody else wants to come in and say anything about other parts of the programme, and specifically that you would like to talk about or the way in which you've supported people. I know we don't support people directly who are bereaved. That's not the remit of the programme, it's very much about education, providing the education for the health and social care staff. But you're still, I think, you know, we're still supporting people because you're supporting the staff. So when I say supporting people, I, I don't mean it in a one-to-one basis, but, but what other ways have you, what other strategies have you used to support health and social care staff around bereavement?

**GW:** You know I can maybe, maybe come in there and I think like you said, there's, there's things like the conference and other things. But I think certainly a lot of the, the resources and stuff have evolved over the years and, and say with the number of webinars in the past and, and like you say now that the podcasts are a big hit as well on top of that. So I suppose it's adapting as, as we've gone forward over the years to, to use different formats and different resources to appeal to a wide, wide range of people and I think touched on it there a bit about the wellbeing and supporting staff because I think that's often one of the things in terms of cause’ it is to use the cliche, you know how, bereavement everybody's business. But I think in some ways it provides a bit of a, a platform for people to talk a bit about that and even the concept of professional grief, which is something people aren't always familiar with and finding that space and actually feel able to, to talk about how maybe deaths that have come across, whether it be particularly patients or even colleagues or other things within the workplace and how that impacts on them and, and, and how do they process that and, and how do they, is it okay to grieve a patient for example in that sort of situation and talking about the conference there it makes me think of when I did a session right at the very first conference about, you know, is it okay to attend a patient's funeral, for example, and that was quite a good session and there was lots of helpful discussion. And then I remember someone put up a wee comment on Twitter afterwards as it was then and, and, and it was just really interesting just the kind of the range of views that suddenly cropped up from some people very much in support of it and where other people thought, oh no absolutely you shouldn't be, shouldn't be doing that. And then so it's interesting just to be able, to promote the conversations, I suppose, and allow to people that space, I suppose, to talk about all these things.

**LI:** Yeah, it's quite an interesting concept, isn't it? That, that professional grief and that I noticed that obviously in the work that I do now in, in spiritual care, where people kind of don't realise it's that they are carrying, they are grieving after a patient has died or that something as significant has happened that results in someone dying that they, that are, you know, are they allowed to, are they allowed to grieve and absolutely, I mean there's, I don't think there's such a thing as not being allowed to grieve is there? That's just not a thing. We’re, we're affected in one way or, or another and so that's, that's, that's pretty obvious with people. But I wonder if that gave people permission to, to support them through their professional grief, you know, even that session, that session that you did around attending funerals. And I don't know, you know, I've been a nurse for a long time, I don't know wherever that came from that you weren't supposed to go to patients funerals or the concept that people have adopted that you weren't supposed to go to patients funerals, or you couldn't, you couldn't grieve them if they had died or, you know, it seems. And I think back, I think that all seems a bit bizarre really, but I don't know where that originated.

**GW**: Yeah, no, I think there's been a lot of you just kind of get on with it, and that sort of thing, and some people think you shouldn't be allowed the time to, to go to it. And, and, yeah, so it's just how that's all, all handled. I remember relatively recently doing a, just a, a general session with some of the trainees within the Palliative Medicine Programme, but yeah, bringing up that, that sort of topic and, and it was really interesting, just some of the, even from a number of years ago, some of the stories they brought up that had the, the impact on them and, and, and how they’d kind of processed it. But, yeah. There's very few people who had, had attended funerals and, and yeah, so it's not, not right for everybody and, and absolutely, so it's, it's a very personal thing. But yeah, it's just like you say it's, it's interesting that the concept that yeah, it shouldn't be, shouldn't be something that's allowed, so to speak.

**LI**: Clare, would you like to come in?

**CT**: Yeah, I think it sort of relates to that in a way, thinking about the kind of breadth of the work, I suppose. And as you were talking there, sort of highlighting the fact that, that everyone can be affected and, and staff can be affected by perhaps the death of a patient or client or someone they're supporting, I think latterly, largely with your help Lynne and, I think we've been better at, at looking at the breadth of staff as well who can interact with people who are bereaved or be affected by bereavement in the workplace. So I think, perhaps understandably, the, the work focused initially on sort of clinical staff and people in health and social care settings who are sort of doing a direct patient or client facing role but latterly I think we've tried really hard to ensure we're thinking about all members of, of teams and organisations, so it isn't actually just clinical and frontline staff who will encounter people, or who will have the opportunity to encounter people who are bereaved or about to be bereaved, but actually reception staff, admin staff, portering teams can all come into contact with people. And we all obviously have colleagues as well who, who may be bereaved either at, at home or at work so I think, yeah, it’s been really good to be able to do that broader piece as well to try and I suppose inspire everyone who works in health and social care to feel that they too can make a difference. But it feels like it, it is true that, that, that really wherever you work, you may well come into contact with someone who's bereaved and, and some simple words or simple reaction, acting with compassion and, and showing them some kindness can have such a big impact, whether it be the person manning the, the car park attendance, you know, payment machine and, and seeing somebody carrying out possessions from perhaps the hospital that, that are, you know, following some someone's, someone's died. Or a porter who's helping to transport some possessions of somebody, or indeed take a, a patient to the mortuary who's died. Or a GP receptionist who's, who's helping a person, you know, perhaps a relative who's, who's come in following the death of a, a partner or family member. So, yeah, I suppose just thinking about bereavement in its broadest context. And thinking about everyone that might be involved.

**LI**: Yeah, yeah. And that's, I suppose, that was, that was something that, I was just thinking about some of the films that we made around the bereavement in the workplace. The film with the porter, which we've shown quite a lot, which is, was, was taken from a, a real-life story and how powerful that story was, and is actually. And that, I was part of the filming. I wasn't in the film, but I was, I was there when that film went, that was filmed and it's, it was actually filmed in one of the hospitals that I, I work in. And every time I walk along that corridor, I think about that film being filmed because it was that film, you know, blew me away that day because it was so powerful. And that actor was, acted the part so well. It was, it was such a good film to make. And we've, we’ve used that quite a few times and, and that really, I think hearing that story really struck me how perhaps porters and, or people who are not clinicians felt like they didn't maybe have a, a, a space to be valued, or to be thought of. But actually the, the way that bereavement or grief touched them wasn't any different from, from clinicians. And it was a real kind of stark story about the importance of making sure everyone's included when we, when we do this work. I wonder, Becky or Janice, if you would like to come in and say anything more about your own experiences. Anything, any little, any things that you've, that have been kind of momentous for you or significant for you and maybe some of the work that you're currently doing that might, might be a slightly different from the work that was going on in the early days?

**JN**: I suppose, excuse me, I suppose for me it's building on the skills and experiences that already exist in the team and looking even wider than bereavement and recognising that, the animations, the stories, the narratives are applicable across a wide range of settings. And that's really been recognised for our team to come alongside other areas of work. So for example, fairly recently we've worked with infant cooling and we've worked with rare conditions and we've developed animations for health and care professionals in those areas which are not obviously they're not bereavement related, but they do use the skills of the team. So, it's a new development for the team, and it's, it's something that I think will be capitalised on as, as we go forward and it’s really, really good because it recognises the, the extreme levels of skill and development that exist within our team.

**LI**: Yeah, yeah, yeah. And that opportunity for people to professionally develop when they're in the team. Yeah. Becky, anything you'd like to say?

**BM**: Yeah. Thanks, Lynne. So a lot of the work I've been involved in has been the digital side of things. So, the e-Learning modules, so, like the ‘dealing with bereavement in the workplace’, been involved in that, seeing some of the filming taking place as well. Currently, we are developing ‘bereavement basics’ e-Learning modules as well. And I'm also leading on an update of a resource which is supporting LGBTQ+ people around bereavement. And I think just realising everyone's voice needs to be heard, you know, bereavement can be different for everybody. So just making sure we're covering all aspects of it, and also hearing feedback from people you know. People might come and say, oh, do you know, this resource would be really, really good to make or I'm not really sure if my voice is heard in this. Great, let's have a conversation about it and, and we can make that. So I think it's just making sure that as we've said, you know, bereavement as everybody's business, everybody has a voice. Everybody should feel like they have a resource to go to, to find that information that might help them.

**LI**: Thank you. And I, I've got two things I want to ask about and the first one is, and I probably ask this at the end of every podcast, and in, in my current role as Lead for Staff Wellbeing it’s always there, it's how, how do you keep well in your, in the roles that you do? You know, we've, we've talked a bit about staff wellbeing today, but we've also talked about, you know, we've talked about joy in this role, but we've also acknowledged that actually this role can be quite hard. You're thinking and talking about bereavement quite a lot of the day. And are there any things that you do to keep yourself well in the work that you're doing?

**GW**: I mean I think we touched on before I suppose the, the, the kind of the, the team itself is very supportive and will quite often find that if, if any of us are having difficult times that, that it’s reassuring maybe to talk, talk things through from, from that side of things. And, and I think, you certainly feel some, I suppose validation and impact when you see the impact of the, of the work that you do and, and other things. I think that certainly helps motivate you and keep you, keep you going as well if you can see that, if you feel that you have made a, made a difference or some people have found something particularly, particularly useful or who had never thought about that before and, and I suppose how you can see the change developing I suppose in that, in that context. And I suppose it's, we touched it, it's not maybe just the, the resources that we develop, I suppose that it's trying to influence things in other ways and for example, getting involved in curriculum writing and other things and, and for undergraduates and GPs and, and so, sort of trying to make more, well, not long, long standing changes, but changes in different ways that are going to improve sort of bereavement care for the for, for the future. So I think those are some of the ways that help sort of keep you well, I suppose and, and help sort of motivate you going forward.

**LI**: Okay, thanks, Graham. Ken, I think you were going to come in as well?

**KD**: Yeah. I mean, kind of, sort of most bizarrely, I do find this particular group and these meetings is one of the things that keeps me a bit more grounded. As I said, I think earlier on, the day job can be a bit relentless and, and nuts at times. And this is all, it's the creativity I think that I really welcome in, in this space. And you know, as, as Clare must have said years ago, you know the only thing that restricts us is our own imaginations. And that that's a really good kind of way of, of looking at it. And in general, I mean, I'm, I'm fortunate where I work that again, it's a good team and we meet, well, we meet every Friday at four o’clock for a bit of a pre-weekend, just how are we all? And I mean we started that during COVID. We've kept it up and I think it's really good just, you know, it's not really talk about work although we often just we'll talk about some things but just in general, how's everybody doing? And we've now recently changed that to once a month. We actually take the whole afternoon and meet face to face and do a wee bit of kind of development session but again, so I kind of lead on these and I try to make it as much about our wellbeing, it’s kind of, sort of as human as possible. Because we do, time’s precious so often you will stray into kind of work-related things, and I try to keep that away from it. So, it is about us working together as humans. So I think there are things you, if you're fortunate, you know if you've got the time you can do at work.

Out with work my biggest problem at the moment is I, I, was a fairly keen runner for a while and the last year I've had a kind of injury in my heel, my left foot and I can't run and that's, I've been astonished how that affects me. I'm in the car to see somebody running and I'm jealous and I'm angry at them, you know, because they're out running. But I think I also found that just there was something, and I'm sure anybody that does any regular exercise knows, but there's something about, I, if I have a thorny issue I was trying to work through, going out for a run was, I'd often come back with a solution. You know, it definitely helps you process things. So I, so I really miss that. And that's my, obviously it's my own fault, the foot pain isn't, but the, I haven't really picked up anything else. I tried cycling and I just couldn’t get into it, so I need to, I need to find another form of exercise. So yeah, things like that. But as I said right the beginning, this particular space I do find really helps my resilience.

**LI**: I'm just remembering, Ken, when we were in York for the COPMeD meeting, I think one of the first meetings that we went to about the COPMeD work and you had literally just run the London Marathon that weekend and you know, you were jokingly telling us, did, did we, or asking us, did we know that you'd run the marathon, which of course we did know, so that was, I was just…

**KD**: Yes.

**LI**: I was just thinking about that there. That was quite, yeah, that was quite amusing.

**KD**: I know. Yeah, because I, it's a bit of I think anybody who runs a marathon... and for me it was, it was, how I got into it was just very, it was, it was a fluke and the friends who knew me were all laughing at me because it was the last thing they thought I'd ever do. But I think once you've done a marathon yeah, it's very difficult not to talk about it incessantly. So I apologise because I did.

**LI**: No, no, not at all. It was, it was quite refreshing. Anyone else got anything to add about how you, how you keep well in the job that you do?

**CT**: I think, I think laughter Lynne’s been really helpful through the years. I wish I could think of some of the funny things that we've laughed about, but cause’ there has been lots of laughter and I think that's been really helpful, I can't immediately think of a story. It'd be good to have an anecdote to share. But, but yeah, there's definitely been lots of laughter and appropriately situated laughter. And, and that's been really nice. It just helps you feel connected and yeah, well, actually, no I do remember one there was we had a previous member our team had, one Christmas done a sort of quiz for us

**LI:** Oh yeah.

**CT:** as so, so many teams do but had managed to get an app where you were able to sort of superimpose, in a, in a sort of grainy way, so it wasn't really obvious the, the faces of team members onto really famous sort of film set scenes, you know, whether it be like, you know, famous Christmas films, Home Alone or whatever it might be and, and then you sort of had to try and guess who the, the person was. So it was absolutely hilarious seeing some of our team, you know as Kevin McAllister in Home Alone or whoever it was and you had to try and guess who they were. I think that was really, that was good, silly story. But no, I think laughter has been really good. And yeah, it's been really good to, I think for me the things that whilst we're dealing with bereavement every day. It's kind of okay until I hear a sort of real-life story or like those stories where we, we've had those sort of case studies and you've heard, you're, you’re brought back to remember that oh no hold on a minute, this is like a real, this is a reality thing. I think sometimes when we're dealing with the resources and making films or educational materials, it's easy to kind of just be dealing with it as a topic and somehow not really get emotionally like into a level of being upset by it, which I suppose is appropriate cause’ you, you couldn't be upset every day at work. But it's when you get those, that injection of a kind of real-life story or hear a real experience of somebody that you think, oh goodness like that, that porter story was really powerful that you mentioned earlier. The situation was his colleague had died, and in the community and he was then brought in to the hospital mortuary. And obviously it was one of his portering colleagues that was responsible for receiving him and, and taking him to the mortuary. So, and, you know, as a small team, as I understand it and, and you know, I think what was lovely about that story was that there was amazing learning points that were really positive. The manager of the team responded so well and was really encouraging and thoughtful about how best to, or things that might help support the team so there was lots of learning points from it, but yeah, when you hear those sorts of stories, you think goodness, it really brings back to reality the sort of what we're doing and remembering that there are real people affected by it.

**LI:** Yeah, yeah, yeah, absolutely. Becky, what about you?

**BM:** Yeah, I was just going to echo some of what Clare had said there actually, I think sometimes you do get emotionally attached to a story, it might hit a wee bit close to home or even, you know, we're working with bereavement all the time, you might personally be bereaved or, or something might happen in your personal life that just maybe makes it a wee bit tougher some days. So just making sure, I always try myself, if at lunch, cause’ especially working from home, you know, you are sitting yourself, it's not like you're in an office, so you've not got that physical support network there. We definitely have it over teams, which is great. It's just more like at lunchtime, I'll make sure like I'm, I'm leaving the house, it feels like I'm leaving my workspace. Just even go for a walk. Feeling a bit refreshed coming back. And even after work as well, just make sure I'm like leaving that space, even if it's just like to go to the gym for an hour, I think just like you would do if you were in an office somewhere, just feeling like you're leaving your work because sometimes that can be hard, especially with a topic like this if you're, you're a wee bit emotionally attached, it hits close to home, you, you kind of need to be like, well, it's work and I kind of need to leave it there. But yeah, but it's definitely supportive as well. And even just if we're having like team meetings as well, yeah, we'll chat about work, but then we'll chat about other things. You know what, what did you do at the weekend, how, how are you getting on at the gym or how, how are you getting on with this? So yeah, just feeling like you can, you can chat to people about other things. It's not just work as well.

**LI:** Yeah. Yeah, that's really good. What about the final question that I have for you is it's the 10th anniversary next month and you do have some things planned. I wonder if you can tell us a bit more about that, because I think that I'm not entirely sure what's planned. Who's telling us, Clare?

**CT:** Yeah, cue, everyone trying to scramble around to try and find the details.

**LI:** Sorry, I should have warned you.

**CT:** So yes, no, no, not at all it's good to be prompted. So yes, we wanted to mark the 10 years because we felt like it was a big moment and, you know, important to yeah recognise all that's been achieved and I suppose you should really say that we maybe haven't emphasised this enough that we've only really been able to do all of this because of the tens, probably the hundreds now, I would suggest of people that we've worked with on all of the resources. So you know, we're not subject matter experts on all of the topics we've addressed, but we've been able to work collaboratively with a whole range of different people, and who have brought that sort of expertise when we've needed it. And, and then together we've been able to produce whatever it might be. So it's definitely not just our small team. But yes, in answer to your question on Thursday 18th of September from 1:30 till 3:30, we're having a virtual webinar sort of session where we're going to be reflecting in a bit, bit more, more specific examples of some of the work that we've done over the last decade and then have a think about looking ahead and, and what that might look like. So yes, an opportunity for people to hear a bit about what's happened and what we've done and shape some of the thinking as we look ahead to what might come next.

**LI:** Okay, so I think that probably brings us to the end of the podcast unless anybody's got anything that they're realising they wanted to say they haven't managed to say yet. No, I'm getting heads shaking at me. So thank you so much for taking part in the, the podcast today and to celebrate the work of the, the, the programme over the last 10 years and yeah, I think there's lots of really valuable, I suppose maybe lessons that have come out of the last 10 years, but certainly come out of the current way in which this team is working, which has been really inspirational. And thank you all for kinda sharing your, your humanity today and talk and, and, and continuing to work within the bereavement arena.

**KD:** Thank you, Lynne for hosting us.

**CT:** Thanks, Lynne, yeah.

**LI:** No, not at all. So we'll just kind of finish off the podcast and thanks everybody for listening. And if you'd like to listen to more episodes of the podcast, you can do so on Podbean or on Spotify, and you can just search for ‘Talking about Bereavement’ to find out more. Thank you all very much today.

**GW:** Thanks.

**LI:** Thanks.

**GW:** Cheers.

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