**NHS Education for Scotland**

**Transcript of ‘Stories and Experiences During the Pandemic - Short Presentations and Panel Discussion’**

**NES Bereavement Conference 2021 session recording**

**Speakers**:

* Dr David Christie, Intensive Care Consultant, NHS Dumfries & Galloway
* Alyson Vale, Business & Operations Director, Abbotsford Care
* Paul Cuthell, Funeral Director, Thomas Cuthell & Sons

**Chair**:Dr Graham Whyte, Associate Postgraduate Dean for Grief and Bereavement, NHS Education for Scotland

Graham Whyte (GW):The next section of the morning is looking at the real-life experiences of frontline people, so we’re delighted to have a panel of people looking at intensive care experiences, somebody from social care in a care home setting, and also, a funeral director. The first of these is David Christie, so I’d like to welcome David, who’s giving our next presentation. David graduated in Aberdeen, but he is working as an anaesthetist in Dumfries and Galloway. He certainly has an interest in bereavement and end-of-life care from being involved in so many discussions throughout his training and seeing both good and bad examples of how this should be done. The communication around this has always been something very close to his heart and something he feels is fundamental for providing good care in critical care so David, I'll hand over, over to you.

David Christie (DC): Hi there — you can hear me, ok? Alright, so, just a very quick introduction of who I am. I’m a consultant and anaesthetist in intensive care down in Dumfries and Galloway. You can see that’s our hospital there on the right. It’s a lovely quiet part of the world and our unit has lots of nice big windows where we're looking out over these hills and fields. This photo on the left is somewhere just nearby the hospital, taken a couple of weeks ago when I was out on one of my daily runs. It’s a fairly quiet place compared to some of the big teaching hospitals that I’ve been through in training. Normally we have four Level 3 patients. That means we have four patients that are on ventilators, and we maybe have a total of about 11 or 12 patients overall. We’re not really funded or staffed to be able to cope with much more than that. And because we’re down in a rural part of the world it’s a pretty close-knit place, we know each other really well, we work very closely together, we've been through a lot of stuff together, and we get on quite well.

And, so, look, we, I thought we were good at dying. Okay? That sounds odd, but it happens a lot in critical care. And, when you think about what Dr Harrop and Dr Selman were talking about, with the problems and changes that happen in bereavement and caring for people going through end of life — this is what we did as well, and we had all our structures and systems in place and able to get people through it, because when you work in intensive care the mortality rate is often as high as 20%, it’s part of our daily life. And I’m covering the critical care unit this week and I’ve already been involved in end-of-life discussions this week, it’s just part of what we do. And as, as weird as it sounds, taking families into that little room that we’ve got, the one with the comfy sofas and the benign artwork on the wall and the wee box of tissues that’s not obvious but is always there - to spend time with families and guide them through what’s going on, I find that a really valuable part of my job. To do it well, to be able to take families through that when they’re going through some of the worst times in their life, and know that you made it as good as it could be, is a very satisfying part of your job, it’s a worthwhile thing.

And then Covid happened - next slide there - Covid happened. You look at the images on this screen there, where we’ve got these stacks of respirator masks and we’re having to dump all our stuff outside the area and put signs on walls. The images that people remember from the TV, that was us, for a while we were in our body armour and our masks, we were terrified, we had all these incredibly sick patients lying face down in beds. They were attached to all our machines, and for an awful lot of them over a 2 or 3 week period it didn’t matter what we did, they just got sicker and eventually they died. And because of the pandemic and the lockdown and the restrictions, all our usual methods of communication, they were gone, just overnight - gone.

In terms of bereavement and dying, communication is it, isn’t it, this is what we do, because dying is a process, it’s not just for the person who dies but for the people around them. If you’re dying I want to be able to sit down and talk with you, with your family, have your family with you each day, spend time with you and guide you through that, and then when you do die, we’re there to make it as easy and gentle as possible and then to help the family and support them afterwards. We were used to doing that, and then suddenly it was all gone. Covid completely ruined all of that for us.

So, to give you an example, let me tell you a story of how it was. In January this year we were in what was our second wave, and I was on call for the ICU unit that week. At the start I mentioned that we normally take about four ventilated patients in total. So this week we had 10 and that was just the Covid patients. And then that was 10 ventilated patients, and then we had the other patients who weren’t on the ventilators yet, and then we had all the other usual ICU patients who we have to look after as well, the overdoses and the bad bellies and the sort of things that you get in Scotland in winter. In order to physically cope with that we were having to put two patients in a room. We had five rooms that were doubled up, so in these cramped spaces you've got all these machines and the Christmas tree of pumps on each side, and all the monitors, and all of the extra staff in order to be able to do that in their hot sweaty gear and their masks and their visors. And what it creates is this hot sweaty chaos and these patients didn’t do well.

And this poor man in his seventies who had all the, the risk factors that you hear about in the news, he was a bit heavy, he was hypertensive, he was diabetic, but he was a fit guy playing golf four or five times a week – he was dying, and every day I was phoning his wife because she couldn’t come in, she couldn’t be there, and she couldn’t cope with the video calls and the technology and the normal things that other people might have been able to cope with. And so she wasn’t getting it, and to her I was just this weird voice that would phone her up, and I was having to shout because my phone was rustling because it was inside a bag to protect it from, from Covid. There was all this chaos and background noise and she just, she could not understand what was going on. And then as it comes to the actual moments where it was very clear that we were going to have to stop, we managed to get her to come in because under those circumstances, as difficult as it was, even though we weren’t having any visitors, we allowed folk in for the sheer humanity of it at the end.

And we brought her in, and I was able to, to meet her, still with a mask on and she had a mask on, and I was able to talk to her and talk through all these things. And she still couldn’t get it. And then I had to, to take this poor 70-year-old lady, who was confused and had been sick herself, and put her in a mask, and her in a visor, and her in all this protective gear, and take her through into all that hot sweaty chaos, into a room with another man face down, naked, in a bed two feet away, covered, and all of this craziness going on, to meet her husband, who she had not seen for over 20 days. And then it hit her what was going on. And it was, it was horrible, and it was inhumane, and this is not what we do, this is not how we do it.

Of course we did the right thing, we did what we could for her, and he died and she got to be there, and we made it as good as we could in those circumstances. But it just went against everything that we’d set ourselves up to be good at and to do, and it was all being taken away from us by Covid, and by stealing that communication from us.

And this is our, our wildflower meadow that sits outside our hospital here. I've put that up just as a more peaceful, hopeful image for what it is that we try to do. And what this, what I'm taking from this, and what I think we've all taken from this is how a good death, good bereavement could be and should be, because when you're guiding people through this process what they need is your time, your kindness, your humanity and the ability to sit down with them and get them through it. And for us, and for the nursing staff, when that was taken away from us, that was probably the hardest part of the pandemic for, for all of us and for an awful lot of people. And that was our experience of having to do this stuff for people in the Covid ICU. Thank you.

GW: Thank you David, that was a very powerful account of what you've had to, had to go through. We're going to have a panel discussion at the end of it rather than individual questions for each speaker after the session so we'll bring all three speakers together at the end if people have questions at that stage. So, I'm going to move on to our next speaker who is Alyson Vale. Alyson is the Business and Operations Director at Abbotsford Care. It's a company very close to her heart and a family-run business, and I think being part of that family is something that is exceptionally important to, to Alyson. She's very keen on the development of Abbotsford Care and has also some arts qualifications that feed into her practice and shape her drive for collaborative and reflective practices. So she is going to tell us about their experience during the pandemic. So, I'll hand you over to Alyson, thank you.

Alyson Vale (AV): Hi, thanks very much, yes and thanks for having me here speaking today. I was going to be joined by my colleague Yvonne Manson but unfortunately she couldn't make it so please bear with me as we go through, hopefully it'll be okay. So yes, I want to be really clear that this is a provider's perspective, it's my perspective, it's our perspective here at Abbotsford and it is unique to us but also I think echoes some of the things that other people have spoken about already today.

First of all, we would like you to think about a loss that you've experienced recently and how that loss was affected by the year that was. I want to share with you my story. On the 16th of May 2020 I was about to sit down to enjoy a Mexican takeaway I had waited all week for. We were just about to sit down and tuck into margaritas and nachos when I got a phone call from my mum saying that my dad had just passed away. Now, to prove it she sent a picture on our family WhatsApp group. Don't worry, that is a little bit funny. It's probably not a concept my dad would have been very impressed with, but I tell you this to stress how the pandemic has changed my experiences of loss personally in a way I could never have predicted.

My father died in Thailand, thousands of miles away and I didn't get to be beside him. I experienced his funeral, a Buddhist cremation, for the first time via Zoom and the use and wonder of technology. I will never forget that two days later after my father died, we had our first outbreak in one of our care homes. And it was life moving very quickly. We tried to learn as quickly as we could from this disease and how it affected our residents. Unfortunately one lady lost her life to Covid much quicker than we ever anticipated and she died without the support of her family close by, who hadn't managed to be there with her in person. I stress this happened in May 2020, when care homes were almost all but closed.

Obviously grief-stricken, the family were looking for more information and wanted to talk to somebody and we met that family, and I met with that family only a week after I had experienced the very same thing. But for me it was really important that we listened, we learnt, and we changed how we were going to move forward from these experiences.

But there was a lot of loss. The residents felt it, staff felt it and families felt it. Everyone had almost all but withdrew from care homes in our experience. We didn't have the same input as we had had previously. Nobody really knew at the start what was the right thing to do, and we were kind of left to get on with it and experience things and see how we could ensure we were following as much of the guidance as possible. The thing about the guidance was it often came out at 5pm on a Friday and it led to a lot of myself and my colleague Yvonne having late nights trying to digest that guidance in a way that was manageable for our staff and most importantly for our relatives who were obviously not able to experience the direct communication that they might have had coming in and out of the home as they would have done before.

Initially we did feel like there was a lack of investment in understanding care homes - it meant that some of the things that were coming out were coming out last minute, didn't really consider what it was like to be in a care home environment, and left us in a place of trying to think about how we could adapt what was being said in order to make sure it took into consideration all elements of what was important to us, which was the residents and the families understanding, as well as the staff in particular and how they were coping with what was happening around in the world.

One of the things that we did early on was we put masks on with our staff before it became formal guidance because it was really important for staff wellbeing. Staff wanted to feel protected as much as anything else and we wanted to support them as much as we could with the decisions that we were making. But there was a number of big decisions and there was a lot of pressure and all this was very new and we were learning as we were going as much as we could from what was developing.

In saying that, learning in particular was a huge part of what we did and from the, the residents who had experienced Covid we were very clear to sit down and develop timelines of their progression of their illness and learn what we could from what had happened to them and that came with the development of some of the things that you see in front of you here. We developed a ‘Signs of Being Unwell’ form, which highlighted for staff the soft signs of unwell that had gone beyond the cough, the loss of taste and temperature, which were the three signs, because we noticed that there were soft signs that were identified much earlier on, and some of that actually came in further guidance from Jenny Brunton and the work that she had done, and communicating that to staff.

We had developed a really, a new form of communicating with staff, things that were really important in terms of the key headlines. So, we created this learning document on Death and Dying and making it right for everyone, and highlighting the sort of things that might be different with someone who would experience a death from Covid versus normal death experiences that we would have in the care home. We wanted to draw people's attention to key research and ideas that were going to be promoting and supporting their understanding, and use of the QR codes became a big feature of all of our training tools.

But for us it was really important that staff knew that we listened and we changed the way we moved forward in order to best support them. And that led us onto the document we developed, here in front of you, which was about reflective conversations. This was developed in the midst of our first outbreak in our care home and we were very keen to speak with staff, supporting them to understand what had happened, how things had developed, and ensure that they felt the opportunity to share their experiences and their feelings. It was really important to us that staff had that space, and my colleague Yvonne met with every staff member in that care home who had experienced that very first outbreak, in order to really support them and understand that they were heard and we developed this reflective conversations tool, which we're going on to use in all sorts of ways within our practice and incorporating lots of different learning opportunities for everybody, but it was very much about focusing on the strength that we had together and the concept that we had of, of wanting to make sure that the strengths of each other were recognised in a time where it could feel unclear where anything was going.

It was all about focusing on the communication and relationships and reflecting together how things had changed, and building on those relationships. We had held the one-to-ones with the reflective conversations but the teamwork that we wanted to encourage and the relationships we wanted to build together. And particularly we were so supported by the relationships we found and developed with the people at Public Health and our NHS Fife partners and I know some of them are speaking today as well but those relationships have been fundamental to supporting the care that we have, we have been able to deliver for our residents in our care homes.

And we've really seen how integration has moved forward, investing time and effort in those relationships, and that's been something that's very close to our hearts at Abbotsford. We wanted to share our experiences with our colleagues at NHS to learn from their experiences also, and created a lot of 1-page guidance and care plans, and trying to make sure that communication became the key of what we invested in. We incorporated new things like WhatsApp groups for all of our staff and also Facebook groups for our families. These are just some of the main tools that we had adopted. And what we've had in the Facebook groups in particular has been a great way for families to communicate and share their love and support for the staff in particular, especially if someone has passed away during this time, there have always been small memorials to that person that have been put onto the Facebook groups in particular. But for us, we had to find those new ways to communicate, and we invested heavily in the dialogue with the people we were working with.

But I want to return to the loss in particular, because we lost life, we lost those usual rituals that we were able to engage in within the care home and out with the care home to celebrate those that we had lost. But we did do other things to memorialise those lives; we had hope gardens that we created at some of our care homes to try and find other ways for people to share those experiences. We created the dovecote at our very first care home where we had the experience of Covid, to memorialise those people who had lost their lives. But we also lost many of the coping mechanisms to deal with the world around us. We lost the face-to-face contact, but most importantly we lost time together. We lost the sense of security, because there have been so many changes in the care home sector over the last 18 months, the increased scrutiny and things like Operation Koper which is investigating every death in a care home, has done nothing to support the sector but only create a feeling of anxiety and fear about how we have managed, when really everyone was just trying to do their best at the time. The blame culture I feel that is perpetrated by the media and continues to be difficult for care homes to be able to work within, makes things much harder in terms of supporting the staff's wellbeing in particular. It has absolutely been our focus to try and encourage people as much as we can, with small gifts for our staff throughout the time. We've also been working closely with our own ACT research therapy sessions with staff to try and encourage them to take time for themselves within their busy working days.

But, one of the things that we've done throughout the whole time, and if you follow me on Twitter you might have seen that, is we've shared a lot of Charlie Mackesy's slides because for us they have been some really great sources of inspiration and support through these difficult times, and this one in particular has been really poignant for us. “Sometimes all you feel is fear...but you are not alone, and we are all strong, and we will get through this together so hold on”. And that has been my experience both of grief and of working through the pandemic over the last 19 months. But we were determined to listen, to learn and to change the way we moved forward, holding onto the strengths of our relationships and hope for the future - thank you.

GW:Thank you Alyson for your very personal account there of how you've had to deal with things during the pandemic and adapt your support throughout that period, and I think a lot of us have got a lot of comfort from the Charlie Mackesy images and the books as well. As I say there'll be opportunities to ask Alyson any questions you have after our third speaker, so I'd like to introduce Paul Cuthell. Paul is part of the fourth generation of the Cuthell family, who have been looking after bereaved in the areas of Falkirk. He has four funeral homes located in that vicinity. Paul has also been the Scottish and National President of the National Association of Funeral Directors, so he is well placed to talk to us today about their experiences. So, I'll hand you over to Paul, thank you.

Paul Cuthell (PC): Thank you, and good morning everyone. I want to thank you for inviting me to speak with you today about the impact that COVID-19 has had upon the funeral profession and more importantly the bereaved that we, that we care for. As you've just heard, by way of introduction, I'm a past President of the National Association of Funeral Directors, I currently serve as their Public Relation Officer here in Scotland, and as you now know, out with that our family have been funeral directors for just over 115 years and I can honestly say that never did any of us think that we would have to take the hard decisions or face what we have in these past 20 or so months.

I've been asked to share with you something from our perspective about what has changed for us and how we’ve sought to overcome the challenges that the pandemic has brought. In listening to the previous speakers I recognise that the challenges we've faced are very similar to those that each of you has faced and all that we've taken as normal for so long has had to change and it's not changed for the better.

So, I've broken what I'm going to speak about into seven headings. I want to start off with the obvious one, more relevant to us, making funeral arrangements, and of course protecting the community and our team. Suddenly the way in which we interacted and engaged with the bereaved was no longer possible. Meetings with families to help understand about the deceased person, to discuss funeral arrangements and to work with them to try and build a funeral around their wishes, were moved online. And of course the result of that, we lost that important personal touch. We took our fleet of limousines off the road to avoid people being in close contact. And of course we had to think of our colleagues. There were family members that they had who were pregnant, there were people in their families, their parents, who were vulnerable and people who were having to shield, but of course as with any form of human contact it is so important in the funeral process and it, it was gone.

We chose to try and have the safest and the most minimal contact that we could, so each day a member of our team would travel between the bereaved families across the central belt where we serve, and they would wait outside their homes while legal documentation was checked over and signed by that person in order to allow the funeral to proceed. We would collect a deceased person's clothing. Following the funeral we would deliver a person's ashes, often having to knock on the door and just leave the ashes on the doorstep and take a step backwards, as well as returning other items that had to be returned to the family, all very alien to the way in which we would normally engage with the bereaved. But the whole process of arranging a funeral in person, things that we had done for generations in our family, changed overnight. And of course funerals, well funerals were easier to manage during the first lockdown as the two national churches chose to close their buildings. We of course closed our own service room so the only option available to the bereaved was to have a service held solely at the graveside or at the crematorium, and that in a way made structuring a day far easier as funerals took far less time, we weren't having to provide limousines and the additional staff that came through having to have drivers with these vehicles. We weren't booking catering for the bereaved, service sheets, any of the additional aspects that people have come to see as the key elements in a funeral.

But very early on we saw the distress that the bereaved were facing around the funeral service. They were allowed a maximum of 20 people and who would they choose? There was to be no hymns, no order of service, no flowers. Services were shortened. And perhaps most difficult of all, as the previous speakers have said, there was no contact. People were unable to comfort each other, get close to one another, which of course is such an important part of the funeral tradition and that journey from the time of a death through until and indeed beyond the time of a funeral.

Live streaming of funerals became a major thing. Sometimes that was public, but sometimes it was private and there was perhaps one member of the family on the other side of the world who was unable to travel and would be the only person in the world that would view that service. One of the more positive outcomes was - and it continues to be - the reintroduction of people showing their respects as a cortège passed by. Streets were lined with people, it was a lost tradition which was revived, and it's been one of the most moving things that we've seen, to leave from a family home and to see the neighbours lining the street, and in some instances hundreds of people who want to do something physical to show support for that bereaved family, and it brought them enormous comfort to know that they weren't alone and to know that others were thinking of them. Like Alyson, my own father passed away in September of last year, quite unexpectedly, thankfully not due to coronavirus, but we were impacted in the way that David's spoken about earlier, that we weren't able to be with

my father just until these last few hours, by which time he was no longer conscious. And as funeral directors, initially our thoughts were well we can't give my dad the funeral that we would want to give him, but as it came closer to the day of the funeral, and equally the day of the funeral, it brought immense comfort to know that we weren't alone, that the community that we had supported for so many generations actually stood alongside us as a family and supported us, and many hundreds of people came and they stood by the roadside, and that was more meaningful to us as a family I think than it would have been seeing a church full of people that you just couldn't possibly take in who was, who was all there.

Bringing the deceased into our care, probably more relevant to most of you and you may be aware that our profession, as Alyson said, we were receiving advice from the public health authorities and quite often that advice was conflicting, and from the outset there was uncertainty about what kind of PPE should be worn and of course the possible risk of infection from a deceased person following death, with the result being that funeral directors quite often had little or indeed no confidence in the official guidance. Despite everything going on, attending to the deceased remained our priority and whether the phone rang at 2 o'clock in the afternoon or 2 o'clock in the morning, we couldn't delay bringing the deceased into our care. When the death was within a community setting we couldn't wait for the MCCD to be issued, and quite often there was great uncertainty in these situations as to whether Covid had played a part in that death. In instances where Covid was confirmed or suspected we chose to place the deceased into a sealed coffin at the time of the transfer into our care and that coffin would not be reopened unless the MCCD or a test result subsequently said that the death was from another cause. Not permitting viewing of the deceased was probably the hardest decision that we made as a family. We believe it was the right decision and it removed the risk of cross-contamination and therefore putting not just the bereaved at risk through coming into contact with the deceased but also our teams at risk, and that's a decision which we review regularly and I'm not saying that will always be the case but for the moment we believe that it remains the right decision.

Embalming wasn't possible in these instances; that put greater pressure on the refrigeration within our mortuary and it was vital, however hard those conversations were, that we had full and frank communication with the bereaved families. There were negative outcomes of course. Some local authorities rose to the challenge and did all they could to increase throughput in relation to funerals. Sadly though, others did not, and a key challenge that continues to this day is the delay between the time of death, the registration taking place and of course the funeral itself, and while many accept delays as inevitable, for funeral directors the impact of having a deceased person in our care for far longer poses a major capacity issue, and for NHS mortuaries that is the same, where their own facilities are often close to capacity. And supported by the NAFD, funeral directors are working as hard as we can to try and speed up the registration process and cut the time between death and a funeral.

It would be wrong of me not to say there haven't been positive outcomes. The e-transfer of the MCCD and remote registration has been the greatest development since the Death Certification Act of 2015. Covid forced this upon NRS but the result is that an informant can now complete the registration from the comfort of their own home without having to go and uplift the MCCD from the hospital or from the doctor's surgery. We still have to make an appointment at the registrar but that happens much more quickly and they don't have to physically travel a distance to the registrar, and that has helped enormously where local authorities - take my own area, where we've actually lost five registrars and there's now one serving the whole of the Falkirk District Council area. And it's encouraging to see the Scottish government and NRS considering making this a permanent change.

I fear that the mental impact could be far greater than anyone has come to realise, and the outcome probably won't be fully understood for some years. I know an earlier speaker this morning spoke about the impact following the First World War and I do hope that the impact is understood far more quickly. Evidently, for us there are demands that are placed upon our teams as they're continually stretched and they cannot engage or support the bereaved in the way that they'd like to. For the bereaved, there's the residual impact of, for example, not being able to sit with someone, as we've heard, in the time leading up to death, or see that person perhaps following the death. Not having a full funeral service with the people that they would want or that the deceased would have wanted to be present and not having a traditional celebration of that person's life. All of these things can and do provide comfort and they're so important in the grieving process, and that is true for every bereaved family not just here in this land but across the world for the truth is that very few bereaved families have experienced a funeral in the way that they would have expected.

So as I conclude, and I look back over the pandemic, for the first time I can think of in more than the 25 or so years that I've worked in our business, our family were in a position where we couldn't always do what the bereaved asked of us, and that was and it continues to be something that saddens us, and we've found the bereaved to be very understanding. Like yourselves, they've had to adapt and they've had to change and so have we as we've sought to overcome all that's been thrown at us, and indeed it continues to challenge the way that we approach our work on a daily basis and as funeral directors we have to remind ourselves that, like those of you here today, at the heart of everything that we do is a community, a bereaved family, someone who's looking for guidance, they're looking for love and they're looking for someone to support them as they seek to do the last earthly thing that they can do for the person that has died. So thank you, and as I conclude I've put my contract information there - I'm aware I may have touched on some aspects that maybe have prompted other questions and I'm very happy for people to get in touch with me if they'd like to do so.

GW: Thank you very much Paul, that was a very moving account of the vital work that you do in the care of the bereaved and some of the extraordinary efforts you've had to overcome some of the challenges. I'd like to invite all three of the speakers so Dave, Alyson and Paul back up onto the virtual stage and we're going to have about five minutes or so for a panel discussion. So if anyone does want to post any questions please put them in the chat. There was one question that came up initially directed for David, I think, it very much talked about how your empathy and compassion shone through your talk, but the question was how have you managed to show compassion and empathy to yourself I suppose, and your staff, during these times, so how have you managed to look after yourselves I suppose? So that's to David.

DC: It's a good question that. I'll tell you something, that happened in January and it's now almost December, and it's only now that we're beginning to get back up to close to our full complement of nursing staff. A good chunk just had to leave or had to take time off, often a couple of months down the line, for PTSD and burnout type issues. So the effects went on for months, and we just had to be there for each other and as much as we could give people time away from the place in order to just not be seeing it and not be dealing with it. Some folk are very keen to talk and some folk are not. Me, I'm lucky in that my wife also works here in the hospital and we both understand what we went through and so we were able to be there and support for each other. I put that wee photo up of the forest I was running through a couple of days and that's kind of my own therapy if you like, is to go for runs in the forest and the hills, because nobody can really see what's going on if you do get upset. But, yeah, I don't think we have a perfect answer for that, and I think we're still going to be dealing with the fallout of that for the next couple of years because it just keeps coming back around.

GW: Thank you for that, and perhaps building on from that, I could perhaps maybe direct this to Alyson initially, it says how to you cope and support others with the moral injury and distress of dealing with situations where you don't feel able to deliver the care and support that you would like? I don’t know if you have any comments about that?

AV: Yes, I mean that's been very much a part of why we've chosen to really look at a reflective practice and making that the, the foundations of what we do moving forward because although it's important for people to recognise that they haven't necessarily been able to give the care that they would have wanted, but what they have done and the impact of that, of what they have managed to achieve, and supporting staff to really understand and, and recognise their own self-worth in what they're doing every single day, getting up in the morning and coming to their work, when others haven't been able to, working from home or whatever, they're the ones getting up in the morning and getting on and

delivering what they can, and the impact and the benefits that they have given to a whole number of people, and really recognising their own self-worth within that, and for us that process has really been about focusing on the reflective practice journey and how we can encourage people to believe in themselves and believe in what they're doing every single day.

GW: Thank you Alyson, I think, and as Dave said maybe the impact of this is still to be fully, fully appreciated, but I think it’s going to be something going forward to deal with. Question for Paul, it was asking whether you found that people were choosing burial more instead of cremation? Is that something you've noticed during the pandemic?

PC: I can't say I've noticed that at all no, I would say the volume of cremations in comparison to burials

has remained exactly what it's been. In a way, burials were harder because the weather in Scotland doesn't lend itself to having graveside services but mercifully and thankfully back in the spring of last year the weather was glorious, and when the churches reopened we were coming towards the autumn-winter period so people were then able to have indoor services prior to burials, whereas at the crematorium there was always the dry weather option no matter what.

GW: Thank you, and just looking there we don't appear to have any more questions at the moment and we're probably coming up to the coffee break, so I think it probably just remains for me to thank you for three inspirational talks, very different, contrasting talks, but I think your compassion and empathy shone through and trying to do your best and extraordinary efforts for the care of the bereaved, so thank you very much for those presentations.

The film was produced in November 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or <https://vimeo.com/677733809>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [SupportAroundDeath@nes.scot.nhs.uk](mailto:SupportAroundDeath@nes.scot.nhs.uk)

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