**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘The role of a Bereavement Service Coordinator in a Scottish Health Board’ Podcast**

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**Speaker**: Wendy Thomas, Bereavement Coordinator, NHS Lothian

**LI:** Hello and welcome to the Talking about Bereavement podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team, and in these podcasts, I'm going to talk about bereavement with our guests who will be sharing and reflecting some of the work and learning they are involved in as they talk about bereavement.

Hi, and welcome to this episode of the podcast. I'm delighted to introduce my guest today, Wendy Thomas. Wendy has been a bereavement coordinator with NHS Lothian for over three years, and she works as part of a small team to support the development of good bereavement care across all of NHS Lothian. Prior to starting this role, Wendy worked for several years in local government as a chief registrar for births, marriages and deaths. So welcome Wendy.

**WT:** Morning, hi there. Thanks for having me.

**LI:** Oh, you're, you're very welcome. Delighted that you've agreed to come and share some of your work with us. I wondered, really intrigued by your, your introduction there. And obviously you'd worked in, in government as a chief registrar. And I suppose I wonder if you would kind of expand a wee bit on the introduction, tell us a bit more about yourself and how you kind of moved, what your motivation maybe was to move from that job into the job that you're currently in.

**WT:** Yeah, I had been in registration for a number of years in local government. Really enjoyed it, I really enjoyed the aspect of seeing people at their big life events. So, whether it be having a baby, you know, getting married, coming in to register a death, it was really just being part of those huge life events and huge changes in their lives and getting to be part of that was something I really enjoyed. So, registration I really loved, I really loved the meeting of people at those times. But the death part of that, and it sounds probably a wee bit morbid, but the death part of that was the part that I probably enjoyed the most. And I think that was probably just because you've got that sense that you'd really help someone at a really difficult time. And we're only a very, very small part of that process when you're registering in a death. But you know whether it be signposting them to what they do next, or you know, be able to answer maybe questions like simple questions they may have. It was the part that I really enjoyed the most, that you’d felt you’d really, you’d really helped them. So, when the job came up with NHS Lothian as a bereavement coordinator, I thought, you know, that's something that I, you know, I quite fancy doing. It would be obviously then just solely around bereavement. And that was a part of it that really kind of thought, you know, I really think I could give this a wee go and give it a wee try.

**LI:** Ok. And, and you've been doing that for three years now. So…

**WT:** Yeah.

**LI:** …I suppose just, just kind of coming into at the end, you know, when we were transitioning around COVID time…

**WT:** Yeah, yeah.

**LI:** and how, how was that moving into that job at that time?

**WT:** It was, it was fine for me. I mean, COVID during registration was just, you know, it was we were working seven days a week and that was to primarily to register deaths. But also, you had the huge impact of marriages during that time. So, there was weddings, people were delaying, postponing, the changing from a big wedding to a really small wedding. There was a huge amount of kind of admin and paperwork around marriages. So, it was really kind of coming from an already kind of really difficult environment to still, you know, within an NHS or healthcare setting, which was still really difficult. So, for me, it was, I knew the process of what happened when it comes to registering a death and things, so that the external things going on, it was just kind of getting used to kind of what happens within a, a healthcare setting. Took a little bit of time, but yeah, we got there, I got there in the end.

**LI:** So just to tell us a wee bit about your job that you do now as bereavement coordinator with NHS Lothian. What, what, what does that involve and what does that involve you doing?

**WT:** So, it can be pretty much anything. And it can be anything from supporting families, you know, when someone dies in the hospital, they are getting a lot of information at a really difficult time when they're not really able to retain a lot of that information. So, our number primarily is given out to them on the little, you know, ‘What to do after a death in Scotland’ leaflet and they can contact with us with any questions. So, we get a lot of calls from there. And a lot of them is just fielding calls about, you know, I can't remember what I was to do next. Can you confirm or things. So that's a, a small part of our work. The other part we deal with is the no next of kin cases. So, we average between probably about 50 to 100 of these cases a year and that's when someone dies in a hospital setting where there is no family or no known next of kin. So, myself and my colleagues, we take those cases on, we normally sometimes register the death and then we try and trace family to deal with the arrangements. And then also, you know, see if the person had maybe any wills or funeral plans in place as well. I would say probably for most of our cases, we do find family and that can be also challenging because, you know, there's probably a reason that they've maybe not spoken to their loved one for such a long time. So, you're navigating through those. And then obviously then you're asking them to make the funeral arrangements, which again, if they've not seen their, you know, their, their loved one for maybe 15 years or whatever, you know, it's, it's then you're saying oh, could you make their funeral arrangements. So that's difficult. And the ones where we don't, where we don't find anybody, there's nobody willing to make arrangements and we would put arrangements in place through the council and then attend the, the service if we're the only, even though…

**LI:** Oh right.

**WT:** …there's nobody else going to be there. Yeah. So that's a big part of our work. We also do quite a bit with maternity around, we phone anyone who has, we make contact with anyone who had a, a stillbirth or a neonatal death, again just to support them through what they need to do, do they know what they need to do next? You know, have they heard from the registrar? Are they ok with you know, do they, have they thought about what funeral director they want to use, have they heard of all the support organisations that are out there and then we can put them in contact with them as well. So, it's quite a, a huge variety. I suppose there's no kind of, you never know what kind of call you're going to get and it can be, you know, anything really around bereavement as well.

**LI:** And did that role before you started in this role, did that role exist before you or has it been a new role?

**WT:** It did. It has probably changed. It did exist. So, it has probably we've probably changed it quite a little bit with changing some of the ways that we work. You know we've introduced new things to the role. So, we've just recently started up a bereavement steering group for NHS Lothian because we, there's such good work getting done across all the different hospital sites and in the community, but nobody actually brings it all together and says, you know, what it is we're doing and be able to share that good practice. So, we've recently brought, set up a steering group. So that's new to it. We've also looked at, we've also set up some support groups for people who have been bereaved, which is again, it's been used since we started. So, we're still in the process of, we’ve established them, but how we kind of want to grow them and move them forward, we're kind of looking at that. So, there is certainly new aspects to it, but a sort of the bread and butter work that we do every day in terms of dealing with enquiries was always there, yeah.

**LI:** Ok and the support groups that you've kind of been establishing, can you tell me a wee bit more about them? Are they for patients or for patients and relatives or are they for staff members or who?

**WT:** Yeah, really for, for anybody. It was just about, you know, in the last we, we also get a lot of calls and it, from the public around what supports available when someone dies. And a lot of you know, there's, there's amazing organisations out there, you know, so if you've had a cancer related death or if it's been suicide or a death of a child or a baby, there is amazing support out there.
But there's also a kind of, there was always, we found there was a gap a little bit around that time where a lot of the big organisations won't speak to someone until maybe six months post bereavement. And actually, just being able to have a chat with someone and say actually what I'm feeling is completely normal was we kind of felt there was a gap there, or a need. So, we set up a group in the East of Edinburgh about 18 months ago now and it has been really well attended and actually, it's a mixture of general public and staff who come along to it. And so that was, you know, well attended. We had really good numbers coming in. And we know, we do see that we're, you know, we're not here to counsel, we're not counsellors. It's just a chance to come along and we have tea, coffee, biscuits and meet with others that are going through maybe something similar to what you're going through. And that chance to talk really, you know, and not feel that they, they're sitting at home worrying about the emotions that they're all going through and the worry about putting that burden on other family members as well, you know. So, we set that up and then we had a request from a community link worker in the West of Edinburgh saying could we do one similar. So, we done that and again, then again with another request from East Lothian. So, it's kind of grown arms and legs for us a little bit and we can see kind of where that's going. So, we are looking at ways how we can make that more sustainable by using, turning them into a more like a kind of peer support group, if that makes sense.

**LI:** Ah right ok. And do your, do your meetings have, do the support group meetings have a structure or are they pretty informal?

**WT:** They're very informal. We sometimes come along with maybe a topic, you know, so something's come up, maybe someone's about due to go back to work. We might say, well, this month we were thinking about having a wee chat about maybe going back to work. So, if you've done that or if you are thinking about doing that, you maybe want to come along. So, we don't say people they have to attend every month. They can dip in and dip out of them as they feel. And some people do, you know, and some of the feedback we've got is that that's they quite enjoy that aspect of it. So, they maybe don't come for a few months and then something happens in their life, and they think actually I need to go back and speak to others again. Or there's been a big life event again that they're struggling with, and they come back for maybe a month or two, you know, to be able to just kind of chat. So yeah, it's, it is, we have a kind of, yeah, we have an agenda almost, but it can be very open, a lot of the times it does go off in tangents. It's about what the people want to really chat about…

**LI:** Yeah, yeah.

**WT:** … you know, when they come.

**LI:** So, there's real kind of flexibility

**WT:** Yeah.

**LI:** …and adaptability within the, the group structure if…

**WT:** Yeah.

**LI:** …if you need there to be.

**WT:** Yeah.

**LI:** And when so, when did you start running those groups?

**WT:** It was about 18 months ago now.

**LI:** Ok.

WT: So, you know, we've had a lot of people who have came and, you know, they've, they, they now feel that they, they don't no longer need to come, which is great, you know, or there's people that are maybe been still struggling so we've referred them on to other organisations for further support, you know, maybe more than what we can offer them. But also, we have still people just kind of still dipping in and out and a lot of new people coming along as well. And it's lovely to see when you were saying about structure, so we normally have the sort of maybe the first 45 minutes we have a kind of chat about maybe what the topics been or what people want to talk about. Then we break for a tea, or a coffee and we come back, and it is very, when we come back, it's very informal. And it's lovely to see when we come back into the room, them sitting with each other chatting about, you know, their own experiences. And that's what the whole point of us was setting these up was to be able to hear other people, get support from other people that are going through something similar. And it's lovely to when you come back into the room, and you can see them making those connections with each other. And it's really nice to see.

**LI:** Yeah, that's what I was just thinking actually. It just sounds like they've kind of started to develop relationships and build connections, isn't it, with, with one another…

**WT:** Yeah.

**LI:** …and, and I wonder if that's the value in groups like that, that that's what they…

**WT:** Yeah.

**LI:** …enable people to do. And I wonder if that's how people feel less isolated. In they're

**WT:** Definitely.

**LI:** …you know, it helps them to feel, perhaps helps them to feel less isolated in their grief…

**WT:** Yeah.

**LI:** …and, and feels like they're getting a bit of support somehow.

**WT:** Yeah. And I also think that, you know, we have people coming along who they have family, but not necessarily in the area. And sometimes it is around, you know, we spoke about before about the loneliness part of that. So, it's they're now in this house by themselves with no one near to be able have those conversations with. So, we do have some people that come along just because they need that company and, and that's fine. You know, that's what, you know, they want to come along and, you know, feel like they're they've got then don't feel as isolated then definitely, you know, that's what we're here to help them with that.

**LI:** Yeah, it sounds like a really good thing to do…

**WT:** Yeah.

**LI:** …and, and that it's, you know that its benefits are paying off for people and, and you said something about you've got some feedback from them which sounds really positive as, as well. So, it sounds, so well done on, on establishing that…

**WT:** Thank you.

**LI:** …sounds like a really good idea. How, how are you, kind of, what other aspects to of, of your role in terms of supporting people around bereavement are you involved in would you say?

**WT:** So, we obviously we, we deal, deal a lot of the practicalities, you know around a death. So, any questions you have around that. I’m thinking at the moment, you know, some cases we've dealt with in the past, where it may be someone's been overseas at the time when someone's died and then supporting them through that. So, a lot of it is, a lot of it is around the practicalities…

**LI:** Ok.

**WT:** …and getting them through that part of the process. We also do quite a bit around staff training within the hospital.

**LI:** Right.

**WT:** So, we run final act of care training days. So, it's a full days training that staff can attend. And the hope is that by the end of that, that they feel more comfortable talking to the families that have been bereaved around what they're about to go through or that they have just been through. So that experience for the family, hopefully, you know, is, is, is good as it, as it can be. So those training days and you know, we, we have people come along. We, we talk about our own service, about what we do. We have spiritual care, will come along and chat. We have a nurse, who’ll demonstrate the process of last offices. We go for a, a tour of our mortuary facilities. And so, staff feel comfortable about going in there and arranging a viewing. And then we have a funeral director that will come along and chat about what happens when someone's transferred into their care. So, it's building that knowledge within the staff base about what the whole experience is for the family so that they then hopefully feel better supported in supporting, you know, the people that are the, the patients and the families when they come in contact with.

**LI:** It's a really good point actually, that kind of having an understanding of, of the whole that kind of holistic approach to, to that whole service. And yeah, I'm, I'm a nurse as well although I've not, I've not worked in a hospital as a nurse for a long…

**WT:** Yeah.

**LI:** …time actually. But I remember, you know, being taught to do last offices, but beyond that, not, not really been involved in any other part of the process and certainly never, never having had a visit to the mortuary until more recently in, in my current role as a chaplain, visiting the mortuary in that role, but never having done that as a nurse. And thinking about it always held this kind of mysterious kind of element to it. And actually, it was a wee…

**WT:** Yeah.

**LI:** …bit scary thinking about it, especially particularly…

**WT:** Yeah.

**LI:** … when I was maybe younger as well. And actually, that whole that really holistic approach to how, how we support staff to support people…

**WT:** Yeah.

**LI:** …and their and their grief and bereavement sounds like a really fabulous thing to be to be doing. And I understand having worked in bereavement that, that it’s not always the kind of first thing people want to do. And sometimes people…

**WT:** Yeah.

**LI:** …find it all a wee bit a wee bit morbid or a wee bit kind of sad or you know…

**WT:** Yeah.

**LI:** ...bit hard to deal with. But, but then it's so important to, to make sure that we are…

**WT:** Yeah.

**LI:** …enabling people to, to understand it differently.

**WT:** Yeah, if we can, you know, if you can break down those barriers because it is difficult. And if staff don't feel comfortable about what they're doing or what they're talking about or they're unsure, just these training days are so vital just for them to be able to make the connections with other departments, you know, in the that deal as part of the process so that they feel comfortable, they feel that they're able to ask questions should a question come up with a family that they're unsure about, they know who to contact. And even simple things like using first name terms for, you know, some of the staff that maybe work in the Mortuary or on our team, you know, the say I can phone Wendy in bereavement service. It just feels like it's more a joined-up approach you know…

**LI:** Yeah.

**WT:** …for, for families or for staff. And we're hoping that that will we run these training days maybe about 5 times a year on different sites and they're really well attended.

**LI:** Right.

**WT:** So yeah, it's just to kind of grow and that really and hope that the staff as they feel more comfortable about it that that will come through into the care that the families are getting as well.

**LI:** Yeah, yeah. So, it's ultimately it's, it is always about making sure that the care that we provide for patients is improving all the time, isn't it?

**WT:** Yeah, yeah.

**LI:** Everything's about that improvement approach to what we're doing to make sure it's, becomes better and better. And there was, you talked a wee bit about staff and your support, I think. And I wondered what you if you had done anything around how you support staff from a peer support perspective as well.

**WT:** Yeah, so we have, you know, we, what was surprised us was going back to the support groups was in the first support group we set up was that almost half the attendees were staff. And it made us realise that actually there's maybe a need there or, you know, you know, have, have we missed something out when it comes to staff support and what, what they, they do? And we still see regular attendees at our support groups that are staff. So, we decided the end, towards the end of last year to do a survey with staff to talk to learn more about their experiences with bereavement. And that was with their own personal grief, or it could be with something to do with work. And we sent our survey out and we got a really, really good response from the survey. And it was just asking them, you know, about their own experience. Because I think probably myself was a little bit, I wasn't think, some of the, the results we got back was talking about how staff are coming back into the environment that they lost their loved one in. So, they were maybe walking past a ward every day that the, the, the, the, their loved one had been on, seeing staff members who they had got to know through their, their loved ones staying in hospital. The noise of certain machines were also quite triggering for them coming into the workplace. So, it's things like that I had never really given, you know, myself, you know, a lot of thought about. So that really came through in the survey. So, we've been looking at the survey results and trying to look at ways we can better support staff with their own grief and bereavement. So, we've been meeting with our staff wellbeing group around that and looking at things that we can put into place. And it's more, I suppose it's better support for our line managers as well. So, you know, can we improve referral routes? So, if staff did have a bereavement and they were really struggling then who do we, you know, is there a better way we can get referral routes, whether it be, you know, to spiritual care for support or to counselling or whatever it may be. But also, again, with line managers, you know, how well does the line manager feel at supporting that member of staff and do they feel comfortable doing that? Is it something they're confident with? So, we've been looking at what maybe tools and things we can, we can do to put in place for, for the line managers as part of that as well.

**LI:** Ah right, that sounds really interesting actually in, in terms of, of kind of helping to support staff and line managers. And I suppose just thinking about that, I don't know if you're aware, they’re not out yet, but we've just been finished in some modules around bereavement in the workplace on different kind of aspects of bereavement in the workplace. They're not, we haven't published them yet. They're just kind of going through the, the kind of digital testing process at the moment. And then they'll be, they'll come online on Turas in due course. And there, there's one, there is one that is for line managers actually. So, it'd be interesting to, to even have your kind of feedback on it, you know, in terms of what you think…

**WT:** Yeah.

**LI:** …and…

**WT:** Yeah.

**LI:** … how it kind of relates to your, your survey results as well…

**WT:** Yeah, yeah.

**LI:** …around the people that have kind of, around how it supported people…

**WT:** Yeah.

**LI:** …if it supports people differently. Sorry, I'm getting my words…

**WT:** Yeah.

**LI:** … all tangled up there.

**WT:** No, I think, you know, when I go back to, and I think when I became a line manager with local government, no one gives you any training on that, you know, so whether it be handling really difficult conversations, handling bereavement. So just to be able to say to, you know, line managers, if they're new in the role or if they've been there for a long time and they've just, you know, maybe never had to support a staff member with a bereavement. You know, what supports there? What could we do better? What is, you know, we're just about to actually survey about 50 line managers and asking that. So, you know, we've, we've got that initial survey from staff, and we think that we've come up with a kind of action plan of what we think we could put in place. And that's things like a checklist to support the line managers with, you know, certain points after someone's been bereaved that they maybe want to consider and think about, you know, maybe reaching out and just checking in on the member of staff and things. But also, you know, is that what the line managers are needing? You know, you know, we're so we're about to survey about 50 of them and asking them there for their feedback around that as well. So, you know, be interesting to then look and see actually, is there something here we've missed or are we on the right tracks with what we thought might be, you know, something good to put in place.

**LI:** I was thinking you could, you know, you could potentially think about what the reasons are that line managers need a bit of extra support, but that may not be at all what it is.

**WT:** Yeah.

**LI:** I mean, I, I probably wonder if people just don't know what to say.

**WT:** Yeah.

**LI:** And so sometimes it's easier not to say anything at all.

**WT:** Yeah.

**LI:** But as a consequence, that feels like it can feel like you're being ignored…

**WT:** Yeah.

**LI:** …and it's not been kind of not been referred to. But that may not be it. That may not be it. You know, there might be…

**WT:** Yeah.

**LI:** …be really interesting actually to hear, to see the results of that survey, to find out what it is…

**WT:** Yeah.

**LI:** …line managers are saying around what kind of additional support they need to support people who are bereaved.

**WT:** Yeah.

**LI:** So, yeah that’s a really…on you go.

**WT:** I think as well, it's also around you know, how well a line manager knows their staff, you know, so, you know, if you knew, you know, we talk about, you know, when you lose a, a family member, but it doesn't have to be a family member. You know, we have a lot of overseas staff who maybe don't have family close, and they build relationships up with people, other people in their community. So, it doesn't necessarily have to be. So, it's, it's how well, you know, I suppose your member of staff to know who is important to them in their life, you know, at that time. And that can go for, for anyone really. And it's just, I suppose it's making them think of the bigger picture a little bit as well. And, you know, I know in some of our survey results as well, people's line manager changed while they were off, and they were coming back into somebody who they didn't really know before. So, actually, how well do they do they feel supported and that they like, you know, with picking that up. So yeah, it's just all different aspects of it and thinking, you know, a little bit differently and getting them to think the line manager, think themselves actually what do I need to do here? Would do I need to find out? You know what, what kind of what's best here in this situation for that member of staff?

**LI:** And then once you've done that survey and you’ve found out from line managers kind of what they want, are you, what are you planning to do with that kind of information at that point?

**WT:** So, we've come up with like this provisional sort of checklist that we're hoping to maybe implement within Lothian that would be a tool to support the line manager through that process. And that even goes up to as far as a year after post bereavement, you know, thinking about the big anniversaries that will come in for that member of staff throughout that first year, because we know it doesn't necessarily have to be straight away that they're really feeling it. You know, it might be six months down the line that they hit a brick wall, and you know, and you know, it's just being aware of the things that might come up in that, that first year. So, we've got this checklist and then we're hoping to maybe look at, you know, an intranet page on NHS Lothians intranet for line managers that would be specific around bereavement that they could then access so for anything that they may need. So, where we usually, you're talking about the, the education videos that you were, you could maybe put them on there and obviously almost maybe launch it with across, you know, our managers in the Lothians just to kind of say, we've got this. This is what you could do. This is how to use it. And you know, think, think of other things that might come along with that as well.

**LI:** So, sounds like you're kind of looking at ways to do this even better than you're already doing it.

**WT:** Yeah, yeah.

**LI:** And really kind of planning ahead for how, how this could be improved. Which is…

**WT:** Yeah.

**LI:** …really, really encouraging, actually.

**WT:** Yeah.

**LI:** Is there anything else as we finish, anything else you'd like to say about what your role and what you what you do, anything we've not covered or anything you think it's really important to mention?

**WT:** I know, I think just from, you know, I really, I really enjoy my, my job. You know, I find the whole part of meeting people and yeah, it's a, it's a difficult time in their lives, but just to hear them chat. And, you know, we talk about this quite a bit in our support group. And we know you can literally when someone gets a chance to talk about their loved one, you can literally see their face light up. And it's just being able to be, you know, if we can just be a bit more confident in doing that and feel a bit more at ease with doing that. And if we can create that environment, you know, that would be so good within our hospitals you know, within our, our health board setting that we don’t, it's not that taboo subject anymore. It's not, we're not scared to mention it. And that we get that care right. You know, it just, it just has such a huge difference on how people then go on to grieve afterwards because, you know, you also see the flip side of that when we get it wrong, the impact that it has on that family going forward is massive. So yeah, anything we can kind of do to improve that has to, you know, has to be good.

**LI:** Yeah, yeah. Well, thank you very much, Wendy. You've, you've made me think about quite a few things that I hadn't really thought about before and things that, that we, that I can do and, and, and support change, but really encouraged by, by the work that you've been doing and continuing to do. So, thank you so much for joining me today and sharing some of that work with, with me that we can share with other people as well.

**WT:** Thank you. Thanks.

**LI:** Thanks very much.

The podcast was recorded in July 2024 and can be found at <https://www.sad.scot.nhs.uk/podcast/> or <https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4>

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