**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘Delivering person-centred palliative and end of life care: A nurse consultant’s perspective’Podcast**

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**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're involved in as they talk about bereavement.

**LI:** Hi and welcome to this episode of the podcast. I'm delighted to introduce my guest today, Flora Watson. Flora is a Macmillan Nurse Consultant for Palliative and End of Life Care in NHS Grampian. She tells me she started as a student nurse in Perth in 1986 and has worked in palliative care for over 20 years. Good morning, Flora, how are you today?

**FW:** Morning, Lynne. I'm very well, thank you.

**LI:** Thank you for joining us today and I wondered if you would just like to expand a wee bit on that introduction and tell us a bit more about yourself, how you've got to where you are in terms of your life and work.

**FW:** Like you say, it doesn't seem as long ago as 1986, but it was a long time ago now. But I, I did my training in Perth and then spent a couple of years in Perth working in kind of orthopaedic surgery and then I moved up to Aberdeen in 1991 and I've been in Aberdeen ever since. And then for the next kind of number of years, I spent my time working in acute surgical wards. And then I, I looking after patients in those acute surgical wards. We as nurses, you are exposed to patients around about death and dying. You know, that's always part of a, of nursing work. And I think we had a palliative care consultant who came up to see a patient in one of our wards. And it was a tricky patient we were looking after for a few days and just kind of ended up having a conversation with that consultant about palliative care and what that might look like in another setting, which was the local kind of hospice. And just planted that seed in my head that it might be an area that I would be interested in working in. And then within the next 6 to 12 months, the post came up for the senior charge nurse. So, I actually made that transition from acute surgery to palliative care, which probably is a little bit strange to keep up…

**LI:** Yeah.

**FW:** …to look at in terms of it's quite a leap that you make. But I, I, I, I still passionately believe that all nurses look after patients who are dying. So, you know, I guess my, the opportunity to go into that specialist area and learn more was something I was really interested in. And so, I moved to the local specialist palliative care unit and was charge nurse there for four years, five years. And then I got the opportunity to go and be a community Macmillan nurse. So, I went and worked in the community, which was a big thing for me because I'd always spent my career in the acute hospital setting. But oh my goodness, opens your eyes and lets you see a very different perspective of patients because you know you are a visitor in their home.

**LI:** Yeah.

**FW:** So, it completely changes the dynamic. And I think anybody who works in the community role will tell you, you know, walking into somebody's house and you know, seeing the pictures on the wall and you get much more of a sense of round about the patient than you will ever do with a patient who's obediently in the hospital bed. So, I think it gave me that very different perspective. I then had the opportunity to do a little bit of support around about the education unit here in Aberdeen, around about palliative care, came back and did that. And then I came back as a senior charge nurse again to the specialist palliative care unit, which was 10 years from when I'd done it previously and recognised that things have changed completely. It was completely different, you know, to, you know, it just shows within that decade how palliative care had moved on. And then I did that for about another four or five years and got the opportunity then to apply to, for the Macmillan community, for the Macmillan nurse consultant role. So that's when my role changed in terms of it's a much more strategic role. I don't have the same clinical input or clinical role. It's an element of my job. But often that's much more sort of advisory and expert. An awful lot of my job is around about influencing how palliative care is delivered across all of Grampian. So, my role is not within the specialist unit. It is actually across all sectors and networking and getting to know all the teams and developing policies, procedures, guidance. But actually, just sometimes having conversations and being known within the region as somebody that people can come to with questions they might have around about, you know, their area and how they deliver palliative care or keeping them up to date. So, you know, I certainly see that as it's a, it's like I say, strategic, but actually it's around about just that influence around about how we can deliver good person-centred quality palliative care across Grampian.

**LI:** And how is that, how is that transition from, from working, you know, within with patients either in their home or in a, in a kind of an acute setting and kind of moving into a more strategic role. How, how did you find that transition for yourself?

**FW:** I think I've been very proactive as a senior charge nurse and being involved in strategic elements at that point because I was given the opportunities and took those opportunities to do it. So, I'd had some exposure around about that when I was in the senior charge nurse role. But then when it becomes your day to day job, it is very different because you do miss that connection and contact that you have with patients and families. Because I think as a…

**LI:** Yeah.

**FW:** …nurse, that's one of the things that sometimes it's you can measure what you've done in a day when you've worked clinically because you know, you get that feedback in some ways from patients or from the team that you're working with that we've had a good day, things have gone well. I think when you're in a more strategic role, it's more difficult to know actually, at the end of the day, you don't get that same kind of measure. So, I found that, that quite hard, you know…

**LI:** Ok.

**FW:** …and I guess that's where that thing around about influencing it's a much slower burn, if that makes sense. You know, it takes longer for you to influence some of these things, but there's still ways to be had. But it just looks very different from when you actually on the, on that day to day, you can see how you've managed to deliver good care.

**LI:** Yeah, I just, I’ve probably done something similar myself and then almost I’ve, I've come back into more operational work, and I'm certainly pleased to have done that, but still have a strategic element to it.

**FW:** Yeah.

**LI:** And I think that's something that I, I, you know, that potentially is not difficult to do, but it, but it just requires a different way of thinking and, and…

**FW:** Yeah.

**LI:** …and working, doesn't it?

**FW:** Oh, completely. You know and I think one of the things about having that strategic role is your influence is far greater. You know, as the charge nurse in the unit my influence was around about, you know, our unit was the specialist unit in Grampian and we had to work to make sure we were the specialist unit in delivering that care. So that's your steer of influence, if you like. Whereas when I got the strategic role, this was around about what I could do across Grampian. But also, you have that aspect of I represent Grampian nationally at things as well. So, you know, it gets bigger and bigger. I guess it's that thing around about, you know, your influence. So that kind of helps to think that you can do that in a wider area to be that voice around about palliative care. And I'm not a lone voice. I work with many people, you know, in, in, that, that wider team, if you like to try and influence that. And that's not just in Grampian, it's, you know, nationally, you know, I'm part of a nurse consulting group nationally and we use our voice collectively. So, I guess it's just those opportunities to have greater influence that comes with the job of being the nurse consultant.

**LI:** Yes, yeah. And suppose talking about that national role that you have, I know that you're also one of the national, one of the bereavement leads and you represent NHS Grampian. And I wonder if you can just tell us, tell, tell me a wee bit about but what your role looks like from that perspective.

**FW:** So, I got involved in representing Grampian on the, the NES Bereavement Lead Group a number of years ago now. And actually, I think I picked that up when I was a senior charge nurse at Roxburgh. So that's one of those things, I got that opportunity to pick up that strategic element at that point because, and sometimes there's that association because it's palliative and end of life care, but it was an area that I was interested in. So, I was happy to pick that up, but I don't have bereavement in my job title because I'm not, I don't have, so, I don't have responsibility, if you like, in some ways around about the bereavement lead role. However, I've became involved and became the representative. So, my responsibility around about that was then to come back to the board and to make sure that I was sharing information that I was, you know, being driven as part of within that role around about NES and, and just making sure that, you know, I was a point of contact around about that. But also, it gave the opportunity to recognise all the stuff that was being done by other people. Because sometimes then that traffic comes your way if you like. So, you hear more around about what's being done in terms of bereavement care locally. So, it's a two way thing with NES in terms of you're taking what information is shared with you out to the board, but then you're also sometimes taking back information around about what we are doing locally to try and improve our bereavement support that we provide. And also, I think that you know the great thing about the NES group is hearing about work that's being done in other areas and thinking about is that something we could do, do we already do that, how do we enhance that? So, it's just that way of and although you are the lead in in that regard, it's actually going to these teams and individuals and, you know, to see what they are doing. So, it's actually sometimes around about working with people. It's not for me to deliver that education or, you know, to tell them what to do. It's around about, you know, here's some of the sources that you could look at and you know, where that this information is available on the, the support around death website. That might be something really good to look at. So, you know, my job is to sort of give them that information for them to think about the how that sits with their staff, with their team or something that they might want to do. So yeah, I've been on the group for quite some time now.

**LI:** So, it's really, I suppose I'm, what I'm hearing there is lots of sharing of learning. A, a lot of kind of, we talk about not recreating the wheel, don't we? And, and that's to an extent, that's what that kind of sounds like because you're, you, you get the benefit of the learning from across all of the boards within Scotland. In, in…

**FW:** Yes, absolutely.

**LI:** …terms of what's happening and actually thinking about how you can do things differently in your own areas and then feed in that information, that back…

**FW:** Yeah, yeah.

**LI:** …and others can pick it up if, if they want to.

**FW:** Yeah.

**LI:** And I know you've done some work around the, the, the packs that are given out to people when someone dies and I know that you've done some additional work around that for, for Grampian, I think, haven't you?

**FW:** Yeah. So, and that absolutely came from being on the NES group and those conversations and you know, other boards sharing the work that they had done and that you know, there was, you know, most boards now have bags that are available when we're handing over people's belongings. Often, it's the purple bag with the thistle that we use as the emblem around about bereavement support in Scotland. But I was aware that we didn't have anything like that. So, as I say, I started in this role when I was a charge nurse in the palliative care unit. So, I thought, well, let's test it in the palliative care unit. So, we started doing the bags and things in our palliative care unit and it went down very well. The staff really liked that thing of handing it over and they felt that it just hit, it was one of those things that helped us a prompt, if you like, as part of that handover. So, when I came into the nurse consultant role, I thought this would be a good thing to extend wider and to look at that across all inpatient hospital settings. So, I kind of started this work just to start the COVID. So, it took a long time for us to take that forward. But obviously during COVID, the booklet that we used nationally, kind of some of that started to, some of the links weren’t right and we need, and I know there is conversations about updating that. But we just felt that if we were going to do this work around about the bereavement pack, then we probably should look to update that leaflet just so that it became part of what we were sharing. So, I then had to go out to other people within the board around about helping us to think about what that content would look like. So, it then opened up that discussion with some senior charge nurses, nurse managers, psychologists, our chaplain, and we had a wider group of people just thinking about, well, if we're going to put this part together, what does that need to look like?

**LI:** Yeah.

**FW:** So that led us to think about, you know, we have the bigger bag for patients’ belongings, but you know, some of the practical things that actually sometimes now we're handing over mobile phones and chargers and they always get lost. And so…

**LI:** Yeah.

**FW:** …we put together a big bag and a small bag that have both got the purple and the thistle on it. We took our time in terms of the booklet and just updating that and trying to kind of make the content very much focused around about, you know, when people were handing this over in a hospital setting that next few days and what they should do. But thinking about that from their own self-care perspective as well. And just, you know, some of the things that it's ok to feel this way and just some of that…

**LI:** Yeah.

**FW:** …language we used around about that from our chaplain and psychologists. So that was helpful. And, and just we within the little booklet that we have, and the folder we have a message from our chief exec just saying, passing on their condolences as such …

**LI:** Ah right ok.

**FW:** …just as a way of doing that because we know how busy areas are. Some areas perhaps do use cards and, and reach out for a sympathy card. Some areas don't. So, you know, we decided to put the condolence message there so that teams could decide if it was appropriate for them to leave that in or to take it out. It became an option for them. And also, just in terms of we’ve got little kind of labels that have got the thistle on as well for label for putting on people's belongings. And I think sometimes families leave the area quite quickly and sometimes belongings can unintentionally get left behind. And or you know sometimes people hand over belongings and don't hand over everything. So just little things around about trying to make that those steps and prompts that were there within the pack are absolutely in around about for staff to use them just to make sure that they're kind of, you don't want to talk about it in terms of a process. But sometimes, you know, to avoid that thing where a family have to come back up to pick up a bag of belongings that were missed. And I know that sounds quite small, but actually sometimes it can be really difficult for people to return to the ward the next day or a couple of days later to pick up belongings. So just trying to tidy those things up as such. And what we did is, because we just launched it earlier this year. Our corporate graphics team were really helpful in terms of helping us produce the materials around about this. But also, we put together just a small video, just to kind of talk people through as to what was the pack was for and what each of the items were for. And it just gave us that opportunity to share that across staff for them to have a few minutes and just to, to recognise it's a difficult thing to do, you know, it's not an easy part of their job. And sometimes just recognising that actually it can be difficult having these conversations and handing over belongings to staff and just that these prompts and things might just help them in terms of, you know, having that conversation. So, we put together that little video and that's been shared as well with staff so that they can have a look at that.

**LI:** And that all sounds very thoughtful and I was, there's lots of things in there when you were talking, you know, I was thinking about the kind of collaborative working with the other people on your group, the chaplain, psychologist, other folks that were involved in it and bringing all these people together to try and make it, try and do it as best you can. But also, been, you know, the chief execs message, condolence message, which sounds a really thoughtful thing to do as well. The little bag and the big bag. And there were there was so much in there in terms of what you that you've been so thoughtful and considerate and compassionate in terms of what you're trying to do there. Because I suppose ultimately, you're trying to make the that, that experience when someone dies in hospital kind of as good as it can be for the family that are, that are then grieving…

**FW:** Yeah, yeah.

**LI:** …at, at that, that moment in time for them. Yeah.

**FW:** And I, I think in some ways it, it took us a long time to get to that end product. So sometimes, you know, it felt like it took us a long time to get there. But actually, now when you reflect back on it, some of the things that we've introduced within the pack have come because of those conversations with staff, with managers around about actually if we include that line, that will help around about something that's been fed back to our team around about. So, you know, we were having those by including people and being inclusive and collaborative around about it. I think we've ended up with a product that we wouldn't have, product, that's terrible, but you know, the output, if you like from it, it looks an awful lot different than it would have done if I'd done it quickly in that first year. So, it's becomes something that's grown. And we've always said that, you know, we'll look back, we'll look and change things if we need to in the future. But I think one of the things when I went out and tested it in a couple of other areas from the palliative care unit, it was the charge nurses saying to me that, you know, one of the things that people, the staff actually felt it was helpful to them because when they went in the room, they had, you know, they had the belongings, they had the booklet, they had a bit of a not a script around about what to say, but they felt going into the room to have that conversation, they felt a little bit more prepared. And I think that was one of the things for me that I took from that was that actually, yes, as you said, Lynne, this absolutely is going to land well with relatives and people who bring in belongings. But for me, the other part of that was if this is going to help a nurse, to hand over at that, like I say, it can be a difficult conversation and a difficult, recognising how a difficult time it is for families. Then for me, it was a win, win because it was going to help the, the families or the, the, you know, the carers who were there. But also, it was that thing around about it might help those staff in terms of just feeling a little bit more prepared before you walk in the room.

**LI**: Yeah. So yes, so supporting both the staff and, and the families. And we, we know. I suppose there's a couple of things there I want to ask you about. One was about how do we support staff at that stage? But also, the other thing I suppose I wanted to ask was had you, have you had any feedback from families, carers, staff around, around what you've done?

**FW:** Well, we've not had any feedback from families as yet. I think because we've been trialling in some areas, some there has been feedback from some families because often within the hospital setting, then sometimes we don't necessarily see people after that point. Sometimes within the palliative care unit there might be people that come back. But so, you know, that's one of the things we've been kind of thinking around about is how do we get that feedback from people around about, you know, the packs? So, something we need to think about for the future, but certainly from as part of because it's taken us a long time to get this off the ground. And I feel like I've been talking about it for a long time when I've been out and meeting teams across the area, there was a real enthusiasm because people knew it was coming. So, I had lots of people saying when's it coming? When's it coming? How can we order it? So, you know, for me in terms of that enthusiasm across teams around about that they really, they knew this was coming before it arrived because of that kind of promotional work if you've done and taken those opportunities to talk about it. So, it was really interesting for me to be getting emails to say, you know, as soon as you've got the PECOS because we've done this in a way that people can order it. So, it's ordered through PECOS, again trying to make those processes really simple. And actually, so to get those emails from people saying, oh, we've not heard yet have we missed it, you know. So, it was interesting to hear that enthusiasm around about, you know, the promotional work that we've done around about it. But actually, that people were looking for this in this area because they recognised that it's something that would help their teams as well as help the, the families that are there.

**LI:** Yeah, felt like a real need for it, didn't it? Doesn't it?

**FW:** Absolutely. And I guess you can, you could dig a little deeper around about that couldn’t you and think, well, why is there that need in terms of, you know, why are people so keen to have these packs? And, and I think it's that thing around about that people want to do the best that they can fundamentally, you know…

**LI:** Yeah, yeah, yeah.

**FW:** …I think people want to do that handover well. And, and I, I'm not saying that having the pack will make that handover better, because I think actually people probably already do a very good job. But I think if this, this part can help with some of that process stuff I was talking about in terms of, you know, trying to make sure we've not got belongings left behind and…

**LI:** Yeah, yeah.

**FW:** …and just the little things around about that. You know, I think it is important for the chief exec to offer that condolence as such. So, in some ways I think it will help with that kind of process bits, but also, I think it's some, I guess it's consistency in some ways that I know that there are some staff who do this very, very well. But I also know that there are some staff who are a bit hesitant around about it and often, you know, think that they could do it better when they're possibly always doing a very good job. So, I think sometimes for those people, it will help them maybe a little bit more around about the pack and just working their way through the pack and using that and then having that conversation. So, I think I would say it might enhance what they're doing, I think is what I'm hoping it'll do, not necessarily make it better, but just enhance it.

**LI:** Yeah, yeah, yeah, yeah. I mean, it sounds like, I mean you were talking on, just going back to you're talking about having the conversations and around developing this. And actually, it's the conversations that have left, led you to edit it and change it and make it something, you know, almost an iterative process around developing it.

**FW:** Yeah, yeah.

**LI:** And so, I mean, one of the things that I do a lot of is reflective practice. But what I was hearing when you were saying that was that basically you took time to reflect on getting this right rather…

**FW:** Yes, yeah.

**LI:** …than rushing ahead and doing what you thought would work. But actually, I suppose employing a bit of an improvement, you know, methodology…

**FW:** Yeah.

**LI:** …around it. And also, and taking time to carefully reflect. Are you hearing everybody's voices around this?

**FW:** Yeah.

**LI:** Is, are you reflecting what they're saying? Are you, are you changing editing it as, as required? And, and it kind of does sound like from what you've said that you, you've done a lot of that. It sounds like actually really a kind of amazing piece of work. It's got me just reflecting on maybe don't charge ahead and do everything all the time. Actually, just take some time.

**FW:** Absolutely. And anybody who knows me will tell you I'm a finisher completer. So, I like to get things done. So, it probably has held me back a little bit more than would have been my intention. But I think my way of working is I also, I'm very collaborative. You know, I absolutely recognise that whilst I'm in this nurse consultant role, which is, you know, often nurse consultants work in isolation in some ways because they’re sort of working in, they're not necessarily always part of a bigger team. So sometimes there are things that you have to kind of finish, but also, I think just taking that time. But I think it also that probably comes from that sensitivity within the people I was talking to that we wanted to get this right if we could, you know, at that first, it's never perfect. We always know there'll be things that we need to tweak and change a little bit. But I think again, underpinning that is that sensitivity around about the situation that we're talking about in terms of…

**LI:** Yes.

**FW:** …you know…

**LI:** Yeah, yeah.

**FW:** …this is in that situation where a patient has died within a hospital setting, whether that be the acute hospital, one of the community hospitals and then actually or one of, you know, and mental health hospital. You know, it's that thing, it's around about recognising that at that point in time, then we're consistent around about what it is that we deliver using this pack. Regardless of the setting, then this is what we would try and do to have that consistency. And, you know, within the video, it's our corporate graphics team help with some kind of little cutaway shots and things and just, you know, a, a shot of one of the nurses handing over the belongings. And you’ll try to do that simple things like you'll try and find a quiet space that, you know, this shouldn't be happening in a corridor. And we know it's really busy and we know it's really hard…

**LI:** Yeah, yeah.

**FW:** …but sometimes. So, some of those just little things that have been added into the video I think have helped in some ways around about that. But yeah, I think that opportunity, like you say, just it probably the improvement work probably was maybe not altogether obvious, but because it, we took a little bit of time around about it, then yeah…

**LI:** Yeah, yeah.

**FW:** …probably changed that.

**LI:** Yeah, sounds a really good piece of work. I suppose just as we come to the end of the podcast, and I don't think we had almost intended to talk about this in this way, but it's actually been really interesting to hear about you developing this piece of work and how you've done it collaboratively. But I suppose are there any things, anything that you, any takeaway messages that you would like to kind of impart from, from what you've talked about today?

**FW:** I think kind of linking back probably a little bit to what I said at the beginning in terms of, you know, I, in terms of palliative care, you know, I came from a very acute background and, and I still have conversations today when I go out and speak to people because a lot of my role involves education and training and, you know, going out and, and providing that. And also, sometimes just ad hoc stuff is that thing around about recognising that we are dealing with death and dying in all different aspects. You know, that can be in the community, it can be in the acute hospital, it can be in care homes, you know. So, I think for me, a lot of my role is sometimes supporting healthcare professionals around about having some confidence in terms of those conversations, those difficult conversations that they have with people around about death and dying. And ultimately, people always question themselves in terms of are they doing a good job and that maybe they could do things better. I think that's sometimes automatically as professionals, we do that. And I think sometimes people really worry about what if I say the wrong thing? What if I make things worse? I hear this a lot of the time. And, you know, actually, I think we're getting better at recognising that sometimes it's not what you say, it's just the being there that counts…

**LI:** Yeah, yeah.

**FW:** …and it's the listening that counts. And that actually sometimes you don't have to have answers. It's ok to say, I don't know sometimes. But just sometimes I think particularly when I'm thinking about those kind of handovers, it's just giving people a little bit of space and time. And I think sometimes when you talk to healthcare professionals around about the fact that, that is what it has a lot of meaning to those families that are sitting there, is that actually somebody sat and listened to them and gave them…

**LI:** Yeah.

**FW:** …those opportunities.

**LI:** Yeah, yeah.

**FW:** Because often people in that situation will want to talk about the person that's died…

**LI:** Yeah, yeah.

**FW:** …and that's ok.

**LI:** Yeah.

**FW:** And we absolutely just need to sit there and listen. So, I think sometimes that thing in my role is, you know, it's ok just to be there and don't put that pressure on yourself before you go in the, in that space and think, oh, what if I don't know the answer to this? What if I don't know the answer to that? It's ok if you don't know the answers. Because actually the thing that carries most weight in some ways is just giving people that opportunity to talk in that space around about that individual, but also around about what has happened. You know…

**LI:** Yes.

**FW:** …and I think it’s sometimes that thing we one of the things I would always try and say to people is, you know, just try and make sure if there are any unanswered questions that we ask people about that before they leave that setting. Is there anything else that I can help you with? Is there anything that, you know, any questions that you may have so that we can try and answer those questions before they leave or we can arrange for somebody to phone them and say look, you know, the nurse mentioned that you were wondering about A, B whatever. So I think sometimes that's some of the things that we can do at that point in time because I think that can help in terms of that process that, again I don't like using the word process, but you know, for people going through that grief or loss and that adjustment that they're making, then sometimes those questions can sit with them for a long time if we've not taken that opportunity…

**LI:** Yes, yeah.

**FW:** …to try and…

**LI:** Yeah.

**FW:** …attend to…

**LI:** Yeah, yeah, yeah.

**FW:** that well at that point in time.

**LI:** Yeah.

**FW:** I think our job is to try and set them off as best we can around…

**LI:** Yeah.

**FW:** …about that.

**LI:** Yeah. So, sounds like, you know, giving them space, giving them time and, and…

**FW:** Yeah.

**LI:** …answering questions around what…

**FW:** Yeah.

**LI:** …has just happened…

**FW:** Yeah.

**LI:** …are the kind of, and, and I always think in, in my current role as well as it's about not being, not being worried that you're going to do the wrong thing either. And that actually, sitting with silence is ok…

**FW:** Absolutely, absolutely.

**LI:** …because people, people feel held in, in…

**FW:** Yes.

**LI:** …in that, in that moment and that…

**FW:** Absolutely.

**LI:** … and that matters. Yeah.

**FW:** I've learned so much around about that and a lot of that has come from being on the NES Bereavement Leads Group, because there's a real mix of people on that group. We've got chaplains, we've got nurses, we've got people from academia, you know, and I think sometimes it's just that opportunity to sit and to listen and to hear those different approaches. And that's probably one of the things that I then have unintentionally probably taken back in my communications and conversations. And so, you know, so I guess sometimes it's not just the practical things that I've taken back as being that bereavement lead, but it's actually just that kind of listening and learning and feeding that back as well. So yeah, it, it covers all different aspects, I guess.

**LI:** That real value of that network, isn't it the Bereavement Leads…

**FW:** Absolutely.

**LI:** …and Coordinators Network…

**FW:** Yeah, absolutely.

**LI:** …for sharing which, I think…

**FW:** Yeah.

**LI:** …brings us almost full circle to where we started. So, thank you so much Flora for, for joining me today and, and for sharing that kind of development work that you've been around, involved in around the pack. And I know that the When Someone Dies leaflet is currently being looked at…

**FW:** Yes.

**LI:** …and updated. And so, it’ll be interesting to see how boards utilise that in the future…

**FW:** Yeah.

**LI:** …as well.

**FW:** Yeah, yeah.

**LI:** So, thank you very much for, for, for sharing that today and for sharing your experience and your kind of knowledge as a, a nurse consultant over the past 20 years in terms of how you're, how you're still developing that role.

**FW:** Thank you.

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

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