**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of 'Perspective from a Patient Experience Administrator' Podcast**

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**Speaker**: Shirley Page, Patient Experience (MCCD) Administrator, NHS Fife (SP)

**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.

**LI:** Hi, and welcome to this episode of the podcast. I'm delighted to introduce my guest today, Shirley Page. Hello, Shirley.

**SP:** Hello, Lynne. Nice to be here.

**LI:** Thank you for joining me today. Shirley is what's called an MCCD Administrator in NHS Fife and I'm going to ask Shirley to explain to us a wee bit about what her role is and what does MCCD Administrator mean, but also for Shirley to tell us a wee bit about herself and how she came to be in this role. So, Shirley, welcome and I wonder if you could tell us a wee bit about yourself.

**SP:** Thank you. Thanks for having me, Lynne. So, I've been with the NHS for almost four years in the same role, MCCD Administrator and I was in the role quite quickly after the role became available. It was, it was, started just after COVID, April the 9th 2020. I had been in various customer service roles but laterally I had been flying. I flew with British Airways as cabin crew…

**LI:** Right

**SP:** …and our base closed with the pandemic, they decided to close the Edinburgh base. So, I was going to be redundant, and I became bank staff with the NHS for friends and family actually, I've got a few friends who work here. So, I went on the admin bank. So, the job came up and one of my friends works within the Patient Experience Team and she had said my friend Shirley would be the ideal person for this…

**LI:** Right.

**SP:** …this role. So basically, because I was all checked out, you know, on the, on the bank with my disclosure and things, I came in for the interview one day and started the next day.

**LI:** Oh, wow.

**SP:** So, and I've, I've really, I've really enjoyed it. It's, it's completely different from what I've done in the past. I've mostly had customer service roles. I started off after school, I worked in a jewellers and well, I went there temporarily to save up, I always wanted to be a beauty therapist. Started working there and kept getting promoted to like, concession stores. And then I became the manager in the Kirkcaldy store. So, I ended up staying there for 13 years. Then we had our daughter, I’m married to David for 40 years this year. We had our daughter, so I took a career break for a few years, maybe two or three years. Then I went into Next Retail as assistant manager and became the store manager for the high street store. Then I went on to fly with British Airways, lots of my friends and my husband works for BA and still does. I was finding retail, especially in management, I had 90 staff in Next, so it was becoming quite challenging when you've got a child. So, I had the career break, went part time with British Airways and loved it. But anyway, I didn't, I felt I'd done my flying, didn't want to continue after the base closed. So here I am, and I really quite enjoy it. I like working for the NHS. I like the team that I work with and now work between the well, I've still my line manager is the Head of Patient Experience…

**LI:** Yeah.

**SP:** …but I also work closely with the chaplaincy team…

**LI:** Yeah.

**SP:** …the spiritual care team and the team help me with a lot of things because obviously it involves bereavement.

**LI:** I suppose just in case people aren't sure. What does MCCD stand for?

**SP:** So MCCD stands for Medical Certificate of Cause of Death.

**LI:** Okay.

**SP:** And in, before the pandemic, pre pandemic, the family used to have to come into hospital to collect that certificate from the ward.

**LI:** Right.

**SP:** And they took the certificate themselves down to the local registrars and made the appointment that way.

**LI:** Okay.

**SP:** But with the pandemic, obviously they, they wanted to stop the footfall into the hospital for obvious reasons. So, the Scottish Government, I think, I'm not 100% sure, but I think they decided that they would use a different system. So, I now collect them from a central point in the hospital.

**LI:** Okay.

**SP:** You've got 8 days; the families have 8 days to register a death. So, I collect them if, on average, it's a legal document, so, the, when a, somebody dies, the consultant and the certifying doctor have to discuss the causes of death. Obviously, it has to be correct.

**LI:** Yep, yep.

**SP:** It has to be… it's a, it’s legal. So that doesn't always happen immediately, although families still don't understand why it can't happen immediately.

**LI:** Okay.

**SP:** But consultants and doctors don't always work together.

**LI:** Right.

**SP:** You know, that there's, people can die at the weekend when there's not, less cover and things…

**LI:** Yeah, yeah…

**SP:** …you know.

**LI:** …yeah.

**SP:** So, on average, I would say the certificate takes three working days and that's excluding the weekend. So, I collect them anyway. And if, if I don't have the certificate within three working days, I actively try and chase that on behalf of the families. So, when I, when I do get the certificate, I've got to check it over to make sure that it's completed correctly. And there can be errors there, there's, there definitely are common errors, but with, we feed those back through so that we can, you know, people can learn…

**LI:** Learn from that yeah.

**SP:** …from the mistakes. And if it's correct, I scan the document over to Fife registrars and then I call every, every single next of kin, whoever is down as a hospital next of kin to make sure that they know about the registration process.

**LI:** Okay.

**SP:** So, they have to phone the registrars to make the appointment with them and that's where the proper death certificate comes from, not the medical death certificate…

**LI:** Okay.

**SP:** …the actual death certificate from the local authority. So, the, the Medical Certificate Cause of Death is called a Form 11 and the proper death certificate is a Form 14. Families do get that mixed up.

**LI:** Right.

**SP:** So, depending on the, you know, the level of the person's understanding you, you've sometimes, sometimes you're on a call for two minutes, sometimes you can be on a call for 15 minutes. Some people, they're grieving, they may be hard of hearing. So, you have to make sure that they're processing the information…

**LI:** Yeah.

**SP:** …that you're giving to them.

**LI:** And I suppose that's one of the things that… I'm in the same office as you, and I hear you speaking to people on the phone when you’re calling them about death certificate. And I suppose I was really struck by how compassionate and kind you are to people when you're, you're phoning them. And I wonder kind of, how you know, you, you've talked about coming from a kind of customer service background, so, you've been used to dealing with the, the kind of the public, I suppose, and then you've, you've moved into this role, but relatively recently in the last four years. What kind of preparation did you get around that? What you know, what kind of training or preparation were, were you able to have to prepare you for the role because you got the job like you got, you were interviewed and then the next day you got the job. So, you know what, how have you learned how to, to, to do that and, and, or does it come just from yourself in terms of your own, your own values and your own kind of things that matter to you?

**SP:** Well, I did get trained when I came in by the, by Stuart Ullathorne who had actually been a manager for the MCCD service in London many years ago. So, my training was obviously based on his experience of, and that's how they did it down South in the past. So, I just followed the script that he gave me, you know, first of all, well, we don't have to, but it's good practice to offer your condolences…

**LI:** Yeah, yes.

**SP:** …because obviously. And I do find that I deal with… some people have a post-mortem in the hospital if they die in the community and they first of all are phoned by the procurator fiscal. And I, when I deal with, I also phone them to make sure that everything… because the, the deceased have been in our care for the hospital post-mortem, you know, if someone's died at home, the first person that they're speaking to is a police person probably, then it's in the hands of the police, the procurator fiscal. Somebody's calling them to tell them the causes of death. So, I think it's really important to offer your condolences first. So, it was always please accept my condolences. I say I'm sorry for your loss, which I know people, it's just whatever you're comfortable with…

**LI:** Yeah. It's…

**SP:** …you know.

**LI:** …finding your own language, isn't it?

**SP:** It's finding your own language. I probably should say you, you know, I have, I have had people in the past say loss of what? Have they lost something? But sometimes I say death. But that's the most comfortable thing for me to say.

**LI:** Yep, yep.

**SP:** So, I offer my condolences. And then I tell them that I've collected the medical certificate for their loved one. I've checked it over. I've shared it with the local authority and then I just explain the registration process. And that very much has to be bespoke to the individual because some people, you can just tell that they know what they're doing. It's like, yeah, yeah, yeah, I've been…

**LI:** Yeah.

**SP:** …waiting on this number. I know, they'll be as well, just saying I know what I'm doing. So, I, I try and take, because I've had a customer service background, I think I can read people quite well, even if they're on the phone…

**LI:** Okay.

**SP:** …and I can tailor it to what I perceive as, as their needs.

**LI:** Yeah, yeah.

**SP:** Some of them need me to go really slow and other people just want me to give the information. So, we do a test email just to make sure that we've got the correct person because obviously email addresses can just vary by a, a digit or a, a letter. So, we, we do a test email, the next of kin will answer us back to make sure, well answer me back. But people perceive the MCCD team to be a team of people, but there is only one person doing that job at…

**LI:** Yeah

**SP:** … any given time.

**LI:** Yeah.

**SP:** And unless I'm on annual leave or a day off, it, it's me. So, we then do the test email and then of course, we send all the information over to them, explain everything to them, share bereavement support leaflets with them just in case. Sometimes if, if the person's died at night, they don't have a ward clerk on the ward staff are busy. So, they haven't received what they should have, they should have received the When Someone has Died pack…

**LI:** Okay.

**SP:** And then they also, I actually think it was Mark Evans who typed up or did a bereavement leaflet to give people realistic expectations for this hospital…

**LI:** Yeah, yeah.

**SP:** …and the community hospitals in Fife saying if you don't hear from Patient Experience Team, i.e. me within three working days, give us a call. But I, if I'm not too busy, I'm already chasing that certificate.

**LI:** Yeah, yeah. And I've certainly heard you chasing certificates quite a bit. That seems to be quite a significant part of your role. How does it feel to like, you know, to be, to be in a team of one as you say? What does that feel like for you in terms of providing, because you're providing a bit of bereavement support, you're providing compassionate person-centred care as you kind of offer the certificate and speak to people. How does that feel for you doing that as one person?

**SP:** It's, it's fine most of the time if the workload's, you know ok but predominantly winter is the time when most people die…

**LI:** Right.

**SP:** …you know…

**LI:** Okay.

**SP:** …for some reason the winter months when most people die. So that does become increasingly busy and sometimes it can be quite stressful, you know…

**LI:** Okay.

**SP:** …because you have families calling in, constantly, some families are, if they've got four or five people in the one family. We only share with the hospital next of kin. And that can be if somebody's had lots of admissions over the year of whatever, it can change at each, each admission, you know, so it has to be the, that next of kin can change. So, we rely, or I rely heavily on the doctors looking at the medical notes and putting in who I've got to contact, you know, otherwise I could be looking at TrakCare. That's the only tool I have. And it’s, that's very outdated information. Sometimes there's a next of kin who's maybe died themselves. And so, we rely on the, the certificate is placed inside an envelope with a death registration form and that gives us the information that the family have been informed of the death if they haven't been present and that the family know that the Patient Experience Team are going to contact them…

**LI:** Okay…

**SP:** …and with the, the person who we should contact. That doesn't always happen. Sometimes I have to chase around wards, but it's, it's absolutely fine. I quite enjoy doing it. My biggest motivation really is in COVID year in 2020, my older sister in Switzerland sadly died, not anything to do with COVID, she'd been ill…

**LI:** Okay.

**SP:** …for quite a long time.

**LI:** Okay.

**SP:** But me and my sister, my other sister couldn't travel out because we couldn't…

**LI:** Yeah.

**SP:** …we weren't…

**LI:** Yeah.

**SP:** …allowed to do that.

**LI:** Yeah.

**SP:** … So, we had really a very bad experience with the Swiss authorities. It was just awful. And if I hadn't had friends in this country that spoke Swiss German or I couldn't deal with my sister's friends in Switzerland who we were also friendly with, I don't know what we would have done. It was just a dreadful experience. So, I always keep in mind that, you know, as busy as I am, I've got to treat that person that I'm dealing with, with, they, they're only caring about their own loved one. They…

**LI:** Yeah.

**SP:** …you know…

**LI:** Yeah.

**SP:** …they're wrapped up in their own grief.

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

**SP:** So, you've really got to keep that in mind. But sometimes it does get a bit overwhelming because you've got lots of people wanting…

**LI:** Yeah, yeah. Especially…

**SP:** …something…

**LI:** …really busy times it’s…

**SP:** …from just one person.

**LI:** …yeah, yeah, a lot of pressure.

**SP:** It can be really quite a stressful job, but.

**LI:** And so where do you get your support from in those times?

**SP:** The, the Bereavement Team.

 **LI:** Okay.

**SP:** The Bereavement Team definitely, because you know, a lot of them are in and out the ward, the wards within Victoria, well within the community hospitals as well. Probably I should have said that I deal with the certificates, most of the certificates in the hospital, but not hospice deaths.

**LI:** Okay.

**SP:** I don't deal with A&E deaths…

**LI:** Oh, right okay.

**SP:** …and I don't deal with maternity deaths. They're all dealt with in house…

**LI:** Oh, right okay.

**SP:** …but I do deal with everything else, including the community hospitals. And also, we have a, we did have two pathologists in Victoria Hospital who've now retired.

**LI:** Okay.

**SP:** So, we now have a locum pathologist who comes in on a Monday and a Friday. So, I'm back to sharing or double checking that the people who have had post-mortems in here also know what they're doing in regards to registration because the fiscal phone call is more about the cause of death.

**LI:** Right. Okay, okay.

**SP:** If that makes sense.

**LI:** And in terms of, I mean, I've heard how you offer support to people and, and as I've already said, always kind of really impressed by how you do that. Do you think there's any ways to do that even better or to or suppose any reasons we find that hard to do in terms of giving support to people?

**SP:** Well, you, you can only give so much support really. I always just try and make, you know, I'm really speaking about the registration process, and I will help people if things crop up, you know, if there's a delay with certificates or perhaps there's been an error that I haven't noticed, maybe a name’s been misspelt, you know, because some people have, you know, they give the name to the doctor 20 years ago and their name has gone

**LI:** Yeah, yeah…

**SP:** …through the system completely…

**LI:** …yeah.

**SP:** …wrong. So, they, they freak out about that. But I, I have to reassure them that if they've been born and registered in this country, that can be fixed at the registrars.

**LI:** Okay.

**SP:** It's not ideal.

**LI:** Right okay.

**SP:** But it can be, but you just have to offer whatever, whatever support you feel they, they need on the day. I mean, I very rarely had people crying really, because, you know, a lot of people go into practical mode.

**LI:** Okay right okay.

**SP:** They just want to do the, the, they want the certificate because they can't do anything without it.

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

**SP:** They, they need to register the death. The, the note, but I didn't even think about this when, when I've had my loved ones dying, but you know, some people just get into their head, “oh my god my mum’s in the mortuary and I can't get her out because I don't have the death…

**LI:** Yeah, yeah.

**SP:** …don't have the medical certificate”. I never even thought about that in the past. But that really does bother…

**LI:** Yeah, yeah.

**SP:** …some people…

**LI:** Yeah.

**SP:** …for obvious reasons.

**LI:** Yeah, yeah.

**SP:** So, you, you know, you, you just have to try and support them as best as you can and say, well, it is a legal document, you know, it can take on average 3 days. I can only chase the ward on your behalf. But they can also chase it up, you know. But as far as emotional bereavement support, I very rarely have to... I mean, I know that if I was to refer someone for extra help to the, the chaplains, they'd be happy to phone someone. But I think they, they just see me as mostly practical support.

**LI:** And I think I wonder if you're, you're, you're doing yourself a disservice in that because you're talking about practical support, but actually, it's the way in which you speak with people that actually is, as I've already said, kind and compassionate and, and caring. And I wonder if people are getting some emotional support from you that you're not even realising they're getting because you're speaking to them in a, a kind way. And I mean, you've talked today a lot about the process of what, what your job is and what you need to do. And it is quite a process driven job because as you said, it's a legal document, but actually, there's a way of doing that. And I think the way in which you do that, make it, makes it sound less ‘processy’ and, and, and because you're bringing some compassion and care into that. And I suppose that's partly why we're doing this podcast, because I've heard you speaking to people and thought this would be a really good opportunity for people who don't know what the role of the MCCD Administrator does, because it is, feels like a ‘processy’ role but it has to bring, it has to bring an element of kindness and compassion to it. And, and you certainly do that in…

**SP:** Oh, thank you.

**LI:** …with what you do.

**SP:** Thank you. I don't to be honest with you, though, I don't think, I think it just depends on the kind of person you are, because I think you should treat other people how you'd want to be treated yourself.

**LI:** Yeah.

**SP:** You can almost hear when you offer your condolences, first of all, which I did learn from Stuart, you can almost, it almost sets the tone…

**LI:** Yeah, yeah…

**SP:** …you know…

**LI:** …yeah.

**SP:** …it's always please accept my condolences, sorry for your loss. And I also like to say things like, I'm sorry, I realise your mum whatever…

**LI:** Yeah, yeah.

**SP:** …her name is, died on Saturday night…

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

**SP:** …or Friday, you know…

**LI:** Yeah.

**SP:** … because then it makes it a bit more personal…

**LI:** Yeah.

**SP:** …rather than just like a production line…

**LI:** And that's…

**SP:** …you know.

**LI:** …what we're about in, in the health service…

**SP:** Yeah.

**LI:** … is about person centred care. And you're describing that perfectly. I feel like a real warm glow listening to you saying that because I'm very much about person centred care. And so, you saying you know, your mum who died on Saturday night, you've made that…

**SP:** A bit more personal.

**LI:** …effort to, to find out who it is, what the relationship is, when they died, rather than just saying “I've got a death certificate here for Mrs whatever”.

**SP:** Yeah, that's right.

**LI:** I'm, I'm so sorry that your experience when your sister died was, wasn't good.

**SP:** It was very process and there was just barriers put up at every opportunity.

**LI:** Okay.

**SP:** You know, you have to pay for a, [inaudible] or something, you know, like a document that…

**LI:** Yeah, yeah.

**SP:** …you know, they wouldn't communicate in English even though the English…

**LI:** Oh right okay.

**SP:** …is spoken quite…

**LI:** Yeah, yeah.

**SP:** …you know, it's lots of people in Switzerland speak English fluently, but there was no way these documents had to be in Swiss German. So, thank goodness we did have some help because if we hadn't, we would have been... it was very, very stressful. And I, I always bear that in mind because I would hate anybody to think that I hadn't tried to help them.

**LI:** Yeah, yeah.

**SP:** Or picked up on.

**LI:** And you, you know, it's awful that you've had to bring that experience here, but you have brought that experience here and not, not brought the experience here, but you've reflected on that experience and wanted to make sure that would be different for, for, for people…

**SP:** Definitely.

**LI:** …here in terms of, you know, what you're offering them when you, you call them up. And, and I know, you know, because I can hear you, you have a lot of phone calls to make in a day to people. You have a lot of certificates to sort out, and it's quite an onerous job for the entire… or it feels like, sounds like an onerous job for the day…

**SP:** Oh it definitely, definitely is…

**LI:** …or the time that you're doing it.

**SP:** …but I think you have to just… if you make it, if you tailor it to an individual call, if you, if you were just to say the same thing in the same way to different people, it just would, it would never, it would be really monotonous…

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

**SP:** …you would really get it. And, and don't get me wrong, when you do have, on a sometimes you've got over 20 certificates to share in a day…

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

**SP:** …and you know, the phones are going, there's emails pinging and looking for… you just have to focus on one step at a time…

**LI:** Yeah.

**SP:** …and the person that you, you can't really, although I do, I do get a bit stressed, you know. But I think this year my line manager, Siobhan and Ian have, you know, have decided that it's a full-time job in the winter. I don't work full time. I only work 6 hours a day.

**LI:** Okay.

**SP:** So it's a 30 hour contract that I have.

**LI:** Right, okay.

**SP:** And when it's busy in the winter, I don't want to work anymore than that.

**LI:** Yeah, because it is overwhelming, yeah.

**SP:** I want to work exactly. It's, it’s a very, you know, you don't want to work more than 30 hours doing that job, you know. So, I think that, that they're looking at ways where I can have some help in, and maybe work my 30 hours over the four days because it is really…

**LI:** Okay.

**SP:** …at least a full-time job at…

**LI:** Okay.

**SP:** Christmas time or over the winter,

**LI:** Yeah, yeah.

**SP:** …over the winter time. And then of course, with the Christmas and New Year holidays…

**LI:** Yeah.

**SP:** …the registrars are, you know, council, they're closed. So those times can be super busy and there's never been any extra help put, not just for me, in the past, there's never been you, you can come in and work on the bank holidays to obviously alleviate the backlog.

**LI:** Yeah, yeah.

**SP:** You know, because there's certificates building up over the, the days…

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

**SP:** …that the hospital is open, that the registrars are closed, and the Patient Experience Team are on holiday. But it would, it, it really needs a, a second person on that job for, for those days when you open up again. But I think that's being looked at because it's just a totally unrealistic workload on those days, when you've been, when the hospital or when the, not the hospital but when MCCD Patient Experience is closed for three or four days,

**LI:** Yeah.

**SP:** …one person cannot be expected.

**LI:** Yeah.

**SP:** You wouldn't be giving a good service.

**LI:** And certainly, I remember last Christmas was quite difficult, or last Christmas and New Year holidays was quite difficult for you. I do remember that.

**SP:** It was difficult, yeah. I think there was quite a lot of illness within the team, so people were off with flus and colds and things, which happens at that time of year.

**LI:** So, any final thing you would like to say Shirley about, about your role and about what you offer before we finish as we come to the end of the podcast?

**SP:** Well, I think it works well. It's, it's, it's going to continue though, it's a Scottish Government directive…

**LI:** Okay.

**SP:** …that’s never going to go back.

**LI:** Right.

**SP:** People are not going to come into the hospital and…

**LI:** Pick them up.

**SP:** …pick up certificates any longer.You know, the Scottish Government have decided going forward this is the process, and I do think it works well. Within the hospital settings, there needs to be a bit more training probably around how things work.

**LI:** Okay.

**SP:** You know, it seems to, I don't know whether it's maybe locum staff or I don't know what you want to call, you know, there's sometimes weekend staff or people coming in that don't always know the system or people that are stuck in the old system. They do get quite a lot of that. And of course I've got to smooth these things over, you know. So, I think it would be good for the training to go through to let everyone know exactly nothing's changing. This is how NHS Fife are dealing with medical death certificates.

**LI:** Okay, okay. So that's maybe a good point to end on in terms of looking forward and, and enhancing training, if that, if that's required. So, thank you so much for sharing what you've been, what you do and how you do it. It's been really fascinating to hear a bit more about it because although I listen to you on the phone or I hear you on the phone, I don't sit and listen to you, but I hear you on the phone, I'm not, I wasn't really aware of that, that entire process. So, so it's been good to kind of understand a bit more about that. So thank you so much.

**SP:** You're welcome. I've enjoyed speaking to you.

**LI:** Thanks, Shirley.

The podcast was recorded in September 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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