



Lindsey Lodge Hospice & Healthcare

COUNSELLING AND BEREAVEMENT SUPPORT POLICY

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1. Policy Statement

Lindsey Lodge Hospice provides counselling and bereavement support for its patients, their families and carers. The hospice aims to improve the quality of life for clients and their families in distressing times and in the future by providing a high standard service that meets the client's needs. Supporting clients and their families facing bereavement is an essential element of hospice care and forms part of the holistic care delivery and approach to end of life care.

This policy outlines the process which should be followed by professionals when referring to the counselling and bereavement support team alongside providing resources to guide clients and their families in understanding what the service can offer.

2. Scope

This policy is relevant for all staff caring for patients known to Lindsey Lodge Hospice and professionals within the wider palliative care team and North Lincolnshire community services. This policy also outlines the agreed alliance between the counselling and bereavement support team and CRUSE Bereavement Care.

3. Roles and Responsibilities

3.1 The Registered Manager for Lindsey Lodge Hospice and as such has overall accountability and responsibility for the implementation and monitoring of this policy in use in Lindsey Lodge Hospice.

3.2 The Chief Executive and Registered Manager are responsible for:

- Ensuring appropriate systems are in place to support the delivery and implementation of the counselling and bereavement support service.

3.3 The Operational Matron is responsible for:

- The practical implementation of this policy within Lindsey Lodge Hospice
- The general day to day management of the counselling and bereavement support team
- Ensuring staff are aware of the policy and requirements which includes new starters on their local induction
- Ensuring that any incidents relating to the counselling and bereavement support team are reported on the recognised incident reporting tool in accordance with the Managing Incidents Policy
- Ensuring incidents in relation to the counselling and bereavement support team are investigated appropriately

3.4 The Senior Nurses (In-patient unit and Wellbeing Centre) are responsible for:

- The practical implementation of this policy within Lindsey Lodge Hospice within the care environments
- Ensuring staff within these areas are aware of the policy and requirements which includes new starters on their local induction

- Ensuring that any incidents relating to the counselling and bereavement support team are reported on the recognised incident reporting tool in accordance with the Managing Incidents Policy
- Ensuring incidents in relation to the counselling and bereavement support team are investigated appropriately if asked to support a complaint or an incident

3.5 The registered Counsellor is responsible for:

- The writing of the policy and its appropriate scope within Lindsey Lodge Hospice
- Taking a lead role in the fact finding and investigation of any incidents relating to the counselling and bereavement support team as delegated by the Operational Matron
- Ensuring incidents in relation to the counselling and bereavement support team are investigated appropriately and lessons learned are identified and shared

3.6 The counselling support practitioner and other clinical staff (nursing, allied health professionals, health care assistants, advanced assistants) are responsible for:

- Ensuring that the guidance within this policy is adhered to when considering referring a client for counselling and/or pre/post bereavement support
- Ensuring any issues identified with the counselling and bereavement support service are reported immediately
- Ensuring any associated incidents related to the safety of clients and their families accessing the service are escalated to their line manager promptly

4. Staffing

4.1 The team includes:

- x1 registered counsellor (Band 6) employed for 22.5 hours across 3 working days
- x1 counselling support practitioner (Band 5) employed for 22.5 hours across 3 working days
- Volunteer counsellors
- Student Counsellors (final year students on placement)
- Bereavement support volunteers

4.2 The registered counsellor and counselling support practitioner are required to work one day together to allow for clinical caseload discussion, supervision and service development

4.3 The registered counsellor and the counselling support practitioner will receive regular clinical supervision from an external supervisor

4.4 All bereavement support volunteers will have received an appropriate training package provided by CRUSE bereavement support and the registered counsellor

4.5 Each bereavement support worker/volunteer counsellor will receive regular supervision from the registered counsellor

5. Implementation

5.1 Referral criteria for both counselling and bereavement support:

- Clients diagnosed with a life limiting illness, for example, Cancer, Motor Neurone Disease, Multiple Sclerosis or Chronic Obstructive Pulmonary Disease (this list is not exhaustive)
- A family member of the client diagnosed with a life limiting illness
- All clients referred into the service, be that a 'patient' or relative must be aged 18 years or over
- Consent must be obtained prior to the referral
- All clients referred must be known to Lindsey Lodge Hospice either through the In-patient unit and/or the Wellbeing Centre service

Self-referrals and referrals from professionals are accepted if this meets the Hospice criteria

5.2 All referrals into the service must be sent via the electronic referral process on Systemone

5.3 Each referral will be triaged and assessed on individual need by the registered counsellor. In the absence of the registered counsellor this action will be completed by the counselling support practitioner.

5.4 There may be occasions when counselling and pre/post bereavement support is offered informally, for example, an incidental meet with a client and their family. If more formal support is required, an electronic referral must be completed.

5.5 There may be occasions when bereavement support is offered to staff members within Lindsey Lodge Hospice. The staff member may self-refer through an initial 1:1 liaison with a member of the counselling and bereavement support team and/or a referral from the staff member's line manager. This will be completed via email. If this input exceeds 1 – 2 sessions, the staff member will be signposted to their line manager to consider if an occupational health service referral is appropriate for ongoing input.

Counselling and bereavement support referrals

5.5.1 All referrals for counselling and bereavement support must have a completed electronic referral

5.5.2 Consent must have been received from the client before a referral is made into the service

5.5.3 For clients referred from the inpatient unit, a brief face to face/remote intervention will be completed followed by a 6 week contact to review and commence intervention as required. It should be noted that a condolence letter will be sent from inpatient unit or wellbeing centre staff to the next of kin for all patient deaths within 6 weeks of a death. Links to this services are outlined in the letter- is this accurate?

5.5.4 In most circumstances Counselling will not commence within 6 weeks following bereavement to allow for the normal grief reaction such as shock and disbelief to take place first.

- 5.5.5 For those clients who are at risk of harm, for example, suicidal ideation, contact will be made via telephone within a timely manner. If the counselling and support service are unable to provide immediate input, for example, out of hours, the inpatient team may be required to support and/or consideration must be given to refer the individual through to the CRISIS team
- 5.5.6 Clients will be allocated to the registered counsellor, support practitioner or volunteer depending on complexity – this will be to the discretion of the registered counsellor
- 5.5.7 All documentation of care will be recorded on Systmone
- 5.5.8 Wherever possible support and therapy should be held at Lindsey Lodge Hospice however facilities are in place to offer remote support via telephone and/or video call upon request.
- 5.5.9 Home visits can only be provided in exceptional circumstances, for example, the patient/client is unable to access the hospice due to immobility
- 5.5.10 For all clients an initial assessment/intervention will be completed followed by 6 – 8 subsequent therapy sessions. Longer term support is available for more complex and enduring grief at the discretion of the registered counsellor.
- 5.5.11 Professional judgement will be used throughout the client's pathway regarding scheduling and length of contact with the service including number of intervention sessions completed
- 5.5.12 Clients will be discharged from the active caseload and signposted to other support if/as required.

5.6 Bereavement support group

- 5.6.1 The service offers a structured bereavement support group led by the registered counsellor and one volunteer. This will run for 6 consecutive weeks and is available for up to 8 clients at a time. It is to the discretion of the registered counsellor who is appropriate to attend the group.

5.7 Bereavement support drop-in

- 5.7.1 The registered counsellor and one volunteer hold a weekly bereavement support drop-in group. This is open to individuals across North Lincolnshire
- 5.7.2 The purpose of the drop-in group is to offer an open forum for discussion and help support individuals in the wider community not necessarily known to the specialist palliative care team and/or hospice
- 5.7.3 If any further support is required, it may be necessary to refer to the Palliative Care Social Worker, the clinical psychologist or other organisations, for example, CRISIS support /Mental health team.

6 CRUSE bereavement support alliance

- 6.1 The Lindsey Lodge Hospice counselling and bereavement support team currently have an alliance with CRUSE bereavement support

6.2 The Lindsey Lodge Hospice counselling and bereavement support team may receive referrals for those clients at the top(longest wait) of the CRUSE bereavement support service waiting list if they are unable to fulfil the demand.

6.3 The number of clients taken from the waiting list is to the discretion of the registered counsellor to ensure capacity and quality of work is not compromised

7 Measuring Performance

7.1 Compliance with this policy will be monitored via the Lindsey Lodge Hospice clinical leads with oversight by the Quality Assurance (QA) subcommittee of the Board.

8 Audit

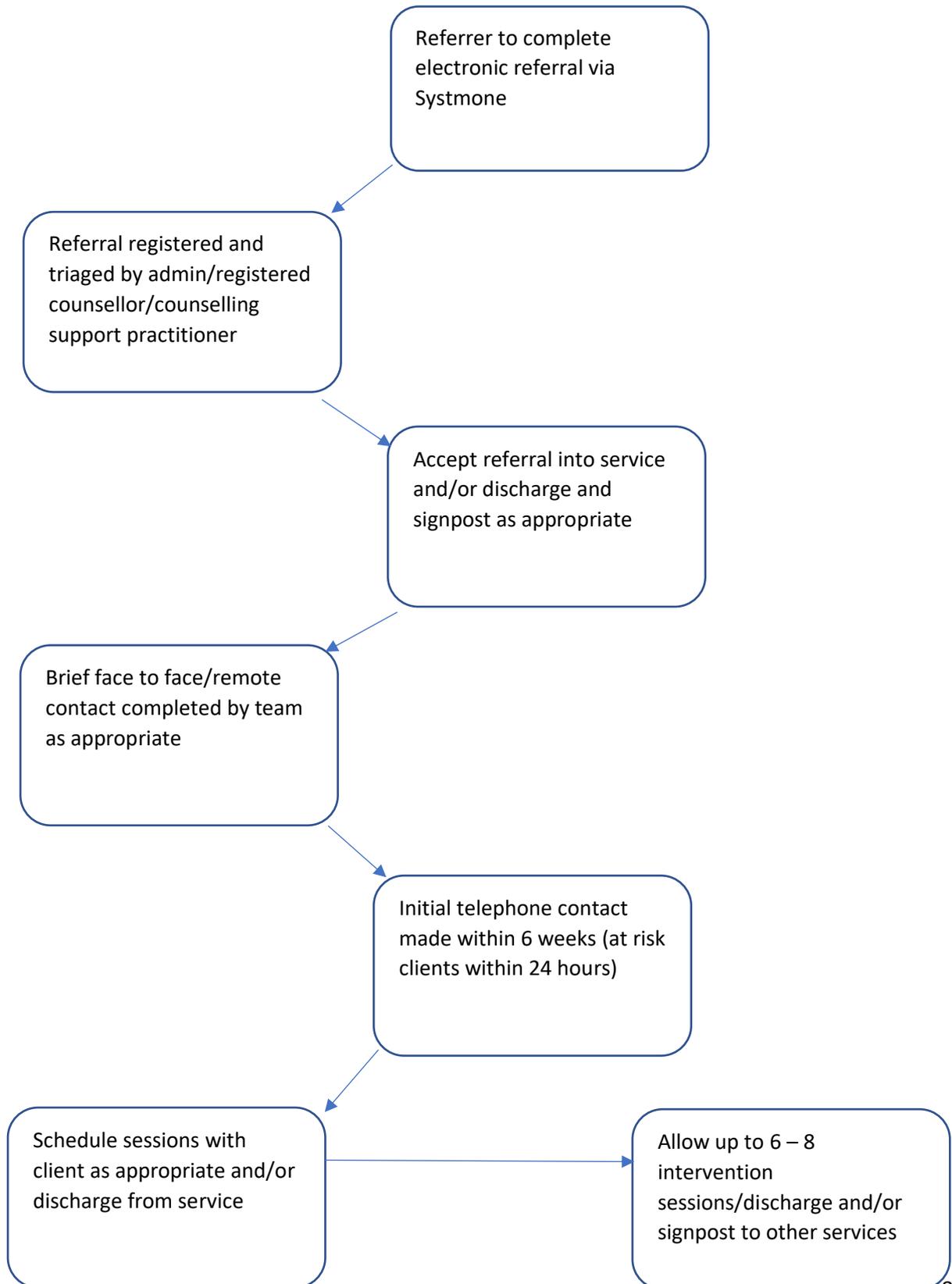
8.1 Audits and data collection of clients accessing the counselling and bereavement support service will be completed through collection of qualitative (satisfaction questionnaire, appendix two) and quantitative (monthly data review) feedback and monitoring of incident reports reported to QA in quarterly performance reports.

8.2 Regular one to one sessions will take place between the registered counsellor, counselling support practitioner and the Operational Matron to monitor service delivery and development

9 Review

9.1 The Operational Matron and registered Counsellor will review this policy yearly or sooner if required following changes to any local or national frameworks or changes required to clinical practice following audit findings

Appendix one – Counselling and bereavement support referral process



Appendix Two

PATIENT EXPERIENCE QUESTIONNAIRE

Please help us improve our service by answering some questions about the service you have received. We are interested in your opinions, whether they are positive and negative.

- How likely are you to recommend our service to family/friends?

Yes definitely	Unsure	No
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- Did you get help and support at a time when you needed it most?
- Was it too early or too late?
- On reflection did you get the help that mattered to you?
- Did the therapist/support worker understand your feelings?
- Did you have confidence in your therapist and his/her skills and techniques?
- Any other comments?

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