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Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26 May 2020</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	Coronavirus Act: Care after Death Provisions		
<b>Report Author</b>	Christine Morrell, Deputy Director of Therapies and Health Science		
<b>Report Sponsor</b>	Chris White, Director of Therapies and Health Science		
<b>Presented by</b>	Christine Morrell		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To highlight to the Quality and Safety Committee changes made in Care after Death services to meet the increased demand and circumstances in terms of Excess Deaths in light of the COVID-19 pandemic. This takes into account changes in legislation in the Coronavirus Act, and work of the South West Local Resilience Forum as well as local initiatives to develop services in perpetuity.		
<b>Key Issues</b>	<p>The current services for Care after Death services in Swansea Bay are being developed to meet demands and to implement new requirements in the current situation of a pandemic. A review of mortuary and related services, such as patient affairs and bereavement services was undertaken. A plan is being contiguously developed and implemented to bring together these elements to create a robust and responsive Care after Death Centre both to meet the demands of this situation and to create sustainable services for the future.</p> <p>To meet capacity requirements and needs of the local population it was necessary to:</p> <ul style="list-style-type: none"> <li>• Continue to meet all regulatory and legal requirements taking into account changes in the Act</li> <li>• Extend permanent body storage and create temporary facilities</li> <li>• review local contract arrangements with funeral directors</li> <li>• Work with partner agencies (local authorities, police, fire and rescue, coroner, faith leaders and funeral director) to support logistics and cultural requirements</li> <li>• Introduced a 24/7 community verification of death team comprised of registrant Allied Healthcare Professionals and Healthcare Scientists) to support primary care (and particularly general practise) to cover care homes and nursing homes as well as deaths in the home. This service has been offered</li> </ul>		

	<p>to support South Wales Police in Recognition of Life Extinct.</p> <ul style="list-style-type: none"> <li>• Develop patient affairs processes to improve efficiency of mortuary and completion of legal documentation including certification, registration and contract funerals.</li> <li>• Create a bereavement service and pastoral support to support families and next of kin including support for spiritual care and counselling services available to both deaths in hospital and deaths in the community.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b></li> </ul>			

## **Care after Death Plan**

### **1. INTRODUCTION**

The report is describing the changes and risk mitigation that have been made in managing Care after Death Services in Swansea Bay University Health Board to respond to the changes in legislation (Coronavirus Act 2020) and increased demands related to the Covid-19 pandemic.

### **2. BACKGROUND**

#### **2.1. Coronavirus Act 2020**

As a response to the COVID 19 pandemic, the UK government established the Coronavirus Act of Parliament which gained Royal Assent on 25 March 2020, and the commencement order for the clauses relating to death certification and cremation forms was signed on 26 March 2020. In terms of managing excess deaths and processes related to care after death the act had two main purposes (listed below) and these have been enacted as part of our response to the COVID 19 pandemic.

##### **2.1.1. Reducing administrative burden on frontline staff**

The Act eases the regulations relating to the registration and certification of deaths and still-births, and permissions to conduct cremations.

The Act remove the requirement that any inquest into a death from coronavirus be held with a jury in England, Wales and Northern Ireland (as is required by law for other notifiable diseases).

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-Act-excess-death-provisions-info-and-guidance-31-03-20.pdf>

##### **2.1.2. Management of dead bodies**

A national authority or designated local authority has the power to require organisations to provide facilities, premises, vehicles or services to manage capacity problems in the transportation, storage and disposal of dead bodies

#### **2.2. Local Resilience Forum Excess Death Plans**

The Swansea Bay University Health Board Excess Death Plans was formulated as part of the South West Local Resilience Forum Plan. The Local Resilience Forum covers Cardiff and Vale and Cwm Taf University Health Board as well as Swansea Bay and is a multiagency group responsible for Emergency Response and Planning function.

#### **2.3. Assessment of services in SBUHB**

As a response to the COVID 19 pandemic the Health Board reviewed it's current mortuary provision and capacity for surge facilities in a pandemic situation and also the regional plans developed via the LRF. This review led to a need to adapt and develop local and regional plans in light of the modelling data provided by Public Health Wales. The local plan was revised and submitted to the SWLRF as part of the Regional Response to the pandemic. This was taken forward by the Fatalities Cell of the COVID Gold Coordination Centre in Swansea Bay University Health Board. Stakeholder partners including Health Board Personnel, Neath Port Talbot Local Authority, Swansea Local Authority, South West Fire and Rescue and South Wales Police were involved in discussions, testing and decision making under mutual agreements where appropriate. This cell was supported by Military Liaison Officer and engaged with stakeholders such

as local religious representatives, funeral directors and crematoriums and continuous ongoing collaboration with the SWLRF and neighbouring Health Boards.

A rapid assessment of services was undertaken and improvements were made to respond to the situation and any identified shortfalls or quality improvements that could be made.

#### **2.3.1. Mortuary**

Mortuary capacity was reviewed in light of the emerging clinical situation and modelling predictions, developing of field hospitals and ongoing review of the SWLRF surge arrangements. There had been plans in train to increase core capacity for winter planning and service demands particularly regarding provision for bariatrics and these were expedited to completion. Additionally temporary surge capacity has been provided at Morriston Hospital, Neath Port Talbot Hospital and at Llandarcy Field Hospital. Super Surge capacity is available at the LRF facilities. By increasing local provision this reduced risks related to logistics and staffing to out of area facilities.

#### **2.3.2. Transport Logistics**

It was identified that additional transport and drivers would be required to manage movement of the deceased to surge and super surge facilities. Local Authority owned vans have been fitted out specifically for this purpose including appropriate stretchers. A group of Fire and Rescue Drivers have been identified to drive and manage this transport. All checks and training has been undertaken and overseen by Health Board Staff. 'Operation Test Run' has tested this process between all facilities, including the super surge facilities, with first cohort of six drivers. An action plan has been developed to correct minor snags identified. A further test will be undertaken with a second cohort of drivers within June 2020.

#### **2.3.3. PPE (including Funeral Directors)**

Shortages of PPE and Body bags had been flagged and this was particularly seen as an issue for funeral directors. The Local Resilience Forum and Welsh Government issued guidance to support Health Boards. Funeral Directors were given information as to where they could purchase equipment and as a fall-back they can identify their requirements to local authorities and obtain supplies via Joint Equipment Stores of Health Boards to ensure services are maintained. This has been adopted and communicated locally.

#### **2.3.4. Patient Affairs**

The administrative processes to support efficient management of the care after death pathway in hospitals was differently managed across Health Board and several issues were identified. Morriston have a Patient Affairs Office which manages the process for all wards except Intensive Care and Ty Olwen; Singleton Patient Affairs Office manages deaths in Singleton. Death in other wards and sites may be managed by ward clerks and could be supported by the Morriston patient affairs offices. Several issues were identified with existing processes including disconnect between patient affairs and mortuaries and sometimes leading to long delays in transfer to Funeral Directors, particularly when there was no patient affairs follow up and where no next of kin identified or family hardship. New expedited legislation was not being taken full advantage of as the systems were heavily reliant on paper based admin processes and ledgers held in mortuary and patient affairs which were not connected services.

### **2.3.5. Bereavement Support including chaplaincy**

The Health Board does not have a Bereavement office or a bereavement service, although there had been pilot projects or ward and department based approaches applied particularly from Emergency Department and Intensive Care. The Health Board has now recruited psychology counselling staff and developed a team to support bereavement with a policy to offer support to all families. Additional chaplaincy and spiritual support is also linked to this initiative.

### **2.3.6. Community support**

#### **2.3.6.1. Verification of death**

Without the Verification of Death (VOD), the deceased cannot be moved from the place of death. Due to the high numbers of anticipated deaths in the community during the COVID-19 epidemic, delays in the procedure being undertaken were likely and this can cause distress to those close to the deceased person. VOD has traditionally been undertaken by visiting G.P's and suitably qualified registered nurses. Legislation has provided that suitably qualified registered Allied Health Professionals and Healthcare Scientists should provide this important role. SBUHB Podiatrists are leading the training and deployment of HCPC and RCCP registered AHPs and HCSs to verify death in line with the Coronavirus Act 2020, professional standards and Welsh Government "call to arms" to support excess death plans. The service commenced based at the Neath Hub from Wednesday 15th April with 3 primary functions-

1. Facilitate flow through the HB's Care after Death Pathway facilitating timely verification, certification, funeral director/mortuary services and registration.
2. Immediate support to the bereaved, drawing on existing AHP knowledge and skills in co-production, health literacy and self-management. Immediate referral of the bereaved to the HB's Bereavement Service for a triage call within 24 hours of referral.
3. Optimise AHP, Nursing and Medical capacity

Calls are currently handled by deployed audiologists.

The AHP VOD register now has increased number of deployed healthcare professional staff to 20+ and this critical mass has enabled us with pace to extend the offer of the service 24/7 to Community linked to GP Out of Hours, Field and Acute hospital deaths. This service went live from 26<sup>th</sup> April 2020. South Wales Police have requested support with Recognition of Life Extinct (ROLE) as Welsh Ambulance Service have been unable to continue this support at this team, and this team have offered support this if required.

Welsh Government have shared our AHP VOD policy, pathway and processes with all HB's in Wales as a template for clear, strong governance. Feedback from all stakeholders throughout the pathway, including GP's, Practice Managers, Care Home staff, Registrars and those who are bereaved, has been powerful and humbling, demonstrating unmet needs of the organisation and population we serve are met through effective Care after Death.

### **2.3.7. Care after Death Centre**

As part of the plans for recovery and forward planning SBUHB Fatalities Cell are planning to bring together the functions of mortuary logistics, patient affairs and bereavement support to create a permanent, sustainable Care after Death Centre to support the Health Board. A business case is being developed. This will be linked with Patient Experience and Chaplaincy services and the central management of this will be via Pathology/Mortuary team. There will be a central office at Morriston and site offices at Singleton and Neath Port Talbot (where there are body storage facilities). The service is developing pathways and is developing an IT system (via SIGNAL) to ensure that there are digital capabilities to track patient flow and to ensure that business information can be collected. This will replace a system of ledgers and paper based systems. This development is of interest to all departments across Wales as there are currently no similar systems in use.

This office will also align to develop connected systems for Medical Examiner and documentation for completion of National End of Life Care Audit and the use of the Care Decision Tool.

## **3. GOVERNANCE AND RISK ISSUES**

The services are being developed taking into full account of legislative changes and is reporting through to COVID-19 Gold Coordination Centre Major Decisions have been signed off through that mechanism. A Risk Register is in place and there are no risks above 16 on this register.

Main risks currently are reliance on deployed staff and aligning short to medium term plans with Health Board Resilience and Recovery Plans.

## **4. FINANCIAL IMPLICATIONS**

There are financial implications regarding the short term temporary body storage units and linked to developing business case to provide enhanced services going forward. These are being taken through appropriate internal groups. There are no decisions for this group

## **5. RECOMMENDATION**

The Quality and Safety Committee is asked to discuss support for the development of Care after Death Services and to note this report.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
The developments of these services is helping the Health Board to support families with bereavement and improve patient experience with a more efficient and responsive service.		
Financial Implications		
There are no direct financial implications to be considered by the Committee at this point.		
Legal Implications (including equality and diversity assessment)		
All processes are inline with current legislation in Coronavirus Act 2020 and in line with requirements of the Human Tissue Act		
Staffing Implications		
A staffing plan is being developed in-line with the developing business case for the Care after Death Centre. There are risks associated with continuation of current services as they are reliant on deployed staff who will need to return to key roles.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.		

- Long Term - The plans are to develop sustainable services to support bereavement across Swansea Bay UHB.
- Prevention – The plans will assist to support wellbeing of families and reducing impact of bereavement and particularly with the current pandemic in terms of psychological and spiritual support.
- Integration – This work has been a multiagency collaborative piece of work with good collaborative working with local authorities, care homes, nursing homes, funeral directors and blue light services with joint training and wellbeing support
- Collaboration – As above
- Involvement – a large number of staff and agencies have worked together to achieve the best outcomes. Much of this has been voluntary and driven by passion to achieve the best services in difficult circumstances.

<b>Report History</b>	No previous reports
<b>Appendices</b>	None