Please note this document is an extract from the National Bereavement Pathway for Pregnancy and Baby Loss to be used to record your self assessment. Please use the [NBCP Pathways](https://www.nbcpscotland.org.uk/) for all other purposes. NBCP Scotland’s self assessment tools are designed to help boards, units and services to get ready to join our early adopters who are piloting the 5 bereavement care pathways or to prepare for the national rollout. The tool can be completed individually or by a group of staff. For each item, please say if you are able to do this by putting Y for yes, N for no, P for partly. If something is not relevant to your role, unit or service, you can put NA.

|  |  |
| --- | --- |
| **Job roles(s)** |  |
| **Unit(s) or service** |  |
| **Completed by** |  |

## *Outcome 1 – Leadership and listening are effective*

*Note that NBCP Pathways set out the feedback needed at each stage of bereavement care.*

|  | Y/N/P | *Resources or support needed?* |
| --- | --- | --- |
| 1. Identify who is responsible for the quality and consistency of bereavement care at a unit, service and Board level. |  |  |
| Ensure multiple channels are available for women, partners and families to give feedback on each stage of their bereavement care, including via conversations at discharge and follow up appointments, contact with the service’s or Board’s feedback service, and external channels such as Care Opinion [www.careopinion.org.uk](http://www.careopinion.org.uk/) |  |  |
| 1. Check feedback is actively sought – prompt women, partners and families to think about points they want to raise before they attend follow up appointments. |  |  |
| 1. Ensure feedback is recorded, shared and responded to. |  |  |
| 1. Ensure all staff who come into contact with women and partners who experience miscarriage, ectopic or molar pregnancy are aware of and understand their role in the National Bereavement Care Pathway. |  |  |
| 1. Enable and support staff to give feedback on providing bereavement care for example via team meetings and debriefs. |  |  |
| 1. Ensure all staff in direct contact with women and partners experiencing miscarriage, ectopic or molar pregnancy loss have access to communication training. |  |  |

*Outcome 2 – Improvement measures are in place*

|  | *Y/N/P* | *Resources or support needed?* |
| --- | --- | --- |
| 1. Carry out a baseline assessment of quality and consistency at each stage of bereavement care in your unit, service or Board. |  |  |
| Review evidence from all channels for listening to feedback from women, partners and families, on all stages of their bereavement care, at least once a year. |  |  |
| 1. Review recorded data to establish the quality and consistency of | | |
| * 1. continuity of care |  |  |
| * 1. key contacts |  |  |
| * 1. bereavement discussions including marking loss and memory making   (bereavement discussions including mementos applies to SUDI) |  |  |
| * 1. discharge planning (does not apply to SUDI) |  |  |
| * 1. services attending SUDI reviews (SUDI only). |  |  |
| 1. Review how frequently units and services provide resources for memory making such as scan images (does not apply to SUDI). |  |  |
| 1. Review how effectively units, services and Boards are engaging with local support organisations. |  |  |
| 1. Review staff training offered, percentage completed, and training evaluations at a unit, service and Board level. |  |  |
| 1. Having established a baseline, set SMART targets for improvement   Speciﬁc – a very clear statement of the changes you are trying to achieve  Measurable – has a numerical target that can be measured  Achievable – is realistic and attainable in the time allowed  Relevant – is linked to the strategic aims of bereavement care across Scotland  Time-bound – has a clearly deﬁned time frame within which the aim should be achieved |  |  |