National Bereavement Care Pathway (England)

Self-Assessment Tool: Evidence Library

January 2026

Introduction to the National Bereavement Care Pathway (England) Evidence Library

This Evidence Library is designed to support NHS Trusts in completing Sands' bereavement care compliance and self-assessment tools with confidence and consistency.

It provides clear examples of what "gold" looks like for each of the nine bereavement care standards, alongside practical guidance on forms of evidence.

The purpose of this library is to:

1. **Reduce ambiguity** by defining expectations for each standard.
2. **Promote consistency** in scoring and validation across Trusts and regions.
3. **Enable assurance** by linking evidence directly to compliance with local assurance frameworks, national bereavement care standards and related frameworks (for example, PMRT, PSIRF, Maternity Incentive Scheme).

Evidence should be:

1. **Authentic** – drawn from real practice, not aspirational statements.
2. **Current** – reflecting the service as it operates at the time of completion.
3. **Accessible** – stored in a way that can be shared for review and assurance.

Trusts should provide evidence for each scored item. To demonstrate depth and consistency of practice, this should ideally include approved SOPs and relevant documentation as well as evidence such as templates, photographs, data extracts and parent-facing materials. This means:

- **Templates**: Use national or regional templates where available (for example, bereavement care plans, referral forms).
- **Standard Operating Procedures (SOPs):** Current, approved SOPs that demonstrate how the standard is operationalised in practice. Draft or outdated SOPs should not be used as evidence.
- **Photographs:** Where physical environments (for example, bereavement rooms) are part of the standard, try to include clear images showing layout, signage, and privacy measures.
- **Data extracts:** Provide anonymised reports or dashboards (for example, training compliance rates, audit results) that evidence implementation and monitoring.
- **Parent-facing materials:** Include leaflets, information packs, or digital resources that demonstrate how parents and families are cared for, informed and supported.
- **Meeting records or governance minutes:** Include evidence of oversight, such as redacted Board papers or quality committee minutes referencing bereavement care.

All evidence should be **current**, **accessible**, and **verifiable**. Where a Trust cannot meet the ideal example (for example due to estate constraints), a documented mitigation plan and rationale should be included to demonstrate intent and progress. If you would like

support competing your assessment, please get in touch bereavementcare@sands.org.uk

Standard 1: All bereaved parents and families are provided with personalised care		
Indicator	**Gold Example**	**Source of Evidence**
1.1 Bereavement care plans are in place for all parents and families.	Bereavement care plans are in place for 100% of bereaved parents/families.	Local audit trail with % of cases with plan
1.1 Bereavement care plans are in place for all parents and families.	There is a standardised template for bereavement care plans.	Plan template (blank and anonymised/redacted examples)
1.1 Bereavement care plans are in place for all parents and families.	A named key worker recorded on the bereavement care plan.	Plan template (blank and anonymised/redacted examples)
1.1 Bereavement care plans are in place for all parents and families.	Bereavement care plans are version controlled.	Policy/SOP for the plan
1.1 Bereavement care plans are in place for all parents and families.	Bereavement care plans are available digitally and in paper for contingency.	EPR configuration and screenshots
1.1 Bereavement care plans are in place for all parents and families.	All relevant staff are competent in how and when to complete a bereavement care plan.	Training records, local SOPs
1.1 Bereavement care plans are in place for all parents and families.	There is a section in the bereavement care plan for confirming completion and clinical/legally-required consents.	Plan template (blank and anonymised/redacted examples)
1.1 Bereavement care plans are in place for all parents and families.	There are policies in place to define roles and responsibilities for completing and maintaining bereavement care plans.	Policy/SOP for the plan

1.1 Bereavement care plans are in place for all parents and families.	There are policies in place to define triggers, timing, handovers, out-of-hours, documentation standards and data fields in the bereavement care plan.	Policy/SOP for the plan
1.1 Bereavement care plans are in place for all parents and families.	There is a bereavement flag/alert visible to all relevant services.	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	There is guidance in place outlining how to approach collecting parental preferences in a trauma-informed, compassionate and culturally competent way.	Guidance documents, SOPs, training and matrix
1.2 Parental preferences are sought and noted in the bereavement care plan.	There is designated space in the bereavement care plan for recording preferred communication and information needs (e.g. language/BSL, plain English).	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	There is designated space in the bereavement care plan for recording cultural, religious and societal preferences.	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	There are compulsory sections in bereavement care plans that include: communication, memory-making, consents, practical steps, follow-up, out of hours provision.	Local audit trail with % of completion

1.2 Parental preferences are sought and noted in the bereavement care plan.	All relevant staff are competent in the principles of equality, diversity and inclusion.	EDI policy, training records and matrix
1.2 Parental preferences are sought and noted in the bereavement care plan.	The preferred method of contact (phone, text, email, in-person) is clearly documented.	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	Interpreter or communication support arrangements are sought and recorded (e.g. BSL interpreter booked, Easy Read materials provided).	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	Religious or cultural rituals are sought and noted in the bereavement care plan (e.g. washing rites, prayer requirements, handling of the baby's body).	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	Funeral and commemoration preferences are sought and captured in the bereavement care plan.	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	Preferred terminology for the baby (e.g. name, pronouns) and for communication with family members is discussed and recorded on the bereavement care plan.	Plan template (blank and anonymised/redacted examples)
1.2 Parental preferences are sought and noted in the bereavement care plan.	A discussion about practical considerations such as childcare for siblings, transport needs, or financial support signposting takes place and is recorded on the bereavement care plan.	Plan template (blank and anonymised/redacted examples)

1.2 Parental preferences are sought and noted in the bereavement care plan.	The bereavement care plan clearly documents any declined options.	Plan template (blank and anonymised/redacted examples)
1.3 Bereaved parents and families are offered informed choices about decisions relating to their care and the care of their babies.	There is operational guidance in place outlining the appropriate choices available depending on the type of loss.	Guidance, SOPs, contractual arrangements, process charts.
1.3 Bereaved parents and families are offered informed choices about decisions relating to their care and the care of their babies.	There are protocols in place with registrars, crematoria, funeral directors that outline how informed choice has been offered and the decisions made.	Interface agreements/MOUs
1.3 Bereaved parents and families are offered informed choices about decisions relating to their care and the care of their babies.	Parents receive a copy of the bereavement care plan and know how to update and/or change their mind.	Guidance, SOPs, contractual arrangements, process charts.
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	The bereavement care plan is updated at each transition.	Local audit trail % cases where updates are recorded at other settings
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	The bereavement care plan is shared at each transition.	Local audit trail % cases where updates are recorded at other settings

1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	All relevant staff are competent in how and when to complete a bereavement care plan.	Training records, local SOPs
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	Contacts and follow-up processes are clear and understood by all relevant staff (bereavement team, mental health, third sector).	Training records, local SOPs
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	The bereavement care plan is stored in the EPR/paper file with a clear bereavement flag/alert and is accessible to community teams/GPs.	Local policy/SOP
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	Processes are in place to define who maintains the bereavement care plan in each transition as well as how it is shared at handovers and transitions.	Local policy/SOP
1.4 Bereaved parents and families are not required repeatedly share their story with different professionals.	Discharge summaries include ongoing communication preferences.	Plan template (blank and anonymised/redacted examples)
1.5 Care is tailored to preferences.	Parent and family feedback specifically asks whether the plan reflected their wishes and was followed.	Feedback forms, local audit trail, Thematic analysis of parent feedback (e.g. from surveys, interviews, complaints)

1.5 Care is tailored to preferences.	There is space in the bereavement care plan for noting where preferences cannot be arranged/delivered.	Plan template (blank and anonymised/redacted examples), risk profiles, SOPs
1.5 Care is tailored to preferences.	There are routine audits of bereavement care plan completeness and updates.	Audit log; SOPs, redacted examples,
1.5 Care is tailored to preferences.	Processes are in place for amending bereavement care plans should parents/families change their mind.	Plan template (blank and anonymised/redacted examples), summary dashboards showing % of parents reporting that preferences were followed

Standard 2: All bereaved parents and families have access to an appropriate, available and accessible bereavement room		
Indicator	**Gold Example**	**Source of Evidence**
2.1 There is a dedicated bereavement space, room or suite for parents.	A private room or suite exclusively for bereaved families.	Room inventory, photographs of room setup, estates documentation, policy for room usage
2.1 There is a dedicated bereavement space, room or suite for parents.	The room is soundproofed or sound insulated.	Soundproofing specifications, building plans, reinforced pictures/wall hangings
2.1 There is a dedicated bereavement space, room or suite for parents.	The location is considered and trauma informed.	Building plans, remedial policies, signage, floor plans and access routes, site visit reports.

2.1 There is a dedicated bereavement space, room or suite for parents.	Includes comfortable seating, soft lighting, refreshments, and facilities for overnight stays if needed.	Room inventory, photographs of room setup.
2.1 There is a dedicated bereavement space, room or suite for parents.	Equipped with memory-making resources (e.g. cooling cots, keepsake boxes, photography kits).	Room inventory, photographs of room setup
2.1 There is a dedicated bereavement space, room or suite for parents.	Regular checks ensure the room is always ready.	Maintenance and cleanliness logs
2.1 There is a dedicated bereavement space, room or suite for parents.	All staff understand the importance of the space and how to support families using it.	Staff training records and induction materials.
2.2 It has been designed with input from for bereaved parents and families.	Bereaved parents and families were consulted during design and furnishing.	Consultation records, meeting minutes from design reviews
2.2 It has been designed with input from for bereaved parents and families.	Feedback is regularly sought and used to improve the space.	Feedback forms and surveys
2.2 It has been designed with input from for bereaved parents and families.	Design reflects cultural sensitivity, trauma-informed principles, and emotional safety.	Cultural and trauma-informed design guidelines, religious and non religious literature, feedback and actions for parents, artwork which is trauma informed and inclusive

2.2 It has been designed with input from for bereaved parents and families.	Includes artwork, colours, and layout chosen to promote calm and comfort.	Design documentation, feedback forms.
2.3 The space reserved for use by bereaved parents and families	The room is not used for other clinical or administrative purposes.	Usage policies, booking system records, local audits
2.3 The space reserved for use by bereaved parents and families	Access is controlled and prioritised for bereaved families.	Room booking systems or audit logs
2.3 The space reserved for use by bereaved parents and families	Staff are trained to protect the sanctity of the space, including signage and protocols.	Staff training materials, bereavement care protocols, patient simulation training, 'Fresh eyes' observations.
2.4 It is not used for other purposes.	Staff are aware of and adhere to usage protocols.	Staff briefings and protocols
2.4 It is not used for other purposes.	If the room is unavailable, there is a clear protocol for alternative arrangements that maintain dignity and privacy.	Contingency plans, escalation policy
2.5 Parents and families do not have to go past or hear families with live babies to access it.	Where the estate allows, families can access the room without passing areas with live babies or celebrations.	Floor plans and access routes
2.5 Parents and families do not have to go past or hear families with live babies to access it.	Separate entrances or corridors are used where possible.	Building plans, site visit reports

2.5 Parents and families do not have to go past or hear families with live babies to access it.	Soundproofing and visual barriers are in place to prevent exposure to distressing sights or sounds.	Soundproofing specifications, site plans, asset register
2.5 Parents and families do not have to go past or hear families with live babies to access it.	Processes are in place for staff escort families with discretion and sensitivity.	Staff training logs, parental feedback, SOPs, arrival and departure routes for staff to follow

Standard 3: All bereaved parents and families are offered opportunities to make memories.		
Indicator	**Gold Example**	**Source of Evidence**
3.1 Protocols and resources are in place to help guide support and these are appropriate for the type of loss.	There are written memory making protocols in place that are tailored to different types of loss.	Protocols and guidelines, staff handbooks
3.1 Protocols and resources are in place to help guide support and these are appropriate for the type of loss.	There are written memory making information/guides in place that are tailored to different types of loss.	Information guides, parental feedback
3.1 Protocols and resources are in place to help guide support and these are appropriate for the type of loss.	There are culturally sensitive resources and trauma-informed guidance in place.	Information leaflets, support directories, feedback from bereaved families

3.1 Protocols and resources are in place to help guide support and these are appropriate for the type of loss.	The protocols that are in place are co-designed with bereaved families and reviewed regularly.	Redacted meeting minutes from reviews, document version control audits, policy/document asset review schedule, parental feedback
3.2 Support is given to parents and families to enable memory making.	Staff offer memory-making options relevant for the type of loss.	Training logs, process maps, inventory of memory-making supplies, commissioner/provider contracts,
3.2 Support is given to parents and families to enable memory making.	Support is adapted to the family's cultural and emotional needs.	Training logs, information leaflets, redacted/anonymised care plans,
3.2 Support is given to parents and families to enable memory making.	There is a policy in place that clearly outlines the processes for enabling memory making.	Local policy, staff training, parental feedback, policy review schedule
3.2 Support is given to parents and families to enable memory making.	The policy in place that clearly outlines the processes for enabling memory making includes specific reference to the need to allow time for parents to make an informed decision.	Local policy, anonymised care plans examples
3.2 Support is given to parents and families to enable memory making.	The policy in place that clearly outlines the processes for enabling memory making includes specific reference to the need to allow bereaved parents to change their mind.	Local policy, anonymised care plans examples, parental feedback
3.3 There is enough time and space to allow parents and	There are flexible discharge policies that allow families time to make memories.	Discharge policy, anonymised example

families to take memories with their babies.		
3.3 There is enough time and space to allow parents and families to take memories with their babies.	Private, quiet spaces are available for memory making.	SOPs, parental feedback, room audits
3.3 There is enough time and space to allow parents and families to take memories with their babies.	There are mechanisms in place, so staff are trained to support families without rushing them.	Training policy, SOPs, training logs, parental feedback
3.4 Protocols and resources for taking babies outside of the hospital are in place.	There is a policy in place for taking babies outside of the hospital.	Policy documentation, review log, handover logs, redacted care plans
3.4 Protocols and resources for taking babies outside of the hospital are in place.	All relevant staff are trained in and understand the policy for taking babies outside of the hospital.	Training matrix, training logs
3.4 Protocols and resources for taking babies outside of the hospital are in place.	There are processes in place for enabling babies to be taken outside of the hospital.	SOPs, process maps
3.4 Protocols and resources for taking babies outside of the hospital are in place.	Process for taking babies outside of the hospital are developed in a multi-agency and multidisciplinary manner.	SOPs, process maps, stakeholder feedback, legal pathways

3.4 Protocols and resources for taking babies outside of the hospital are in place.	Cold cots and other transport resources are available.	Equipment inventory (e.g. cold cots, prams), consent and documentation forms
3.4 Protocols and resources for taking babies outside of the hospital are in place.	There are processes in place for sourcing transport resources should they not be provided by hospitals.	Resource directory, service specifications
3.4 Protocols and resources for taking babies outside of the hospital are in place.	Staff are trained to sensitively explain options and legal requirements to families.	Staff training materials, training logs
3.4 Protocols and resources for taking babies outside of the hospital are in place.	There are processes in place for returning transport resources.	SOPs, process maps
3.5 Staff are confident and knowledgeable about local protocols and resources.	Staff have access to quick-reference guides or digital resources that enable bereaved families to make memories.	Guides, information, process maps for accessing, access logs, intranet screenshots
3.5 Staff are confident and knowledgeable about local protocols and resources.	Staff are aware of local services that enable bereaved families to make memories.	Guides, information, service directories, training logs
3.5 Staff are confident and knowledgeable about local protocols and resources.	Relevant staff are asked to rate/feedback on their levels of confidence during supervision and are consulted in continuous improvement plans.	Team meeting notes, supervision policy, feedback from staff surveys or focus groups.

3.5 Staff are confident and knowledgeable about local protocols and resources.	Role-play or other case study/simulation methods are used to routinely build confidence in offering memory-making options.	Records of sessions or reflective practice groups
3.5 Staff are confident and knowledgeable about local protocols and resources.	Peer support, supervision, debriefing sessions, and reflective practice are embedded to support emotional resilience.	Staff survey results, team meeting notes, consultation responses, supervision policy, feedback from focus groups.
3.5 Staff are confident and knowledgeable about local protocols and resources.	Staff are encouraged to co-produce resources with bereaved families and review them regularly.	Meeting minutes or workshop records, version-controlled documentation, feedback forms/surveys.

Standard 4: All bereaved parents and families are informed about and, where needed, referred for emotional support and for specialist mental health support.		
Indicator	**Evidence**	**Source of Evidence**
4.1 Clear referral pathways for accessing emotional support and specialist mental health support are available.	There are referral pathways in place for parents and families to access emotional support.	Copy of pathways
4.1 Clear referral pathways for accessing emotional support and specialist mental health support are available.	There are referral pathways in place for parents and families to access specialist mental health support.	Copy of pathways

4.1 Clear referral pathways for accessing emotional support and specialist mental health support are available.	Referral pathways (to NHS providers or local support groups/third sector) are available for all parents and families, regardless of gestation or type of loss.	Copy of pathways, parent feedback, third sector referral details
4.1 Clear referral pathways for accessing emotional support and specialist mental health support are available.	All relevant staff are trained in and understand the referral pathways in place for parents and families.	Training log, staff feedback
4.1 Clear referral pathways for accessing emotional support and specialist mental health support are available.	There are service-level agreements (SLAs) in place between the Trust and any relevant NHS and non-NHS organisations which outline who does what, when, and how.	Copy of SLA(s)
4.2 Referrals for accessing emotional support or specialist mental health support are offered.	Parents and families are asked whether they would like to access specialist mental health support.	Patient records
4.2 Referrals for accessing emotional support or specialist mental health support are offered.	All referral discussions, consent processes and decisions are recorded.	Patient records
4.2 Referrals for accessing emotional support or specialist mental health support are offered.	The number and type of referrals offered are recorded.	Data audit

4.2 Referrals for accessing emotional support or specialist mental health support are offered.	Relevant staff are competent in discussing options for support and making referrals.	Training log, staff feedback
4.2 Referrals for accessing emotional support or specialist mental health support are offered.	The number of families accessing support after referral are recorded.	Referral logs
4.3 Professionals are aware of local support organisations.	Staff are knowledgeable about the local options for emotional and mental health support available.	Staff feedback
4.3 Professionals are aware of local support organisations.	There is an up-to-date list of local support organisations available for staff to consult.	Copy of list
4.3 Professionals are aware of local support organisations.	The list of local support organisations is reviewed and updated annually by a designated professional.	Review log
4.3 Professionals are aware of local support organisations.	There is an annual reminder sent out to all relevant staff about local support organisations.	Copy of communication
4.4 In any subsequent pregnancy, appropriate trauma-informed specialist support is offered.	A protocol is in place for offering support in subsequent pregnancies.	Copy of protocol
4.4 In any subsequent pregnancy, appropriate trauma-	Relevant staff are competent in discussing and offering specialist support options.	Staff feedback, training log, parent feedback

informed specialist support is offered.		
4.4 In any subsequent pregnancy, appropriate trauma-informed specialist support is offered.	All staff are competent in knowing what 'trauma-informed support' means in practice and looks like for parents and families.	Training log, staff feedback
4.4 In any subsequent pregnancy, appropriate trauma-informed specialist support is offered.	Specialist, trauma-informed support is offered to parents and families.	Parent feedback, audit, patient records
4.5 Parents are given details of national and local sources of support.	Information on national and local sources of support is available in a variety of languages.	Examples of parent facing information
4.5 Parents are given details of national and local sources of support.	Information on national and local sources of support is available in a range of formats.	Examples of parent facing information
4.5 Parents are given details of national and local sources of support.	100% of parents and families are provided with information on national and local sources of support in their preferred language and format.	Parent feedback, documentation audit

Standard 5: A system is in place to clearly signal to all health care professionals and staff that a parent has experienced a bereavement		
Indicator	**Evidence**	**Source of Evidence**
5.1 All records clearly communicate that a bereavement has been experienced.	There is a designated, Trust-wide bereavement flag for use on patient records.	Screen shot of marker
5.1 All records clearly communicate that a bereavement has been experienced.	The bereavement flag is placed in a prominent position on patient records.	Screen shot/scans of anonymised patient record examples, system guides
5.1 All records clearly communicate that a bereavement has been experienced.	All bereaved parents and families are asked whether they want a bereavement flag added to their records and this is clearly documented in their records.	Local audit trail, anonymised patient records
5.1 All records clearly communicate that a bereavement has been experienced.	Bereavement flags are in place for 100% of patient records where there has been a pregnancy or baby loss and where this flag has been consented to by the parent/family.	Local audit trail
5.1 All records clearly communicate that a bereavement has been experienced.	There is a Trust-wide process for adding a bereavement flag to digital and paper patient records.	Copy of written process

5.2 Local protocols are in place to inform providers and community organisations.	There are protocols in place outlining how and when providers should be informed of a bereavement.	Copy of protocols
5.2 Local protocols are in place to inform providers and community organisations.	There are service-level agreements (SLAs) in place between the Trust and any relevant NHS and non-NHS organisations which outline who communicates what, when, and how.	Copy of relevant SLAs
5.2 Local protocols are in place to inform providers and community organisations.	Protocols are accessible to all relevant staff.	Screen shot of storage location
5.2 Local protocols are in place to inform providers and community organisations.	Relevant staff are knowledgeable about these local protocols.	Training records, staff feedback
5.2 Local protocols are in place to inform providers and community organisations.	There are templates for informing providers, such as emails or letter templates.	Copy of example templates
5.2 Local protocols are in place to inform providers and community organisations.	There is a protocol review schedule to ensure these are regularly reviewed and updated.	Copy of review schedule, audit of protocols in place

5.2 Local protocols are in place to inform providers and community organisations.	A designated member of staff is responsible for reviewing the protocols according to the review schedule.	Staff records
5.2 Local protocols are in place to inform providers and community organisations.	Feedback is sought from providers, relevant Trust teams and parents to evaluate whether the protocol is working.	Written feedback, staff survey, external provider survey, parent survey
5.3 Local protocols are in place to manage parents' transition between settings.	There are protocols in place outlining the pathway(s) a parent will take when transitioning between departments.	Copy of protocol
5.3 Local protocols are in place to manage parents' transition between settings.	There are protocols in place outlining the pathway(s) a parent will take when discharged from hospital to the care of a community service provider.	Copy of protocol
5.3 Local protocols are in place to manage parents' transition between settings.	There are service-level agreements (SLAs) in place between the Trust and any relevant NHS and non-NHS organisations which outline who does what, when, and how.	Copy of SLA(s)
5.3 Local protocols are in place to manage parents' transition between settings.	Protocols are accessible to all relevant staff.	Screen shot of storage location
5.3 Local protocols are in place to manage parents' transition between settings.	Relevant staff are knowledgeable about local protocols.	Training records, staff feedback

5.3 Local protocols are in place to manage parents' transition between settings.	Feedback is sought from parents and used to quality assess the protocol.	Feedback examples
5.3 Local protocols are in place to manage parents' transition between settings.	A designated member of staff is responsible for reviewing the feedback, escalating any issues arising and creating an action plan.	Staff records, copy of plan
5.3 Local protocols are in place to manage parents' transition between settings.	There is a protocol review schedule to ensure these are regularly reviewed and updated.	Copy of review schedule, audit of protocols in place
5.3 Local protocols are in place to manage parents' transition between settings.	A designated member of staff is responsible for reviewing the protocols according to the review schedule.	Staff records
5.4 Mechanisms are in place to clearly signal a previous bereavement in subsequent pregnancies.	There is a protocol for recording and communicating a previous bereavement by adding a bereavement flag to patient records in subsequent pregnancies.	Copy of protocol
5.4 Mechanisms are in place to clearly signal a previous bereavement in subsequent pregnancies.	There is a standard template to use to record a previous pregnancy or baby loss at antenatal booking.	Example anonymised patient records

5.4 Mechanisms are in place to clearly signal a previous bereavement in subsequent pregnancies.	All relevant staff are trained to sensitively look for, ask about and record bereavement history including use of flags.	Training records
5.4 Mechanisms are in place to clearly signal a previous bereavement in subsequent pregnancies.	The option of signalling a previous bereavement with a flag is discussed with parents and families at an appropriate time. Consent is sought and decision recorded.	Example anonymised patient records
5.4 Mechanisms are in place to clearly signal a previous bereavement in subsequent pregnancies.	Bereavement flags are in place for 100% of patient records where there has been a previous bereavement and where this flag has been consented to by the parent.	Local audit trail
5.5 All staff know how to mark patient records with a bereavement flag.	All relevant staff are competent in how to apply a bereavement flag to patient records.	Training records
5.5 All staff know how to mark patient records with a bereavement flag.	All staff are provided with information on using and identifying bereavement flags at induction.	Training records
5.5 All staff know how to mark patient records with a bereavement flag.	All staff know about the protocol for adding a bereavement flag to digital and paper patient records.	Staff survey, staff feedback

5.5 All staff know how to mark patient records with a bereavement flag.	All staff know how to seek consent for adding a bereavement flag to patient records.	Consent form or template
5.5 All staff know how to mark patient records with a bereavement flag.	All bereaved parents and families who have consented to a bereavement flag report they do not have to correct staff on their bereavement history.	Parent feedback

Standard 6: Bereaved parents and families are confident that learning from their baby's death will take place and are fully informed throughout.		
Indicator	**Evidence**	**Source of Evidence**
6.1 Parents and families are offered opportunities to be involved in any reviews or investigations.	Parent-facing information about reviews and investigations is available.	Example of information
6.1 Parents and families are offered opportunities to be involved in any reviews or investigations.	Parent-facing information about the processes of reviews or investigations are shared with parents.	Parent feedback, audit
6.1 Parents and families are offered opportunities to be involved in any reviews or investigations.	Parents and families are informed how their feedback would be used and the impact this might have.	Parent feedback, copy of discussion notes

6.1 Parents and families are offered opportunities to be involved in any reviews or investigations.	A protocol for offering opportunities to parents to be involved in reviews or investigations is in place.	Copy of protocol
6.2 Parents and families are allocated a named contact.	A named key contact is allocated to 100% of parents involved in a review or investigation.	Audit, parent feedback
6.2 Parents and families are allocated a named contact.	100% of parents and families involved in a review or investigation receive the contact details of their named contact and understand how to contact them.	Audit, parent feedback
6.2 Parents and families are allocated a named contact.	The named contact introduces themselves to the parents and seeks parental preferences for communication.	Parent feedback
6.2 Parents and families are allocated a named contact.	The named contact ensures parents and families are informed in line with their preferences.	Anonymised patient records, parent feedback
6.2 Parents and families are allocated a named contact.	The named contact is confident in speaking to parents and families about reviews and investigations, timelines and results.	Staff feedback
6.2 Parents and families are allocated a named contact.	There is a plan in place for a secondary contact should the named key contact be unavailable (annual leave, sickness).	Copy of communication/documentation

6.3 Parents and families are provided with timely information on any reviews or investigations which are taking place in relation to their care.	The named contact provides parents and families with regular updates on their case according to their preferences.	Parent feedback
6.3 Parents and families are provided with timely information on any reviews or investigations which are taking place in relation to their care.	There is Trust-level guidance on timelines for sharing investigation/review updates with parents and families.	Copy of guidance
6.3 Parents and families are provided with timely information on any reviews or investigations which are taking place in relation to their care.	All relevant staff are competent in sharing information on reviews and investigations with parents and families.	Training records, staff feedback
6.3 Parents and families are provided with timely information on any reviews or investigations which are taking place in relation to their care.	Relevant staff communicate with compassion and sensitivity.	Parent and family feedback
6.3 Parents and families are provided with timely information on any reviews or investigations which are taking place in relation to their care.	This information is available in a variety of languages.	Examples of parent and family facing information
6.3 Parents and families are provided with timely information on any reviews or	This information is available in a variety of formats.	Examples of parent and family facing information

investigations which are taking place in relation to their care.		
6.4 Parents and families are given informed choice	Parents and families are given verbal and written options about how they can get involved or ask questions about their care.	Parent and family survey
6.4 Parents and families are given informed choice	Parents and families are given multiple opportunities to ask questions or attend meetings.	Parent and family survey
6.4 Parents and families are given informed choice	Parents and families do not feel pressured to make decisions.	Parent and family surveys
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Trusts have a protocol in place to outline the pathway of communication and actions required following the results of any reviews or investigations in accordance with the legal requirement for duty of candour.	Copy of protocol, translation protocol, governance policy,
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Learning and recommendations are shared with parents and families.	Parent and family feedback, examples of communications with parents
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Learning and recommendations are shared with all relevant staff.	Staff communications examples, staff feedback
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	An improvement plan/list of actions with a clear timeline is in place following the results of any review or investigation.	Copy of plan/list

6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Improvement plans/lists of actions and associated timelines are shared with parents.	Copy of communication
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Improvement plans/lists of actions and associated timelines are shared with all relevant staff.	Copy of communication
6.5 Trust Boards act on learning and recommendations from reviews and investigations.	Trust boards allocate appropriate time during meetings to discuss the outcomes of any reviews and investigations.	Copy of meeting minutes

Standard 7: Bereaved parents and families receive their care from an appropriately staffed team.		
Indicator	**Gold Example**	**Source of Evidence**
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	There is clear, designated job description for the role of bereavement lead which is adapted to the relevant setting.	JD, organisation chart
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	There is a clear system which gives the bereavement lead oversight over the families receiving bereavement care and what provision they are accessing.	Process chart/system, anonymised care records, provision planning
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	There are clear escalation processes for governance, risk and staffing.	Policies, escalation policy

7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	There are processes which ensure parents and families receive appropriate information, guidance, and emotional support following a bereavement and these are updated and audited regularly.	Audits, document revisions,
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	There is oversight of the implementation of national and local bereavement care standards and guidelines.	Membership of professional groups, training certs, reference to up-to-date standards and guidelines in documentation.
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	The lead supports the development of local policies and protocols related to bereavement care.	Bereavement care policies and protocol documents,
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	The lead ensures relevant staff have access to and understand local and national policies and protocols related to bereavement care.	Newsletters, email updates, online portal,
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	Opportunities to raise awareness/update about bereavement care at strategic meetings and with senior leaders are in place.	Agenda items, reports, newsletters
7.1 A designated bereavement lead, responsible for coordinating care for bereaved parents and families, is in place.	Learning from reviews is shared with all staff and regularly reviewed to ensure improvements are embedded and sustained.	Safety huddles, Governance meetings, board meetings, ward meetings, staff newsletters

7.2 They have sufficient time to support the service.	There is protected time to monitor and evaluate bereavement care provision, identifying areas for improvement and creating action plans.	Audit documents, action plans
7.2 They have sufficient time to support the service.	There is protected, non-clinical/family facing time to monitor action plans.	Evaluation, action plans, improvement plans,
7.2 They have sufficient time to support the service.	There is protected time to report areas of concern or need for improvement to senior leadership.	Quarter reports, board meeting minutes, quality and safety committee minutes?
7.2 They have sufficient time to support the service.	There is protected time to provide guidance to staff on bereavement care practices, communication, and emotional support.	Staff survey/feedback, designated drop in, 1:1 support, professional development/performance management of staff
7.2 They have sufficient time to support the service.	There is protected time for the lead to identify training needs and plan high quality training within their own and multidisciplinary teams.	Training gap analysis, training plan, training booking, training days/learning events,
7.2 They have sufficient time to support the service.	There is protected time to facilitate reflective practice sessions and debriefs for staff involved in bereavement cases.	Debrief policy and timetable,
7.2 They have sufficient time to support the service.	Mentoring opportunities for less experience/newly recruitment/locum staff are facilitated and managed.	Induction packs, performance management records, mentor training, shadowing opportunities

7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	Staff team structures support multidisciplinary working, and all staff are aware of how to share information across different settings.	Signalling procedures, information sharing flow chart, bereavement leads working group/group email
7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	There are bereavement champions/advocates in place across all settings.	Org chart, role adverts, training,
7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	There are multidisciplinary team meetings which include maternity, neonatal, paediatric, and palliative care teams to ensure integrated care across settings.	Meeting agendas, minutes
7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	The lead liaises with voluntary sector organisations and support groups to enhance the bereavement care offer and understand what is available locally.	Referral pathways, audits, resources
7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	There are clear lines of communication between the bereavement lead and the hospital HLV/MNVP.	Org chart, contact details, meeting minutes
7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	The bereavement lead regularly seeks service user feedback and uses this to inform action plans.	Survey, audit, feedback mechanism

7.3 A multidisciplinary team is in place and provides parent-centred bereavement care in every setting.	Staff know how to access and refer to the hospital chaplaincy teams.	Process charts
7.4 A 7 days per week bereavement care service is provided.	Families have access to a trained bereavement staff member in the relevant setting at any time.	Rotas, feedback
7.4 A 7 days per week bereavement care service is provided.	Parents and families can access immediate and ongoing emotional support (in person, by phone, or email).	Rotas, feedback
7.4 A 7 days per week bereavement care service is provided.	Parents and families are supported to and can complete paperwork with a trained member of staff on any day of the week.	Rotas, feedback
7.4 A 7 days per week bereavement care service is provided.	Parents and families can access support, guidance and resources which support their bereavement care on any day of the week.	Feedback, resource library, leaflets
7.5 There is a clear structure for coordinating bereavement care across different departments and settings.	The lead develops and maintains clear referral pathways to internal and external bereavement support services.	Pathways, policies, care plans
7.5 There is a clear structure for coordinating bereavement care across different departments and settings.	There are clearly defined roles and responsibilities for the delivery of bereavement care within and across settings.	JD, roles and responsibility matrix

7.5 There is a clear structure for coordinating bereavement care across different departments and settings.	There are protocols/procedures in place, so staff understand who is responsible for bereavement care across different settings within the hospital.	Flowchart, org chart
7.5 There is a clear structure for coordinating bereavement care across different departments and settings.	There is a protocol in place for communicating the loss and ongoing care plan to primary health settings.	Pathway, policy,

Standard 8: All staff involved in the care of bereaved parents and families receive the training and resources they need to provide high-quality bereavement care.		
Indicator	**Gold Example**	**Source of Evidence**
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	All staff have access to the ELFH modules and are given protected time to complete this.	User engagement numbers, training timetables
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Bereavement care training is part of the mandatory training cycle and is delivered annually.	Training timetable, training audit
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Bereavement care training is regularly reviewed and is evidence based.	Training content

8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Bereavement care training includes the voice of families.	MNVP, HLV
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Non-mandatory or external training is agreed upon in advance with the staff member's manager and cover is arranged to support attendance.	Training approval requests, cover rota
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Attendance and completion of training should be recorded in staff development logs or HR systems.	HR systems, departmental logs
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Staff attending training should be offered a space and time for reflection and emotional support if needed.	Debrief, drop in, rota/cover extended past training time
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Ensure staff know that specific debriefing or peer support can be arranged following intensive sessions.	Debriefing guidance, Bereavement lead protected time
8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	There are feedback mechanisms in place and staff are encouraged to share feedback and learning outcomes to inform future training provision.	Feedback mechanisms

8.1 Bereavement care training is mandatory for all staff who come into contact with bereaved parents and families.	Bereavement care training is given with a consideration for EDI.	Training materials
8.2 Bereavement care training is delivered by a specialist provider.	Bereavement leads or those that deliver training regularly update their knowledge through completing specialist training modules covering different types of loss.	Training record, PD record
8.2 Bereavement care training is delivered by a specialist provider.	Bereavement leads or those that deliver training plan and book training sessions for staff by specialist providers.	Training schedule
8.2 Bereavement care training is delivered by a specialist provider.	General training study days include bereavement care.	Study day agendas, external speakers
8.2 Bereavement care training is delivered by a specialist provider.	Training resources are regularly updated with up-to-date evidence, guidance and signposting.	Resource library, revised resources
8.3 Staff receive training on induction as well as annual refresher training.	Induction includes bereavement training, resources and signposting.	Induction pack
8.3 Staff receive training on induction as well as annual refresher training.	Annual refresher training is delivered and made available for all staff.	Rotas, training schedule

8.3 Staff receive training on induction as well as annual refresher training	Annual refresher training includes any relevant updates to national and local guidance.	Training materials
8.3 Staff receive training on induction as well as annual refresher training.	Annual refresher training includes any changes to hospital protocol.	Training materials
8.3 Staff receive training on induction as well as annual refresher training.	Annual refresher training includes signposting to further specialist training opportunities (e.g. postmortem consent, memory making, language and loss)	Training materials
8.3 Staff receive training on induction as well as annual refresher training.	Annual refresher training includes learning from investigations and reviews both nationally and locally.	Training materials
8.3 Staff receive training on induction as well as annual refresher training.	Training is a suitable duration to give the appropriate level of detail.	Training schedule, feedback
8.3 Staff receive training on induction as well as annual refresher training.	There are options to access training both in person and online.	Training schedule, webinar schedule, online resources to support training, resource library, guidance library
8.4 Staff undertake this training during work hours.	Training is provided in work hours, and senior leaders release staff to attend.	Training schedule, cover rota

8.4 Staff undertake this training during work hours.	Staff do not access training during annual leave.	Training schedule, cover rota, staff feedback
8.4 Staff undertake this training during work hours.	Staff are given adequate notice to attend training.	Training schedule, cover rota, staff feedback
8.4 Staff undertake this training during work hours.	Opportunities to access training online during work hours is facilitated by ensuring access to a working laptop, a quiet space and protected time.	Designated space, work laptop/ipad, rota, staff feedback
8.4 Staff undertake this training during work hours.	Where training incurs costs, materials or resources, this should be provided or reimbursed.	Expenses policy, training policy
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Staff can easily find, use, and refer to resources when needed.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are available digitally or physically.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are regularly reviewed and updated to reflect the latest best practices, guidelines, research, and policies.	Resource library, staff feedback, review schedule
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are regularly reviewed and updated to reflect any local changes or protocols.	Resource library, staff feedback, review schedule

8.5 Staff have access to up-to-date and relevant bereavement care resources.	There is tailored guidance for different types of loss.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources include national or local bereavement care guidelines (e.g. NICE guidance).	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources include clear referral pathways for specialist support.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources include leaflets or booklets for families covering various aspects of bereavement care.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources include contact details for bereavement services.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources include signposting to third sector organisations both nationally and locally.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are inclusive, sensitive and accessible.	Resource library, staff feedback
8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are inclusive of different communication needs.	Resource library, staff feedback

8.5 Staff have access to up-to-date and relevant bereavement care resources.	Resources are available which support both 'at the bedside' bereavement care and ongoing support.	Resource library, staff feedback

Standard 9: Healthcare staff are effectively supported to care for bereaved parents and families.		
Indicator	**Gold Example**	**Source of Evidence**
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	There is a culture of boundary setting where staff are encouraged not to work beyond their allotted shifts.	Staff survey, staff briefings, overtime logs
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Staff are included in the creation of a wellbeing action plan.	Staff survey, 1:1 debrief, Performance management
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Staff are taught about how to recognise the signs of trauma and burnout.	Staff survey, 1:1 debrief, Performance management
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Staff are given options for flexible working where possible.	Staff survey, 1:1 debrief, Performance management
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	There are a range of feedback tools which monitor staff wellbeing.	Anonymous surveys, suggestion boxes, and wellbeing check-ins.

9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Wellbeing is integrated into regular supervision and performance reviews.	Performance management, supervision rota,
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Data and staff feedback lead changes in wellbeing for staff and resources are invested in and considered by strategic leadership teams.	Anonymous surveys, suggestion boxes, and wellbeing check-ins, action plans
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Wellbeing modules are included in bereavement care training and are part of the induction training for all staff.	Training content, training resources
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	There are ongoing opportunities to access CPD on grief, trauma, emotional resilience, and self-care.	Training content, training resources, newsletter content, wellbeing resources
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	There is an annual wellbeing survey to assess stress, burnout, and satisfaction.	Survey results and report
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Staffing factors are considered when evaluating the wellbeing of the staff and setting.	Sickness absence, turnover, engagement scores
9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	There are designated Wellbeing Leads or Champions within the team.	Wellbeing leads, JD, org chart

9.1 Staff wellbeing is prioritised, monitored and is a key part of a safe, effective and high-quality healthcare service.	Wellbeing is a standing agenda item in team meetings.	Agendas
9.2 A trauma-informed approach is taken to providing support for staff.	Following critical incidents, staff have access to debriefs/emotional impact assessments which are inclusive, and trauma informed.	Debrief rota, emotional impact assessments, staff survey,
9.2 A trauma-informed approach is taken to providing support for staff.	There are clear escalation policies so staff can access support from outside their immediate team.	Escalation policy, support protocol, external support referrals,
9.2 A trauma-informed approach is taken to providing support for staff.	Breaks are protected and in a quiet, trauma informed space.	Staff survey, staff room, access to outside space, facilities to make refreshments, lunch, trauma informed design
9.2 A trauma-informed approach is taken to providing support for staff.	Staff are invited to reflective and commemorative events.	Event invitation, staff survey, rota and cover,
9.3 Workplaces are supportive environments where staff feel valued	There are celebration events for staff.	Awards, national days,
9.3 Workplaces are supportive environments where staff feel valued	Consideration is given to psychologically safe environments for staff including a space away from the clinical environment.	Staff survey, staff room, access to outside space, facilities to make refreshments, lunch, trauma informed design

9.3 Workplaces are supportive environments where staff feel valued	Staff are encouraged to connect in a variety of ways.	Monthly wellbeing check-ins and team-building activities, opportunities to share experiences and coping strategies.
9.3 Workplaces are supportive environments where staff feel valued	There are informal ways for families to share positive feedback with staff.	Shout-outs, or thank-you notes to acknowledge contributions (physical and online)
9.4 Staff have access to wellbeing services.	Staff understand how to access counselling, peer support, and wellbeing resources.	Wellbeing resource repository, information displayed in setting
9.4 Staff have access to wellbeing services.	Wellbeing resources are available both physically and online.	Wellbeing resource repository, information displayed in setting
9.4 Staff have access to wellbeing services.	Staff are signposted to external wellbeing services.	Signposting resource
9.4 Staff have access to wellbeing services.	Staff know how to access support from third sector organisations.	Signposting resource
9.5 Staff have opportunities to debrief.	Staff have access to supervision, debriefs, and pastoral support and cover is facilitated to support these sessions.	Supervision/debrief timetables, booking procedure, staff feedback, cover rotas

9.5 Staff have opportunities to debrief.	Staff can book time with a specialist psychological service for an in depth debrief following a traumatic event.	Booking procedure, specialist staff have protected time, escalation protocols, traumatic event protocol
9.5 Staff have opportunities to debrief.	Staff can access support at the time of the event or later if this is more appropriate.	Booking procedure
9.5 Staff have opportunities to debrief.	Staff who must contribute to an investigation or inquest interview, will be offered a specialist debrief.	Process chart, procedure protocol, staff feedback
9.5 Staff have opportunities to debrief.	Any staff that must attend an inquest hearing will be offered a specialist debrief.	Process chart, procedure protocol, staff feedback
9.5 Staff have opportunities to debrief.	The spiritual care team are available for staff to contact where appropriate.	Chaplaincy team contact, service details, included in signposting, training