The Royal Wolverhampton NHS Trust

OP62
Breaking Bad News

1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of this policy is to outline the processes for the breaking of bad news to patients, carers / family, and to provide guidelines for Medical, Nursing, Midwifery, and Allied Healthcare professionals within the Royal Wolverhampton NHS Trust.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Bad news can mean different things to different people. However, bad news generally refers to any information about a patient ‘s condition / diagnosis or treatment which is assumed to be previously unknown to them and / or their relative or carers, and which is likely to cause anxiety or distress. It may also include information previously given which has not been fully understood.

This is not an exhaustive list, but examples include:

- Giving a diagnosis of HIV.
- Informing someone that they cannot have children.
- Telling someone their partner has Alzheimer’s disease.

- The next of kin who are told that their relative has had a fall whilst in hospital.
- Telling someone their 'lump' is cancer.
- Telling a family that their loved one has died in A&E following a road accident.
- The person who is told they need an above knee amputation.

3.0 Accountabilities

3.0 The Director sponsor is responsible for ensuring that the policy and procedure is implemented, monitored, reviewed, and updated.

3.1 Directorate Management teams are responsible for advising and supporting staff in the implementation of this policy. In the event of an incident, they will ensure that the relevant staff within their Directorate receives suitable and sufficient training/guidance/support in understanding and activating the Breaking Bad News Policy.

3.2 Directorate Senior Clinicians are responsible for leading on ensuring good communication with patients and their families/carers.

3.3 Trust Managers are responsible for ensuring that the requirements of this policy are communicated to all staff and implemented in the appropriate circumstances.

3.4 All relevant staff must comply with this policy and must act in accordance with their Code of Practice.

4.0 Policy Detail

4.0 The purpose of this policy is to give specific guidance to healthcare professionals in carrying out one of the most difficult tasks they must undertake.

However well it is done, there is no getting away from the fact that bad news is bad news and those receiving bad news will inevitably suffer emotional distress of some sort. What is clear, however, is that the way bad news is broken can have a profound effect on both the recipient and the giver. To do it badly may affect the patient 's (and their relatives) future relationships with the health care professionals involved in their treatment and impair their quality of life and wellbeing. If done well, it can form the basis for a helpful and constructive partnership between patients, relatives and their healthcare staff and positively impact on the quality of their lives. All significant conversations regarding breaking bad news between healthcare staff and patients or their relatives must be recorded in the patient 's health care records.

4.1 This policy is intended for use by Medical, Nursing, Midwifery and Allied Healthcare professionals. The content of this policy is intended to help ensure good practice and promote a consistent and cohesive approach to care.

4.2 Policy guidelines

Please see Appendix 1 for details

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	**No**
2	Does the implementation revenue resources of this policy require additional	**No**
3	Doe the implementation of this policy requires additional manpower	**No**
4	Does the implementation of this policy release any manpower costs through a change in practice	**No**
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	**No**
	Other comments	

6.0 Equality Impact Assessment

The screening assessment has been completed and revised. There are no actions to be taken regarding personal protected characteristics.

7.0 Maintenance

It is the responsibility of the Lead Nurse for Palliative Care to ensure that this policy is kept up to date.

8.0 Communication and Training

The Matrons, Directorate Managers and Clinical Directors are responsible for ensuring that all staff are made aware of this policy on local induction, and that it is applied to all relevant situations.

All qualified health professionals who provide care for patients must have the necessary level of training in breaking bad news for their role, with the choice of training being dependent on the specialty and experience of individual staff members.

It is the responsibility of the Matrons and Directorate Managers to undertake a training needs analysis of their staff to determine what level of communications skills training is required (this may be undertaken as part of the staff ‘s personal development review and as part of induction).

A Breaking Bad News e-learning package is available via My Academy for all qualified Doctors, Nurses, Midwives and Allied Health Professionals. Further education packages can be accessed via E-learning for Health. These include e-ELCA, relating to End-of-Life Care conversations and the Foundation e-learning programme, developed specifically for Foundation Doctors.

Advanced communication skills training is available to all health professionals involved in disclosing life limiting illness and senior clinicians in all disciplines must consider undertaking this training to support practice where appropriate. Undertaking this training is also a statutory requirement for all members of the multi-disciplinary team who support cancer patients. Staff must book the three-day Advanced Communication course via the trust education department.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Monitoring the effectiveness of the policy and adherence of nursing/medical /midwifery/ AHPs to the policy	Individual Directorate Management teams	Clinical incident reporting & patient complaints (relating to poor practice in breaking bad news issues)	Continual	Individual Directorate governance committees
Breaking bad news training	Matrons and Directorate Managers Ward Managers	Report on number of staff who have completed training	Annual	Quality Standards Action group
Monitoring the effectiveness of the policy and adherence of nursing/medical /midwifery/ AHPs to the policy	Lead Cancer Nurse	Cancer Peer Review assessment of every MDT	Annual basis	Results presented to Div 1&2 Governance Committees and the Quality Standards Action group
As above	Lead Cancer Nurse / Lead for Patient Experience	Results of the National Cancer patient experience survey, and other Trust wide non cancer 'patient satisfaction surveys	Annual basis	Results presented to Div 1&2 Governance Committees and the Quality Standards Action group
Advanced communication training	Matrons and Directorate Managers	Maintenance of the Advanced Communication Skills Training register.	Annual	Quality Standards Action group

10.0 References

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- Department of Health (2004) Improving Supportive Palliative Care for Adults with Cancer.
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- National Manual of Cancer Services (2004)
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- Walter F. Bailea, Robert Buckman, Renato Lenzia, Gary Globera, Estela A. Bealea and Andrzej P. Kudelkab (2000) SPIKES - A Six-Step Protocol for Delivering Bad News: Application to the patient with cancer. The Oncologist vol. 5 no. 4 302-311
- Warnock C (2014) Breaking bad news: issues relating to nursing practice. Nursing Standard 28, 45, 51-58.

11.0 In addition to the above generic guidelines, further specific details are available as follows: -

- The breaking of a cancer or terminal diagnosis to patients, please refer to: The Greater Midlands Cancer Network Guidelines for the Breaking of Bad News (2011)
- The breaking of bad news to children, please refer to: RCN policies to support practice areas caring for neonates, children, and young people (2010): Breaking bad news policy.
- The breaking of bad news to parents relating to congenital abnormalities, please refer to: RCN Disclosure of diagnosis of congenital malformation policy (2010)
- The breaking of an HIV positive diagnosis, please refer to: HIV testing policy for in-patients, Ashford & St Peters Hospital NHS Trust (2005)
- The breaking of bad news over the phone (when unavoidable), please refer to: Tameside Acute Services NHS Trust (2005): Breaking bad news on the telephone policy.
- The breaking of an unexpected and acute death, please refer to: 'Finding the right words' : Breaking bad news in sudden death (training video), University Hospital Leicester (2002)
- The breaking of bad news and approaching of families regarding organ donation, please refer to: The University Hospital Leicester NHS Trust – Last offices policy which incorporates procedures to be taken when considering & approaching patient's families re organ donation (2008)
- Being Open framework, NPSA. 2009 (www.npsa.nhs.uk)
- Taylor, T. (2007). How Best to Communicate Bad News over the telephone. End of Life Care, 2007, Vol, No.

Part A - Document Control

Policy number and Policy version: **OP62 Version 8.0**	**Policy Title: OP62 – Breaking Bad News Policy**	**Status: Final**		**Author: Lead Nurse for Palliative Care** **Chief Officer Sponsor: Chief Nurse**
Version / Amendment History	Version	Date	Author	Reason
	8.0	May 2023	Acting Lead for Palliative Care and End of Life	Full review
	7.1	Feb. 2023	Acting Lead for Palliative Care and End of Life	Extension
	7.0	Feb. 2020	McMillan Nurse Consultant in Cancer Care	Review
	6.1	October 2019	Lead Nurse for Palliative Care	Current Policy in the process of full review / update. Reviewed by Chief Nurse – extended to February 2020 pending full review
	6.0	May 2019	Lead Nurse for Palliative Care	Reviewed by Chief Nursing Officer – extended to August 2019 pending full review
	5.0	May 2015	Trust Leas Nurse for Palliative Care	Review
	4.0	Dec 2013	Trust Lead Nurse for Palliative Care	Review
	3.0	May 2012	Trust Lead Cancer Nurse	To provide up to date evidence based guidance for the delivery of bad news to patients
	2.0	June 2008	Lead Cancer Nurse	Review
	1.0	Aug 2006	Lead Cancer Nurse	Introduction

Intended Recipients:
Any medical/nursing/allied health professional needing to deliver bad news to patients

Consultation Group / Role Titles and Date:

Review Version

Palliative Care Team meeting 25/2/15

Oncology/Clinical Haematology Directorate Meeting on 24/2/15

Oncology/Clinical Haematology Governance Meeting 17/3/15

Clinical Nurse Specialist Forum on 8/4/15

Sent for comment to all Matrons, Directorate Managers, Divisional Managers and Divisional Head Nurses on 12/2/15

Original Version
Oncology/Clinical Haematology Directorate Meeting on 22 October 2013 Site Specific CNS's on 2 October 2013
Palliative Care Team on 17 September 2013
Senior Nurses Operational Group Meeting on 6 August 2013
RWT Policy Committee May 2012
RWT Senior Nurses – 04/12
RWT Palliative Care Team Leads – 02/12
Greater Midlands Cancer Network Palliative and Supportive Care NSSG – 09/08/11

Name and date of Trust level group where reviewed	Trust Policy Group – May 2023
Name and date of final approval committee	Trust Management Committee - May 2023
Date of Policy issue	June 2023
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	Review May 2026

Training and Dissemination:

The policy has been disseminated to all the Site Specific CNS's, Palliative Care Team and Senior Nurses Operational Group, including Heads of Nursing.

Following approval at RWT's Policy Committee and Trust Management Team, the policy will be circulated via the Senior Managers Briefing.

Training in advanced communication skills is provided to all Consultants and CNSs involved in cancer care who may have to disclose sensitive information to patients as part of their role. A training register is kept by the Cancer Services Manager.
For staff working outside of cancer services, and who have not received the advanced communications skills training, a training needs analysis must be undertaken by the Matron or Directorate Manager. Specific communication skills training can be accessed when required, and key individuals can also access the Trust's - Being Open training, My Academy site, Breaking Bad News training or NHS Heath Education England's on line training package E- Elca via http://www.e-lfh.org.uk/programmes/end-of-life-care/

To be read in conjunction with:

- RCN policies to support practice areas caring for neonates, children and young people (2010): Breaking bad news policy; Disclosure of diagnosis of congenital

malformation policy

- University Hospital Leicester NHS Trust – Last offices policy which incorporates procedures to be taken when considering & approaching patients families re organ donation (2008)
- Tameside Acute Services NHS Trust (2005): Breaking bad news on the telephone policy
- Department of Health; Breaking Bad News Guidelines, (2003)
- Finding the right words: Breaking bad news in sudden death (training video), University Hospital Leicester (2002)
- HIV testing policy for in-patients, Ashford & St Peters Hospital NHS Trust (2005)
- RWT -Being Open Policy – OP60
- Being Open Framework, NPSA 2009
- The Health and Social Care Act 2008, Part 3, Section 2, Standards for the Duty of Candor
- Providing Excellent End of Life Care in Acute Settings - every patient, every time (2014) Fiona Murphy, Salford , Bolton & Wigan NHS Foundation Trusts http://www.ehospice.com/uk/Default/tabid/10697/ArticleId/9806

Initial Equality Impact Assessment (all policies):	**Completed Yes / No**
Full Equality Impact assessment (as required):	**Completed Yes / No / NA**

Monitoring arrangements and Committee	Divisional Governance Committees and Compliance Committee. Please also refer to the section under the heading of audit process for further details.

Document summary/key issues covered.
This policy provides guidance for nursing, allied health professionals and medical staff regarding the breaking of bad news to patients/families.

Key words for intranet searching purposes	

Appendix 1 - Breaking Bad News Guidelines

Breaking Bad News using the SPIKES model (adapted from Buckman 2005)

Firstly remember when breaking bad news there are four overarching, patient/family focused goals you are trying to achieve,

1. Gather information from the patient/family member (where patient lacks capacity)
2. Provide intelligible information in accordance with the patient needs and desires
3. Support the patient by employing skills to reduce the emotional impact and isolation experienced
4. Develop a treatment plan with the input and cooperation of the patient

Secondly remember the acronym SPIKES, which provides you with a step by step framework to achieve the patient focused goals. These are;

Setting, Perception, Invitation, Knowledge, Empathy and Summary/Strategy

1. Setting

- **Ensure privacy and minimize interruptions**
  - arrange a time when children are not present
  - turn your phone/bleep off
  - ask to turn the TV or radio off
  - put do not disturb sign on the door
  - ensure other staff are aware of what is taking place
- **Involve significant others**
  - ask the patient who they want present and make arrangements to allow for this
- **Sit down and ensure patient/family are comfortable**
  - ensure enough chairs
  - remove physical barriers e.g. desks/tables/notes trolleys
- **Be 'present'**
  - look attentive and calm
  - be aware of your body language, avoid fidgeting, practice open posture
  - maintain eye contact
  - if you have a limited amount of time, explain this at the beginning of the consultation

2. Perception

- **Establish understanding**
  - is English their second language? Do they require an interpreter? Unless it is an **emergency** situation, it is not good practice to use family to interpret bad news to the patient, as it may result in misinformation being given, and cause unnecessary distress to both patient and family
  - establish what the patient understands, do they feel it's serious?

e.g.	○ **It would help me to explain what's happening if I understand what you know so far?** ○ **Can you tell me what you know about why you're in hospital?** ○ **What have you been told so far in terms of your illness?**

- **Listen and reflect**
  - be silent while the patient/family is speaking
  - don't interrupt but acknowledge emotions
  - reflect back what is said by the patient/family

e.g.	• **Mmm, that must have been very frightening?** • **Am I right in thinking you've been feeling worried about……..?** • **So, you weren't concerned at that time?** • **You mentioned you were frightened by ……..? Is that correct?**

- **Vocabulary**
  - use the patients vocabulary in your responses, it helps them understand what you're saying

e.g.	• **The 'growth' is causing a problem in your chest** • **What did you think was happening when you felt 'wobbly'?** • **Yes the 'stoppage' that's making your leg go black is…….**

- **Denial**
  - if patient is in denial, avoid challenging this at first interview. Denial is a valid psychological coping mechanism and it will cause unnecessary emotional distress to challenge it at this early stage
  - seek further advice from Specialist Palliative Care team where necessary

3. Invitation

- **Ask permission**
  - how much detail do they want to know?
  - give the patient the right to choose

e.g.	• **Would you like a broad picture of the problem or do you want me to go into a little more detail?** • **How much detail would you like me to go into about what we think the problem is at the moment?** • **Would you like me to tell you the full details of the diagnosis?**

- **Don't assume**
  - most patients want to know everything, but some may not
  - in cases where you are explaining poor care delivery, you must be open and honest about what has gone wrong and its possible consequences

4. Knowledge

- **Give a warning shot**
  - give the patient/family a warning shot that bad news is coming
  - give them a few seconds to mentally prepare

e.g.	• **I'm sorry but I don't have good news ……** • **I'm afraid it looks more serious than we previously thought** • **I'm sorry but things aren't as good as we hoped for……** • **Unfortunately Mrs Brown, I have bad news……..**

- **Avoid technical language**
  - remember to use the patients vocabulary
  - use simple, unambiguous terms

e.g.	• **Our tests show you have cancer in your …….** • **The tests confirm you're cancer has spread to other parts of your body** • **The injuries to your leg are so severe that we will have to amputate it**

- **Small chunks**
  - give the information in small chunks
  - clarify patients understanding after each chunk
  - tailor the rate of providing information according to the patients response

e.g.	• **Is this making sense so far?** • **Do you see what I mean?** • **You don't seem very sure about this…..?**

- **Acknowledge & respond**
  - identify emotions as they arise through the conversation then acknowledge them

e.g.	• **Obviously this news is very upsetting** • **Clearly this is very distressing** • **I'm sorry, this is such devastating news**

- **<u>Empathy</u>**

- **Observe**
  - **look** and **listen** for signs of emotion such as tearfulness, sadness, shock
  - identify the emotions the patient is feeling

e.g.	• **You seem very shocked by this news…….?**

	• **How does this news make you feel?** • **I'm sure that's not what you wanted to hear is it?**

- **Allow the patient time to**
  - think and then answer your questions
  - express their feelings

- **Identify**
  - the cause of their emotions. This is usually the bad news, but don't assume, check it out

e.g.	• **What are you thinking now?** • **You seem understandably upset…..?**

- **Demonstrate**
  - you have made the connection between the bad news and identifying their emotion

e.g.	• **Most people feel like you do after receiving this news?** • **It must be very hard to accept this has happened?**

- **Give opportunity to**
  - allow further expression of emotion
  - ask more questions

e.g.	• **It's very normal to be upset in this situation** • **Is there anything more you want to ask?** • **Could you tell me what worries you the most now?**

- **<u>Summary and Strategy</u>**

  - **Assess**
    - the patients readiness for planning
    - make arrangements to meet again if they are not ready to plan yet
  - **negotiate**
    - if ready to plan, negotiate the next steps

- **Check out**
  - the patients understanding by summarising the plan
  - answer any further questions
  - give summary of discussion in written or audio form to take away
- **Document and Communicate**
  - ensure you document the discussions in the patients' medical notes and communicate them to other relevant teams where appropriate e.g.
    - GP
    - Community Nursing teams
    - Other Specialist teams within the organisation
    - PALS / appropriate manager where the bad news has been about poor care delivery

In addition to the above generic guidelines, further specific details are available as follows:-

- The breaking of a cancer or terminal diagnosis to patients, please refer to: The Greater Midlands Cancer Network Guidelines for the Breaking of Bad News (2011)
- The breaking of bad news to children, please refer to: RCN policies to support practice areas caring for neonates, children and young people (2010): Breaking bad news policy;
- The breaking of bad news to parents relating to congential abnormalities, please refer to: RCN Disclosure of diagnosis of congenital malformation policy (2010)
- The breaking of an HIV positive diagnosis, please refer to: HIV testing policy for in-patients, Ashford & St Peters Hospital NHS Trust (2005)
- The breaking of bad news over the phone (when unavoidable), please refer to: Tameside Acute Services NHS Trust (2005): Breaking bad news on the telephone policy
- The breaking of an unexpected and acute death, please refer to: _ Finding the right words': Breaking bad news in sudden death (training video), University Hospital Leicester (2002)
- The breaking of bad news and approaching of families regarding organ donation, please refer to: The University Hospital Leicester NHS Trust – Last offices policy which incorporates procedures to be taken when considering & approaching patients families re organ donation (2008)
- —Being Openǁ framework, NPSA. 2009 (www.npsa.nhs.uk)
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