Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Breaking Significant News
(Best Practice Guidelines)

This procedural document supersedes:
CORP/COMM 9 v.2 - Breaking Significant News (Best Practice Guidelines) and any previous Trust guidelines or policies relating to 'Breaking Significant News'

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	7 January 2015	• Duties and Responsibilities added • Best Practice Guidelines updated • Training and Support added • Monitoring Compliance with the Procedural Document added • Equality Impact Assessment form added	Linda Carmichael
Version 2	March 2010	• Amendment Form and Contents page added • Sections numbered • Introduction updated • Reference has been made to Mental Capacity Act • Sections 2, 3 and 4 – the order of practice within the table has changed • References added	Sandra Salmon

Contents

1. INTRODUCTION

Professionals involved in caring for patients with cancer realise that the communication of significant news is often difficult for professionals, patients and their carers.

The purpose of this document is to assist healthcare professionals in 'breaking significant news' sensitively and compassionately by following a series of Best Practice Guidelines. These guidelines focus on communication, but also give consideration to the environment or setting within which significant news is broken as well as the needs of other significant people who may be involved at the time.

The guidelines have been written recognising that the giving of significant news is a process not an event and that the information offered is intended to support the patient to make objective decisions regarding their treatment options – throughout their illness/cancer journey.

The guidelines are for all professionals involved in breaking significant news and includes for example:

- Consultants and other Medical Staff
- General Practitioners
- Nurses
- Chaplains/Priests
- Social Workers
- Allied Health Professionals

When breaking significant news the professional should take into account the person's level of understanding and respond appropriately. The news should be delivered in a way that takes into account a person's individual circumstances and needs whether they relate to race, culture, gender, disability, age, sexual orientation, religion or faith. The professional should anticipate and plan for the needs of the person receiving the news e.g. arrange for an interpreter to be present if the person has hearing problems or does not speak English (see section 4.1)

The guidelines have been written to draw attention to the three areas that most influence how 'significant news' is received by patients. These are:

- Communication
- Other significant people
- The Environment/Setting

Within each of these areas, the guidelines identify Best Practice & Unacceptable Practice, and a midway Development Stage between the two. The guidelines are not intended to be prescriptive and it is recognised that there may be times when Best Practice is not possible for a variety of reasons. However, the assumption is that all of those involved in breaking significant news are committed to achieving Best Practice.

The development of Best Practice in these guidelines is based partly upon research carried out in 1996 by the Patient Involvement Unit, (Lynda Jackson Macmillan Centre for Cancer Support and

Guidance), implemented at Mount Vernon Hospital, and produced jointly with the King's Fund. The research 'Breaking Bad News' (Walker et al 1996) is available in the Medical Libraries at Bassetlaw District General Hospital and Doncaster Royal Infirmary. See also Face to Face Communication, Chapter 3, Improving Supportive and Palliative Care for Adults with Cancer, (NICE 2004).

The final section of these guidelines introduces the healthcare practitioner to the value of 'Reflective Practice' and provides a model of structured reflection to assist practitioners in evaluating difficult aspects of care.

For patients with impaired mental capacity refer to the Trust policy in relation to the Mental Capacity Act (PAT/PA19).

2. PURPOSE

These guidelines were developed and approved following consultation involving all professional groups and took place over the period January to November 1998. They were revised in July 1999, in 2007, in 2010 and 2014.

Professionals involved in breaking significant news are expected, as far as possible, to practice in accordance with the Best Practice identified in these guidelines. Support in the tasks of breaking significant news will be provided through on-going Training and Development Workshops, which have been in existence since April 1998. The South Yorkshire and Humber Strategic Clinical Network provides Advanced Communication Skills Training to the Senior Clinicians and Nurses.

It is acknowledged that in order to meet some of the Best Practice guidelines, especially those concerned with the environment, certain physical changes may have to be made over time via the organisations recognised routes i.e., Business Planning etc.

Further consultation will include the development of an audit tool for these guidelines and provision to review it at regular intervals.

3. DUTIES AND RESPONSIBILITIES

All staff who have patient contact are responsible for delivering/breaking significant news. This should be performed sensitively and compassionately by following a series of Best Practice Guidelines.

Managers

Managers have a responsibility to ensure their staff are aware of, and comply with national and local specialist guidance in respect of delivering/breaking significant news to patients.

Individual Staff

- All staff have a responsibility to comply with the guidelines of breaking significant news.
- All staff have a responsibility to ensure breaking significant news is practiced in accordance with the Best Practice identified in this policy.

4. PROCEDURE

4.1 Communication

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPMENTAL PRACTICE	BEST PRACTICE
The Doncaster & Bassetlaw Hospitals NHS Foundation Trust guidelines for Breaking Significant News	➢ Unaware of the existence of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust Breaking Significant News guidelines	➢ All professionals should be aware of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust Breaking Significant News guidelines and integrate them into practice	➢ All relevant professionals are completely familiar with the Doncaster & Bassetlaw Hospitals NHS Foundation Trust Breaking Significant News guidelines
Education and Training	➢ No recent education either theoretical or practical. No access to training ➢ More than 3 professionals present	➢ Professionals have theoretical knowledge of breaking significant news but limited practice experience.	➢ All relevant professionals have undergone specific training to prepare them for breaking significant news, which includes role-play practice ➢ Extraneous personnel should not be present, although it is acknowledged that a limited number of people in training may be present. The number of professionals present should not exceed 3 ➢ Accessing appropriate training days ➢ Senior Clinicians should access 3 day Maguire training workshop
Clinician Preparation	➢ No time to prepare ➢ Breaking significant news at short notice ➢ Unclear about how to access anything other than basic clinical information	➢ Minimal time to prepare, has most clinical detail to hand but can access the rest if required	➢ The chosen clinician has sufficient time to access and familiarise themselves with the patients clinical information, plus knowledge of patient's treatment options

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPMENTAL PRACTICE	BEST PRACTICE
Patient Preparation	➢ The patient is inappropriately/partially dressed ➢ The patient is not seen at their appointment time and no explanation is offered ➢ Opportunity for support from a relative or friend is not provided, nor is there other professional support, e.g. nurse/counsellor	➢ The patient is sitting up, when possible, and dressed appropriately ➢ The news is deferred while the patient contacts a friend or relative, or other professional support is available at the time, e.g. nurse/counsellor	➢ The patient is sitting up, when possible, and dressed appropriately to retain their dignity and reduce feelings of vulnerability ➢ Waiting time is minimised ➢ The patient has been told that they may have a friend or relative present ➢ Patient has prior notification of interview
Support for staff	➢ Staff may not recognise the impact that breaking significant news may have on themselves ➢ Support and education is unavailable to staff coping with breaking significant news	➢ Recognise that Breaking Significant News is difficult and the person delivering the significant news may need support	➢ Access appropriate support and education ➢ Counselling available
Inter-Personal Skills	➢ Only very basic skills in communication which could result in misunderstanding and further distress for the patient. ➢ Unaware of available training ➢ No introductions made ➢ Notes have to be referred to in order to recall the patients name ➢ The person giving the news does not check the patients understanding.	➢ Awareness of the importance of some basic inter-personal skills such as body language, speech clarity and jargon, but have not yet received training. ➢ Aware that one needs to access Communication Skills training programme appropriate to level of practice	The patient is addressed by their preferred name. As a result of training, all professionals are familiar and comfortable with the importance of: ➢ Making introductions promptly and including all those present ➢ Checking patients acceptance of all people present ➢ Speaking clearly and not using jargon ➢ Generally avoiding euphemisms, using the word 'cancer' not growth, malignancy, tumour ➢ Appropriate use of eye contact, body language, tone of voice and seating – no interruptions ➢ Appropriate lead-in statements, e.g. 'I've come to talk with you about your condition'/'what have you been told already'/'what do you understand about your condition'/'I'm sorry but the news doesn't look good' ➢ News is given in an open and honest way ➢ The person giving the news checks back with the patient their understanding about the information they have been given ➢ Always break significant news face to face

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPMENTAL PRACTICE	BEST PRACTICE
Feelings	➢ Unaware of the importance of eliciting the patients reaction, and distance themselves from the patients feelings ➢ Blocking obvious cues	➢ Clinician is aware of the importance of dealing with feelings and emotions and eliciting concerns	➢ The clinician should ensure that they elicit the patient's immediate reaction to the news ➢ The clinician resists the temptation to 'jump in/rescuing' too quickly with reassurance. All possible concerns are elicited before appropriate reassurance is given
Language	➢ No knowledge of the existence of the organisations register of interpreters ➢ Diagnosis not given and the patient has to return ➢ It is assumed that any family member is acceptable to the patient	➢ It is not known that an interpreter is required, but the news giver knows how to access the organisations register of interpreters ➢ Reliance on appropriate family members for interpretation is checked to be acceptable to the patient	➢ If it is known that English is not the patients first language, an interpreter from the organisation's register of interpreters should be present ➢ It is preferable to use a registered interpreter ➢ Guidance should be taken from the Trust Interpretation and Translation policy - PAT/PA 34
Information	➢ Information is withheld from the person to whom it relates, for example, as a result of pressure from relatives to withhold ➢ No contact details given and patient uncertain about who to contact ➢ No documentation ➢ No permanent record of consultation offered	➢ Contact number is given without any additional back-up/background information. ➢ The Multi-Disciplinary Team are working towards developing a permanent record of consultation offered routinely to the patient	➢ News is given to the person to whom it relates ➢ In exceptional circumstances, for example, mental incapacity, unconscious, altering level of consciousness and minors, relatives may be informed instead of/before the patient ➢ All verbal information is backed up by written information ➢ The patient is informed that he/she can get in touch with a named, identified contact at a later date to ask questions and check understanding ➢ Ensure that there is a document put into the patients notes that records the information/facts given to the patient at the meeting ➢ A permanent record of this communication is offered to the patient

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPMENTAL PRACTICE	BEST PRACTICE
Timing	➢ Patients are rushed and unsupported due to lack of planned time to give significant news ➢ Breaking significant news is included in the middle of daily routine work, e.g. ward round/busy GP/outpatient surgery/clinic ➢ No communication with the patient regarding follow up, access to more information etc. ➢ News is given too late for the patient to relate to it, i.e. telling someone they have cancer when they are about to die. ➢ After breaking of significant news the patient is left completely unsupported ➢ Patient is waiting too long for an appointment after tests.	➢ News is given with little prior notice ➢ Someone is present to support the patient ➢ The Multi-Disciplinary Team should be working towards managing the timing of significant news more effectively	➢ Time is allocated to break the news and provide ongoing support ➢ Where applicable the patient knows when they are going to receive the news. ➢ Explain treatment options clearly as soon as possible after the diagnosis, but only after allowing time for the impact of the news to register with the patient. This may require a follow up consultation ➢ Allow time for decision about treatment to be discussed and agreed ➢ Where appropriate in the specialist clinic, hospital, or surgery setting, a nurse should always be present to stay to talk with the patient and give support after the clinician has left In the event of sudden deterioration of patients condition, the practitioner should endeavour to adhere to best practice but it is recognised that this may not be achievable as the focus will be on stabilising the patient.
Reflection	➢ No multidisciplinary reflection ➢ No personal reflection **Refer to appendix 1**	➢ Ad hoc multi-disciplinary reflective practice ➢ Unstructured personal reflection **Refer to appendix 1**	➢ Ongoing multi-disciplinary reflection of the Breaking Significant News Experience and Practice ➢ All professionals should have their own model of structured reflection **Please refer to Appendix 1 – Model of Structured Reflection**

4.2 Other Significant People

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPEMENTAL PRACTICE	BEST PRACTICE
Responsibility	➢ No clear responsibility for breaking significant news exists ➢ Unaware of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust guidelines ➢ Team members have no Breaking Significant News training	➢ Junior staff are exposed to Breaking Significant News on a regular basis ➢ Consultant should guide junior staff and make their staff aware of the Trust Breaking Significant News policy	➢ The senior doctor is seen as the lead person who is responsible for breaking significant news, but they do not necessarily have to be the person who delivers it ➢ Responsibility would include ensuring that whoever is delegated to break the significant news is familiar with these guidelines and had appropriate training ➢ Other people: Clinical Nurse Specialist
Chosen Support	➢ The identified relative/ friend is not present when the patient would wish them to be ➢ Patient has to use a public telephone to contact relatives or friends. ➢ Patients are left alone after being given significant news	➢ Multi-Disciplinary members need to be aware that patients being diagnosed should be able to choose their own level of support	➢ When it is known that results are to be given, the patient is advised to ask a relative/significant other to be present ➢ If the patient decides they do want a friend/relative with them after the diagnosis has been given, there should be provision for the patient or professional on their behalf to make a private telephone call ➢ If there is no relative present, a member of the team should remain until the patient states he/she feels able to be left alone ➢ Acknowledge the feelings of the patients relatives/carers/friends
Continuity	➢ There is no continuity in terms of support or information given, which may lead to confusion and distress for the patient.	➢ The named person is not available, but this has been explained to the patient and a substitute person has been introduced to the patient. ➢ All the relevant information has been passed to the substitute person so that they are fully briefed	➢ If at all possible, the same named person is present on each occasion and is responsible for continuity and follow up ➢ The person is available to give ongoing support, either face to face, or by telephone if required

4.3 Environment

FACTOR	UNACCEPTABLE PRACTICE	DEVELOPMENTAL PRACTICE	BEST PRACTICE
Comfort	➢ News is given in a public place with no consideration to comfort	➢ The Multi-Disciplinary Team members have an awareness of the patients need for privacy and comfort	➢ The room is as non-clinical as possible i.e. not an office or consulting room ➢ Refreshments are available and tissues discreetly provided ➢ No physical barriers e.g. sitting behind a desk, and difference in chair height ➢ Patients should be suitably dressed according to the environment ➢ The room has sufficient chairs for everyone present
Privacy	➢ No attempt is made to provide privacy	➢ Private area is available but not one specifically designed for the purpose	➢ The room is reasonably soundproof ➢ The Breaking Significant News scenario should not be compromised by invasive noise/interruptions ➢ Preparatory note reading and Multi-Disciplinary Team discussion should be undertaken in private beforehand

5. TRAINING/SUPPORT

Managers are responsible for ensuring that their staff are able to effectively deliver/break significant news.

A range of education and training is available. New staff will receive awareness training at induction, and further education sessions can be arranged according to individual's roles and responsibilities.

Information regarding Breaking Significant News workshops will be available on the Trust Intranet site → Education and Development.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Breaking Significant News	Senior Doctors are responsible for ensuring junior Doctors are fully prepared to break significant news.	Annually at PDA	Manager of the individual who is breaking significant news.
	Specialist Palliative Care Team	During audit of Patient Survey Experience Questionnaire	Reviewed by audit of Patient Survey Experience Questionnaire and if relevant reported back to specific area/ward/individual/manager.
Incidents	Risk Office and Speciality Services Care Group	Annually	Annual review of incidents and complaints received regarding Breaking Significant News.

7. DEFINITIONS

BSN – Breaking Significant News

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy must be used in conjunction with

- PAT/PA 19 - MENTAL CAPACITY ACT (2005) POLICY AND GUIDANCE
- PAT/PA 28 - PRIVACY AND DIGNITY POLICY
- PAT/PA 34 - INTERPRETATION AND TRANSLATION SERVICES POLICY

10. REFERENCES

National Institute for Clinical Excellence (2004) *"Improving supportive and palliative care for Adults with Cancer"* London, N.I.C.E

Walker.G.etal (1996) *"Breaking Bad News"* London, Kings Fund

APPENDIX 1 – A MODEL FOR STRUCTURED REFLECTION

Phenomenon

Describe the experience

Causal

What essential factors contributed to this experience?

Reflection

What was I trying to achieve?
Why did I intervene as I did?

What were the consequences of my actions for?

- Myself
- The patient/family/carer
- The people I work with

How did I feel about the experience when it was happening?
How did the patient feel about it?
How do I know how the patient felt about it?
What factors/knowledge influenced my decisions and actions?

Alternative actions

What other choices did I have?
What would have been the consequences of these other choices?

Learning

How do I now feel about this experience?
Could I have dealt better with the situation?
What have I learned about this experience?

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Guideline	Specialty Services Care Group	Linda Carmichael	Existing	12/11/2014

1) Who is responsible for this policy? Name of Care Group/Directorate: Specialty Services Care Group

2) Describe the purpose of the service / function / policy / project/ strategy? Guidelines for all acute patients.

3) Are there any associated objectives? No

4) What factors contribute or detract from achieving intended outcomes? None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken] No

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: August 2017

Checked by: Stacey Nutt (Lead Nurse Cancer, Chemotherapy, SPC and EOL Speciality Care Group) Date: 13/11/2014