The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Bereavement Policy/Procedural Guidelines

Effective: January 2011 Review: March 2012

1. Introduction

A patient who has died is entitled to continuing dignity and respect. This policy outlines the steps to be taken to ensure a decent and safe removal from the Trust premises. This policy is applicable to all Nursing staff, Chaplaincy staff, Mortuary staff, Directorate Managers, On-Call Managers and Medical staff.

2. Ward or Department Death

2.1 A medical practitioner or member of nursing staff (in accordance with the Trust's Policy "Nursing Verification of Expected Death") should ascertain that death has taken place and arrange for medical certification.

2.2 The next of kin should be informed of the death by a member of the multidisciplinary team, usually the nurse or doctor attending the Patient. Unless prior arrangements have been made with the next of kin, every attempt should be made to contact them at the earliest opportunity and within one hour. This may involve asking for the assistance of external agencies such as the Police. The need for support will be assessed by the Nurse responsible for the Patient's Care in conjunction with the family. 24 hour on call chaplaincy advice is available particularly in relation to Religious/cultural beliefs.
http://intranet/Policies/Launchit.asp?launchit=248

2.3 In the case of a death where organs (including tissue and corneas) may be suitable for donation please refer to the Trust's 'Organ & Tissue Donation' Policy.

2.4 Relevant medical and nursing records should be completed.
This will include:

- Medical notes,
- Nursing documentation
- The Liverpool Care Pathway (when used)
- The cremation form (completed by medical staff where required).

2.5 The deceased Patient should be prepared for a dignified transfer to the hospital mortuary with due regard to religious and cultural needs (see 'Respecting Religious and Cultural Needs of Patients' Trust Intranet).
http://intranet/Policies/Launchit.asp?launchit=248

a) The wishes of the next of kin in regard to the removal of jewellery e.g. wedding rings, rosary beads, should be sought. If the next of kin requests that jewellery is not removed, this should be documented in the patient valuables book and the three-part form attached to the body. (In the absence of advice from the patient/next of kin all jewellery which the Patient is wearing at the time of death should be left with the patient.)

b) The deceased Patient must be dressed in either personal clothing or hospital nightwear/shroud according to the preference of the next of kin. In the absence of the views of the next of kin the Nurse will decide how the patient is to be dressed. ***The patient must be dressed in suitable and clean garments. It is unacceptable to transfer a deceased patient to the mortuary naked.***

c) A patient identification bracelet must be attached around one wrist, and if this is not possible around the patient's ankle. This must be legible and contain details of name, address, date of birth, and hospital number.

d) The three-part death notification book must be completed and the relevant sections attached to the deceased patient and the medical notes.

e) If there are concerns that the deceased patient may pose an infection risk seek guidance on the use of body bags, by referring to Infection Control Policy for the use of Cadaver Bags. Each ward should hold a stock in case needed. Please order using NHS supplies catalogue.

2.6 It is the duty of a member of the medical team responsible for the care of the deceased to notify the General Practitioner as soon as possible and no later than the next working day following the death. This will be followed up by letter from the Bereavement Officer.

2.7 In instances of Child Death a C Match form must also be completed.

2.8 Details of administrative procedure to be applied following the death of a Patient are included at Appendixes 1- 4

2.9 If there is a defined need to release a body directly from wards, or outside of working hours the procedure for so doing is defined in Appendix 5

2.10 Details of the procedure for family visits to Chapel of Rest/Viewing Room is included in Appendix 6

3. Post Mortem Request's

3.1 Coroner's Post Mortem

3.1.1 Medical staff are required by law to inform the Coroner in the following circumstances:

Where the death occurs:

- Within 48 hours of admission
- Within 48 hours of surgery
- At any time after an operation, medical procedure or treatment if it is considered that this may have hastened death
- Where the cause of death is uncertain
- Industrial accident or related diseases

The coroner has the right to order a post mortem without next of kin consent.

3.1.2 In these circumstances (3.1.1), the Coroner's advice should be sought by the medical staff and next of kin should be informed of the procedure. The Coroner will provide an appointment for the next of kin, in order to guide the procedure from this point onwards.
The Coroner's Office is open for referrals (Tel: 0191 277 7280) between 08:00 and 16:00 Monday to Friday.
If a Coroner's opinion is needed outside these times the on-call coroner can be contacted via the Police Control Room (Tel: 0191 214 6555). This can only be done in exceptional circumstances (e.g. when a body needs to be released urgently). When contacting the Control Room it is important that you ask them to contact the on-call coroner's officer for Newcastle upon Tyne and to be clear about why need to speak to them.

3.1.3 If the Coroner is involved then a certificate for burial or cremation will be issued from that office.

3.2 Hospital Post Mortem

3.2.1 If there are no grounds for reporting the case to the Coroner a post-mortem examination may be requested on the grounds of clinical interest (a so-called hospital or permission autopsy). This request is regulated by the Human Tissues Act (2004). A hospital autopsy can only be performed if the person in a "qualifying relationship" (next of kin) gives informed consent. Written consent forms complying with the Department of Health document Families and Post-Mortems – a code of practice are kept by the Bereavement Officers and these forms must be used. **The doctor must not use the threat of notifying the Coroner as a means of obtaining permission for a hospital autopsy from a reluctant relative.** See Appendix 7 for further information.

3.2.2 Where a hospital post mortem is required, medical staff with a nurse chaplain, or bereavement officer, acting as an advocate for the family, present, should raise the issue of a post mortem with a person in a "Qualifying relationship" (see Appendix 7).

3.2.3 This meeting will include a discussion about the nature of a Post Mortem and the next of kin must be given a copy of the explanatory booklet to take away with them.

3.2.4 Specific consent must be taken for:

i) The removal
ii) The retention of organs and tissue

The consent form can be signed straight away if the next of kin are willing; however they can have up to 24 hours to decide before signing the consent form if they wish.

The Post Mortem will not take place until 24 hours from signing the consent form has elapsed in case the next of kin decide to change their minds.

Consideration should be given to post mortems in which only one area of the body is examined. This should be discussed with the next of kin by a doctor.

3.2.5 If in doubt, advice should be sought from the Bereavement Officer or the Pathology department.

4. Advice from Mortuary Technicians

4.1 Staff queries can be dealt with by calling the site mortuary during normal working hours. Out of hours the Patient Services Cordinator should be contacted in the first instance (in children's areas the paediatric bleep holder) and if they are unable to help with the enquiry they will refer it to the on-call Mortuary Technician.

5. Related Policies and Guidelines

This policy should be read in conjunction with the following policies: -

5.1 Patients Property Policy.
5.2 Respecting the Religions and Cultural Needs of patients.
5.3 Organ and Tissue Donation.
5.4 Patients Will.
5.5 Living Wills.
5.6 Jehovah's Witness.
5.7 Verification of Expected Death by Nurses.
5.8 Infection Control Policy for the use of Cadaver Bags

6. Family and Staff Support

An on-call Chaplain is available 24 hours a day. Chaplains are employed to support patients, families and members of staff whether they belong to a faith community or not.

They are available to:

- support staff in dealing with distressed patients or family members. This can be by offering a listening ear, providing information about what needs to happen after a person dies or practical help.
- provide information about the needs of different religious and cultural groups at the time of death
- provide religious and non-religious rites of passage/rituals around the time of death or arrange for people of specific groups to be available to family and staff
- provide short term bereavement support,
- be a link with community groups
- provide group and one to one support for staff especially following traumatic incidents on wards/units/departments.

7. Audit and Monitoring

Audit and Monitoring will be undertaken by review of:

(i) Datix incidents
(ii) The mortuary “non-conforming” process
(iii) Liverpool Care Pathway Audit

8. Review

The Trust Head of Chaplaincy and Mortuary Manager will be responsible for the on-going review of the policy with the Trust Bereavement Operational Group.

Formal review will be within 3 years of the effective date of the policy.

Appendix 1

In Circumstances Where A Death Occurs at the Freeman, NCCC and the RVI except in Adult and Paediatric Critical Care Areas (See appendix 2) & A&E (See appendix 3)

1. The procedure below will be followed when a death occurs in all cases: -

1.1. The next of kin will be issued with the deceased patient's property and valuables according to the 'Patients Property' Policy.

1.2. The next of kin will be issued with Trust bereavement information e.g. 'Information for the Bereaved'.

2. The procedure below will be followed when a death occurs between 09.00 and 16.30 on normal working days:-

2.1. The ward staff will contact the Bereavement Officers:

- Freeman: tel. 31146 or 29786 ,
- RVI: tel. 24348 or 29361

to arrange a time for them to meet with the family to complete the paperwork and pass this information to the next of kin.
If the doctor who will be signing the medical death certificate and the Bereavement Officer are available this may be done before the next of kin leave the hospital.
The Bereavement Officer will arrange with the ward staff for the transfer of medical notes to their care.

3. The procedure below will be followed when a death occurs after 16.30 and before 09.00 and at weekends/public holidays:-

3.1. The ward staff will contact Leazes Wing Reception ext 25800 to make an appointment for the next of kin to meet the Bereavement Officer to complete the paperwork and pass this information to the next of kin.

4. The procedure below will be followed when the Coroner needs to be informed (see policy section 3.1.1).

4.1. The doctor will contact the Coroner (On call coroner's officer is contactable via Switchboard, see also p7 of this policy).

4.2. If the Coroner wishes to be involved then the ward staff will give the next of kin an appointment card giving a date and time to meet with the Coroner. (Map and telephone number of Coroners office can be found on reverse of card).

4.3. If the Coroner does not need to be involved, he will give authorisation for the doctor to issue the medical death certificate and the procedure above will be followed.

Appendix 2

In Circumstances Where A Death Occurs in Adult and Paediatric Critical Care Areas of the Freeman Hospital and RVI

1.1. The next of kin will be issued with the deceased patient's property and valuables according to the 'Patients Property' Policy

1.2. The next of kin will be issued with Trust bereavement information e.g. 'Information for the Bereaved'.

2. The procedure below will be followed when the Coroner needs to be informed . (See policy section 3.1.1)

2.1. The doctor will contact the Coroner (On-call coroner's officer is contactable via Switchboard).

2.2. If the Coroner wishes to be involved then the ward staff will give the next of kin an appointment card giving a date and time to meet with the Coroner. (Map and telephone number of Coroners office can be found on reverse of card).

2.3. If the Coroner does not need to be involved, he will give authorisation for the doctor to issue the medical death certificate and the procedure below will be followed.

3. The following procedure will be followed in all other cases:-

3.1. The next of kin will be issued with the medical death certificate in a sealed envelope with details of how and where to register the death.

3.2. The next of kin will be issued with a signed 'Body Release' form.

Appendix 3

In Circumstances Where A Death Occurs In Accident and Emergency.

1. The procedure below will be followed in all cases:

1.1. Accident & Emergency staff will log the death in the three-part book kept at Reception. The Receptionist will give the staff the third slip to identify the deceased.

1.2. The next of kin will be issued with the deceased patient's property and valuables according to the 'Patients Property' Policy.

1.3. All deaths must be discussed with the Coroner. If the GP is willing to sign a medical death certificate he must discuss the death with the Coroner first.

1.4. If the police (Coroner's Officers) are not already in attendance, they must be contacted as soon as possible.

1.5. The Police will talk to the next of kin before they leave the department and conduct a formal identification of the body. In circumstances where formal identification cannot take place in Accident and Emergency, the senior nurse will be responsible for ensuring that the next of kin is escorted (by staff off the unit or Chaplaincy Staff) to the hospital mortuary for identification to take place.

1.6. The next of kin will be issued with Trust bereavement information e.g. 'Information for Bereaved Relatives'

1.7. The next of kin will be issued with an appointment card giving a date and time to meet with the Coroner. (Map and telephone number of Coroners office can be found on reverse of card).

Appendix 4

In Circumstances where a death occurs at Walkergate Hospital

1. The procedure below will be followed when a death occurs in all cases:

1.1 Ward staff will inform the General Office, ext 4301, of the death.

1.2 If there is a doctor on site who can complete the medical death certificate it and the body release form will be given to the next of kin by the ward staff.

1.3 If a doctor is not available the ward staff will arrange to contact the family once the paperwork is ready for their completion.

1.4 The next of kin will be issued with the deceased patient's property and valuables according to the 'Patients Property' Policy.

1.5 The next of kin will be issued with Trust bereavement information e.g. 'Information for the Bereaved'.

1.6 Ward staff will contact the Bereavement officer on 31146 or 29786 to arrange transfer of medical notes once the family has been given the information they need.

2 The procedure below will be followed when the Coroner needs to be informed (see policy section 3.1.1).

2.1. The doctor will contact the Coroner (On call coroner's officer is contactable via Switchboard, see also p7 of this policy).

2.2. If the Coroner wishes to be involved then the ward staff will give the next of kin an appointment card giving a date and time to meet with the Coroner. (Map and telephone number of Coroners office can be found on reverse of card).

2.3. If the Coroner does not need to be involved, he will give authorisation for the doctor to issue the medical death certificate and the procedure above will be followed.

Appendix 5

Release of Bodies Directly From Wards Or Outside Of Working Hours

1. Introduction

It is only in rare circumstances that bodies are released to the next of kin directly from the hospital or outside of working hours, e.g. for religious or cultural reasons, babies or children.

The Nurse in Charge of the ward will be responsible for ensuring that this procedure is followed. Assistance can be sought from the Patient Services Co-ordinator who will have access to the necessary paperwork.

The Patient Services Co-ordinator will involve the on-call Manager if necessary. The on-call Chaplain and the on-call Mortuary Technician are available for consultation. The purpose of this guidance is to ensure that body releases are made efficiently and sensitively whilst enabling the necessary medical and legal records to be kept. It may also be considered appropriate to release a body directly from the ward without having to go first to the mortuary.

2. Procedure

2.1. Unless the medical death certificate can be completed, the body cannot be released.

2.2 Check with the medical staff that the death is not to be referred to the Coroner or a post mortem required. If either of these is the case, the body cannot be released.

2.3. If a cremation certificate is required ensure completion of both parts of the cremation form before the body is released. The Coroner must be consulted when cremation is planned.

2.4. The Mortuary Technician must be contacted via switchboard to release the body. (please contact the on call mortuary technician at the earliest convenient time)

2.5. Administrative paperwork must be completed as normal.

2.6. The body should be correctly identified by means of a patient identity bracelet.

2.6. When releasing a body direct from the hospital before the death is registered, the Coroner's Office must be informed if the body is moving out the Newcastle Coroner's area. The Coroner's Office can be contacted 0800 – 1600, Monday to Friday, on (0191) 2612845. At any other time on (0191) 2146555, which is the Northern Area Control Room of the Police. They should be asked to contact the on-call Coroner's Officer urgently.

2.8. The next of kin must sign a Body Release Form. The form is to be countersigned by the Patient Services Co-ordinator/on-call Manager, the Critical Care Co-ordinator (in Critical Care areas) or on-call Chaplain.

2.9. When a body is moved without the use of a Funeral Director, the Police should be informed of the likely route and destination.

2.10. In discussion with the next of kin and the Mortuary Technician, agree a time for removal of the body.

2.11 Portering staff should be contacted to arrange to move the body to the mortuary in the hospital body trolley for collection by the Funeral Director or family. If the family do not wish the body to go to the mortuary it may be released from another suitable exit. The Patient Services Co-ordinator must agree the exit and the route to be taken (see 3.1 below). There may be occasions when a body is transported in some other way, e.g. a baby or child in a wheelchair with parents or staff member, or using a bed or theatre trolley. It is not, however, acceptable for the Funeral Directors to enter the ward to move the body.

2.12 The body must not be released until the mortuary records are fully completed.

3. Note

3.1. The choice of suitable exit depends on the circumstances and time of day. An assessment needs to be made by the Patient Services Co-ordinator as to which exit poses the least risk of offence to other service users.

Appendix 6

Procedure for family visits to Chapel of Rest/Viewing Room

1.1. The ability to view their deceased relatives is seen by the Trust as an integral part of the care provided to patients and their relatives.

1.2. 30 minute appointments will be available between the hours of 09.00 and 21.00hrs every day of the week for families to view their relatives.

1.3. In exceptional circumstances in might be possible for families to view outside of these hours. Please consult the on call Mortuary technician and Chaplain for advice.

1.4. All requests for chapel viewing should be directed to the Leazes Wing Reception ext. 25800

1.5. The Leazes Wing Reception Staff will liaise with the on-call Mortuary Technician and Chaplain to co-ordinate the appointment on behalf of the relatives.

1.6. The Leazes Wing Reception will confirm the agreed time with the relatives and keep a record in their diary.

1.7. No relatives must be allowed to make their own way to the Mortuary Viewing Facilities. They must always be accompanied.

1.8. Relatives will be met by the Chaplain/Escort at the Main reception at the Freeman and the New Victoria Wing Reception and accompanied to the Mortuary Viewing Facilities.

Appendix 7

The Hospital Post-mortem Examination

Written by Dr. Nigel Cooper,
Senior Lecturer Forensic Pathology and Honorary Consultant Histopathologist

1. If there are no grounds for reporting the case to the Coroner a post-mortem examination may be requested on the grounds of clinical interest (a so-called hospital or permission autopsy). This request is regulated by the Human Tissues Act (2004). This Act states that where an adult has whilst alive and competent given consent for a post-mortem examination it is sufficient for the activity to be lawful. If, however, the family or those close to the deceased object to the post-mortem despite the deceased's explicit consent health professionals must discuss the matter sensitively and consider whether it would be appropriate to proceed in the face of continued objection of the bereaved family. If the deceased indicated an objection to having a post-mortem examination this should be respected and no hospital post-mortem examination should be sought.

   When the deceased has not indicated their consent or refusal to post-mortem examination appropriate consent can be obtained from a person in a "qualifying relationship". The Act sets out a list of people who are in a qualifying relationship, these are as follows:

   1. Spouse or partner, including civil partner.
   2. Parent or child.
   3. Brother or sister.
   4. Parent or grandchild.
   5. Child of a brother or sister.
   6. Step father or step mother.
   7. Half brother or half sister.
   8. Friend of longstanding.

   Consent should be obtained from the person whose relationship to the person concerned is accorded the highest rank. A person can be omitted from the hierarchy if they cannot be located in reasonable time for the activity in question to be addressed. When considering the question of consent with one or more members of the family it may be appropriate to ask them if there are others who should also be consulted. More details are available in the Human Tissue Authority Codes of Practice.

   The death certificate should be issued before the post-mortem examination as this allows the next of kin to register the death although this is not a legal requirement.

   A hospital autopsy should not be requested if the cause of death is completely obscure, such a case should be referred to the Coroner.

2. A hospital autopsy can only be performed if the person in a “qualifying relationship” (next of kin) gives informed consent. Written consent forms complying with the Department of Health document Families and Post-Mortems – a code of practice are kept by the Bereavement Officers and must be completed and signed by a person in a “qualifying relationship”, usually the next of kin. **The doctor must not use the threat of notifying the Coroner as a means of obtaining permission for a hospital autopsy from a reluctant relative.**

3. The next of kin should be given a copy of the appropriate P.M. information booklet.

4. The way in which pathological investigation is discussed with the family is extremely important. They need to be given:

   - Honest, clear objective information.
   - The opportunity to talk to someone they can trust, and of whom they feel able to ask questions.
   - Reasonable time to reach decisions (about a hospital post-mortem and about any donation of organs or tissue).
   - Privacy for discussion between family members if applicable.
   - Support if they need and want it, including the possibility of further advice or bereavement counselling, or psychological support. (Support may be available from an organisation with whom a relative is already in touch, particularly if he/she has been a long-term carer of the person who has died).

   Only once the family have had time to reach a decision should they be asked to sign a consent form.

5. The person who seeks consent for a hospital post-mortem examination should be sufficiently senior and well informed, with a thorough knowledge of the procedure. He/she should have been trained in the management of bereavement and in the purpose and procedures of post-mortem examinations. Ideally, he/she should have witnessed a post-mortem examination. It is usually the responsibility of the deceased’s clinician to seek consent, knowing the medical problems and the unresolved aspects that merit investigation. Responsibility for obtaining consent should not be delegated to untrained or inexperienced staff.

6. Wherever possible, consent is best obtained by a person with whom the relatives have an established relationship. If the consultant in charge has not had close dealings with the patient’s family during the last illness, the family may find it helpful to also have someone present whom they know and trust (such as the hospital chaplain or, in the case of neonatal death, the nurse responsible for their baby’s care). However, if someone has died suddenly, there may be nobody who knows the patient or family.

7. Wherever possible, before the discussion with the family, the responsible clinician should contact the pathologist who will perform the post-mortem examination (extension 20982) so that accurate guidance can be given on which, if any, tissue or organs are likely to be retained and for what period and purpose. The pathologist may also make him or herself available for a discussion with the family if they wish. If the pathologist is certain that no organs will be retained, then there will be no need to ask the family to consent to this, and the relevant section of the form may be deleted.

8. Meetings about the post-mortem, including its timing, should take place in an area with suitable privacy and comfort, away from the clinical area. If a face-to-face meeting is not possible because relatives are unable to attend in person, consent to a post-mortem examination may be given orally, by telephone, or electronically, by e-mail. However, the fact of a telephone conversation should be carefully recorded and a copy of the consent form and other relevant documentation provided to the relative, just as with a face-to-face meeting (see paragraph below).

9. The family need to be offered full and clear information about the purpose of the post-mortem examination, the procedures and the range of choices available to them. They may need time to consider this. Time may be short; for example, because an earlier post-mortem will obtain more or better information. It is helpful for families to know what the time limits are and the reasons for them. Factual information should be provided in a permanent form that allows the family to take it away with them. At the end, they should be provided with a permanent record of the discussion, and of the agreement reached. A signed copy should be included in the patient record. If possible, the family should have an option of changing their minds, within an agreed time limit. They should be given the name and telephone number and/or e-mail address of the hospital's designated bereavement adviser, so that they can ask further questions later. Ready access to general explanatory material – eg a hospital website – may also be helpful. Standardised NHS consent forms for post-mortems and accompanying information leaflets have been designed to ensure these points are covered.

10. When discussing the post-mortem, some people will wish to know considerable detail about what will be done to the body. In such cases the procedure should be sensitively, but honestly and fully, explained. Others will not want so much or even any detail. This should be respected.

11. The discussion should include:

    - A basic explanation of what happens in a post-mortem examination (including the removal, retention and use of tissue samples for diagnosis).
    - The benefits of a post-mortem examination and why the doctor thinks it would be valuable in this case.
    - Possible alternatives to a full post-mortem examination (making clear the limitations to these, and the benefits of a full post-mortem).
    - Where, when and where possible by whom the examination will be performed. For parents in particular, consenting to a post-mortem may feel

like handing over part of themselves. They need to know where there child will be, for how long, and when they can have access to the body again. If the post-mortem is to be carried out at another hospital, the body should not be transferred any earlier than is necessary and should be returned as quickly as possible afterwards.

- Information about tests needed (e.g. histology, toxicology) and whether these might cause delays in the process.
- When, to whom, and how the results of the investigation will be made available and explained.
- Options for what will happen to the body or remains, and any organs or tissue removed (including tissue blocks and slides) after the examination.
- Whether consent is to be given for retention or use of tissue or organs after the post-mortem, and for what purposes.
- Explanation of the need for any images to be made (including photographs, slides, X-rays and CT scans), and of their use. In accordance with General Medical Council guidance, specific consent is not needed for the taking of photographs of organs or body parts or of pathology slides. Nor is specific consent needed to use them for any purpose provided that, before use, the images are effectively anonymised by the removal of any identifying marks.
- Whether organs or tissue can be retained without limit of time for medical research, and whether there are particular uses which the family would wish to exclude from any general consent given.
- The timing of burial or cremation so that, where possible, any human material removed can be reunited with the body for burial or cremation, if the family so wish. This will need to be done in consultation with the pathologist.

12. In some religions (including the Jewish, Muslim and Hindu faiths), it is important that a funeral should take place as soon as possible, usually within 24 hours. In such cases, every effort should be made to carry out a post-mortem examination within that period. If this is not likely to be practicable, or if organs cannot be returned within that period, this should be explained to relatives.

13. If the pathologist feels that the conditions decided by the family call into question or limit the value of the post-mortem, or make it difficult for him/her to carry out a post-mortem to a proper professional standard, he/she should advise the family of these limitations or, if necessary, that the investigation should not be carried out. This eventuality should be explained to the family at the time of discussion. However, pressure must not be exerted upon the family; this would render invalid any consent given.

14. Consent for the post-mortem must be separate from consent to the retention and use of tissue and organs thereafter. That is to say, the family must be clear that these are two separate decisions.

15. The discussion must make clear to the family:

- The meaning of the term “human tissue”; that it includes organs, parts of organs and tissue in various forms, such as frozen sections and samples fixed in paraffin wax.
- The various purposes for which tissue might be kept.
- Options which enable them to give or refuse consent for retention of any particular organ or tissue, and from any particular use

16. Although staff may recognise the need to obtain a speedy decision in order to maximise the benefit from a post-mortem examination, it is important that they do not convey to the family any sense of being rushed. Before the post-mortem, many relatives will want to spend as much time as possible with the person who has died and it is important to try to ensure that they have this time. However, if more information or better results might be obtained from an earlier examination, then it is also important that this is explained. Attitudes to post-mortem examination and the use of organs and tissues after death differ greatly. All health professionals need to be aware of these differences and respond to them with sensitivity. The family, from any background, may not always know what is traditional or customary within the community when a death occurs, and may need time to talk to other family and community members.

17. Valid consent can only be given if proper communication has taken place. Consent forms should be available in all the main local community languages, and staff should establish whether or not those concerned can read them. If necessary, information should be made available by other means such as video or audio tape. Use should be made wherever possible of a professional interpreter who is trained in interpreting for people who are bereaved. The interpreter must be able to understand and subscribe to issues of clinical confidentiality. Family members should not be used as interpreters in relation to any formal procedure.

18. Before any post-mortem is carried out, the family should be informed as to when the results are likely to be available. For a hospital post-mortem (and for any post-mortem on a baby or child) they should be given an appointment time (if they want one) that will allow them to discuss the results with the clinician responsible for the care of the person who has died, and/or the pathologist or other specialist clinician where that would be helpful. Families will usually be anxious to receive results of the investigations as soon as possible. They will be better able to tolerate the waiting time if they understand the reason for it.

19. Some families will not want to know the results of the post-mortem, or will not wish to discuss them in detail. Their wishes must be respected. However, the opportunity to discuss them at a later date should remain open to them, and they should be told this.

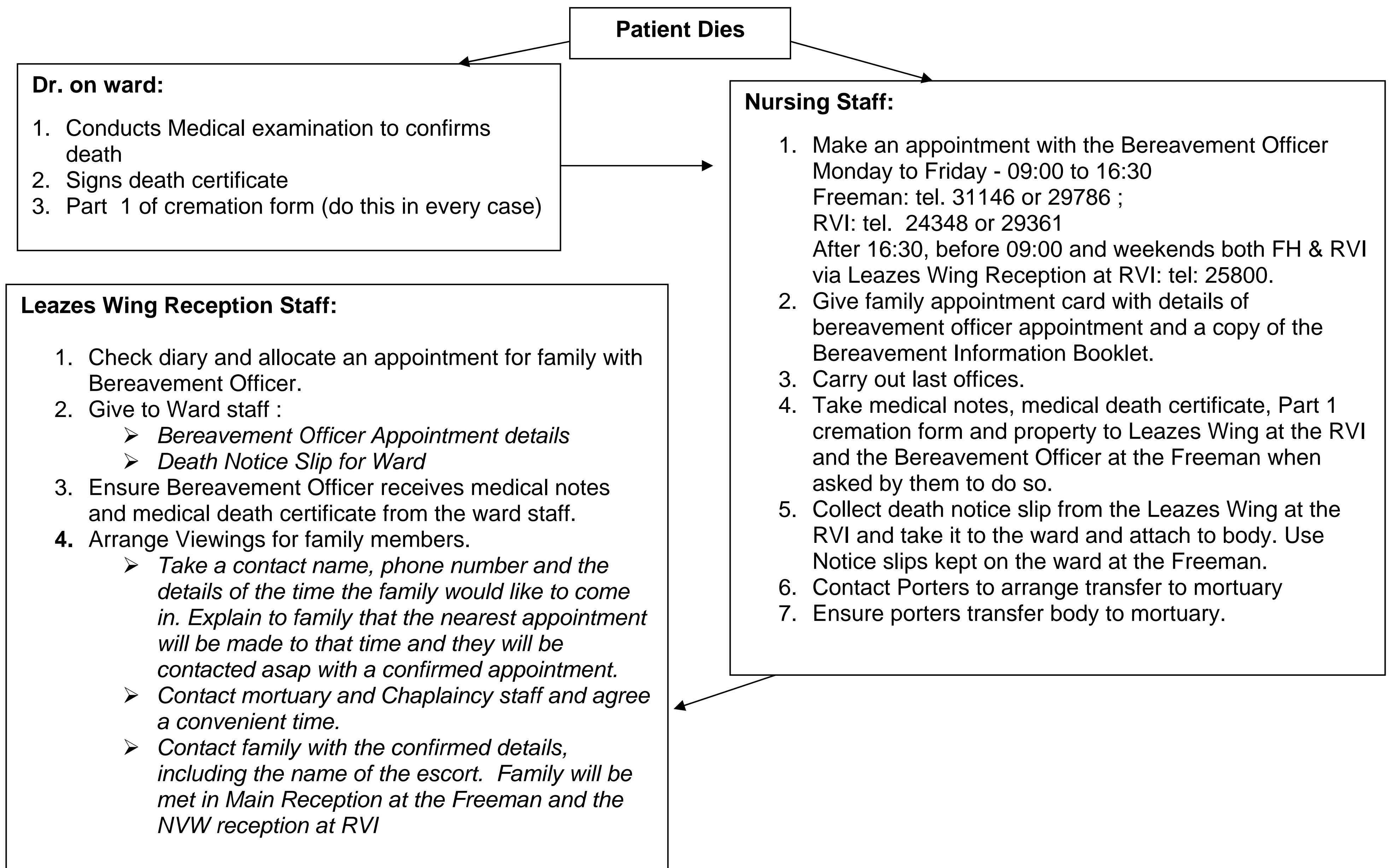
20. If families have given consent for the retention and use of tissue and organs after the post-mortem, they should be asked if they wish to receive (generalised) information about how this is subsequently used, for example through research

newsletters or websites. The level of information offered will vary according to use. If tissue is used for teaching, a leaflet on the value of medical education and the contribution of organs and tissue in it may be appropriate. For research, the discussion will need to include how much information they wish to have shared with them. These wishes should be recorded. Any restrictions imposed on the use of tissue, and the wishes for its eventual disposal, should already have been clearly documented as part of the process for obtaining consent (see above).

21. Where the family have given their consent to the retention of tissue or organs, they should be offered the option of allowing the hospital to dispose of the residual material after its further examination or use. This can either be by cremation, which requires additional paperwork, or by incineration. Alternatively, families may wish the hospital to arrange for collection of tissue or an organ, usually by a funeral director of their choice, at some specified time after the post-mortem examination, so that they can make their own arrangements for cremation or burial. Or the hospital may offer to retain the body in storage until the organ can be returned to it. Second funerals and interments of this nature can have significant emotional (and financial) implications for the family and so, while the choice is theirs, the implications of it may be an issue to raise sensitively with them.

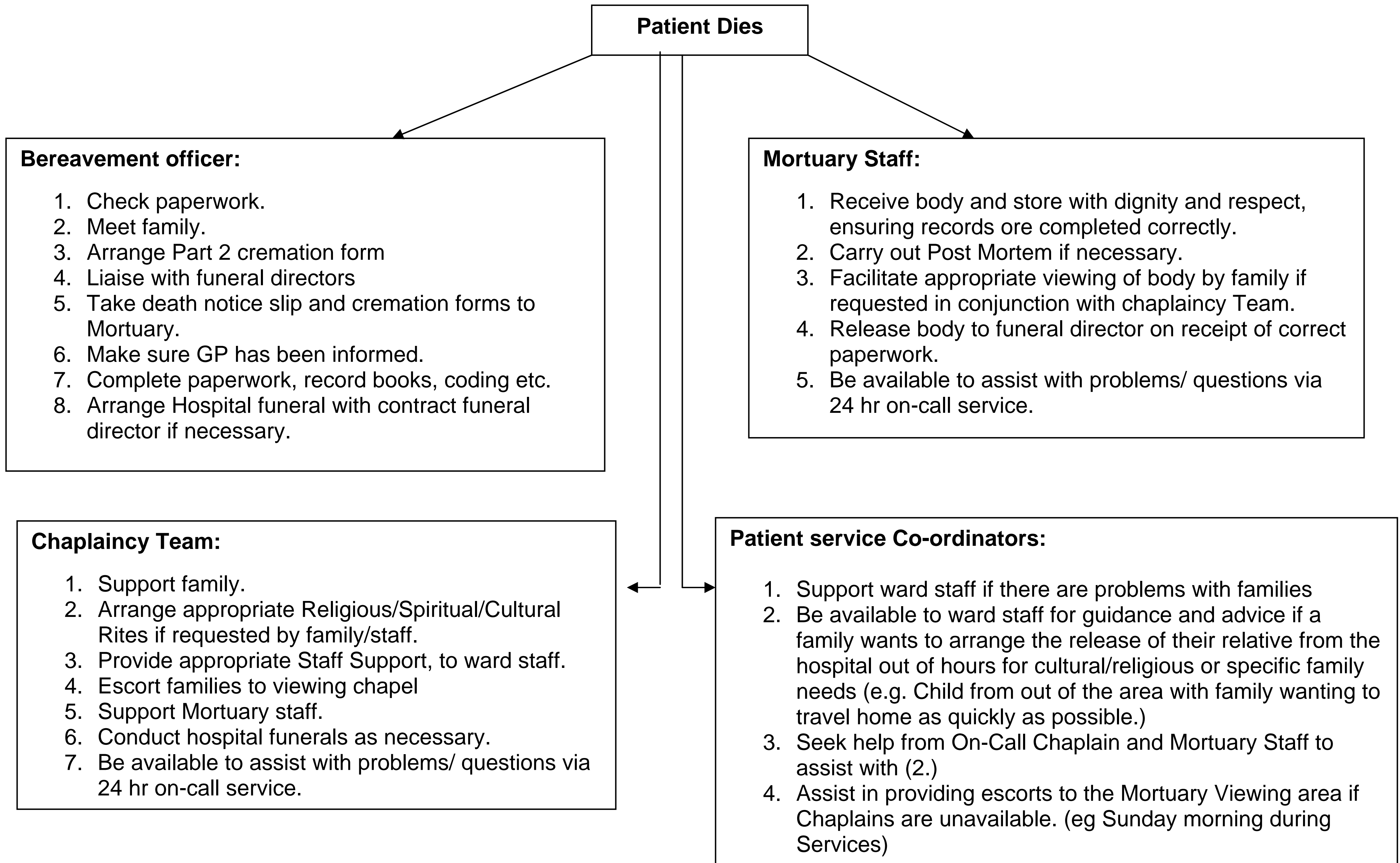
Responsibilities and actions required of staff following the death of a Patient.

Page 1: Ward Responsibilities:



Responsibilities and actions required of staff following the death of a Patient.

Page 2: Bereavement Support Staff



THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	**Bereavement Policy/Procedural Guidelines**	Policy Author:	Nigel M. Goodfellow
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		Whilst the policy does not favour any "Group" there are procedures built in to allow the specific Cultural and Religious needs of individuals and communities to be met.
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? *(If "yes", please answer sections 4(b) to 4(d)).*	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments: Whilst the policy does not favour any "Group" there are procedures built in to allow the specific Cultural and Religious needs of individuals and communities to be met.	**Action Plan due (or Not Applicable):**

Name and Designation of Person responsible for completion of this form: Rev'd Nigel M. Goodfellow, Trust Head of Chaplaincy.......... Date: 30/12/2010

Names & Designations of those involved in the impact assessment screening process:..

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.