The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Care after Death Policy/Procedural Guidelines for the Acute Setting

Version No.: 2.3
Effective From: 6 November 2015
Expiry Date: 6 November 2018
Date Ratified: 4 November 2015
Ratified By: Trust Bereavement Group

1 Introduction

The majority of people die in hospital (What we know now 2014). The NICE Quality Standard for End of Life Care (2011) asserts that the care provided after death should be dignified and culturally sensitive and ensure timely verification of death.

In April 2015, Hospice UK published Care after death- Guidance for staff responsible for care after death. The guidance was developed by a broad partnership of national organisations and refers to concurrent work including Leadership Alliance for the Care of Dying People- One Chance to Get it Right (2014). The guidance aims to ensure the deceased and their family are kept at the focus of care with their privacy and dignity maintained. It shows how this can be achieved while ensuring that issues such as tissue donation, coroner’s requirements, and the health and safety of all staff are addressed.

This policy outlines the steps to be taken to ensure that the aspirations of these documents are met and that the Trust provides the safest and highest quality health care with consistently high personal and professional standards.

2 Policy scope

This policy is applicable to all professionals involved in care after death. This includes; Doctors, Nurses, Health Care Assistants, Hospital Porters, Chaplaincy staff, Mortuary staff, Bereavement Services and Reception staff, Directorate Managers, On-Call Managers.

3 Aim of policy

A patient who has died is entitled to continuing dignity and respect. The aim of this policy is to ensure that the needs of relatives and carers of the dying and deceased are met sensitively and carefully and outlines the steps to be taken to ensure a decent and safe removal of the deceased from the Trust premises.

4 Duties

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
4.2 Directorate managers and heads of service are responsible to the Executive Team for ensuring policy implementation.
4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s). This includes ensuring that all staff are aware of this policy as part of their Induction to the Trust.
4.4 Staff are responsible for complying with policy.

5 Definitions
Meaning of specific terms are defined in the text of the policy

6 Care after Death Policy Procedure:

6.1 Ward or Department Death

A Doctor or member of Nursing Staff (in accordance with the Trust’s Policy Nurse Verification of Expected Death for Adults Policy) should ascertain that death has taken place and arrange for medical certification.

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 support needs of the bereaved immediately following the death will be assessed by the Nurse responsible for the Patient’s Care. 24 hour on call chaplaincy advice is available particularly in relation to Religious/cultural beliefs. (Further information: Religion, Belief and Cultural Practice Policy: Meeting the Needs of Patients and Carers).

In the case of a death where organs (including tissue and corneas) may be suitable for donation please refer to the Trust’s Organ, Corneal and Tissue Donation for Transplantation Policy

Relevant medical and nursing records should be completed. This will include:
- Medical notes,
- Nursing documentation including Care after Death Form

Nursing Duties:

A registered Nurse is responsible for ensuring that:
- An appointment with the bereavement office MUST be made for the family. See appendix 1.
- The next of kin will be issued with Trust bereavement information e.g. “Information for the Bereaved”
- Personal Care after death is completed with dignity and respect.
- The deceased Patient is prepared for a dignified transfer to the hospital mortuary or home with due regard to religious and cultural needs.
a) The next of kin/family should be invited to be involved in the personal care after death.

b) 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 personal clothing or hospital nightwear 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) The wishes of the next of kin/family in regard to placing belongings e.g. toy/photographs/religious symbols with the deceased should be sought.

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 (Body) Bags for the Deceased Patient.** Each ward should hold a stock in case needed. Please order using NHS supplies catalogue.

**Medical Staff Duties:**

It is the duty of a member of the medical team who has been responsible for the care of the deceased to:

- complete the death certificate and cremation form. This must be completed in the bereavement office and within 48 hours of death (see appendix 1)
- notify the General Practitioner as soon as possible and no later than the next working day following the death.
- If a patient has been admitted from a Care/Nursing Home to notify the General Practitioner as soon as possible and no later than the next working day following the death.
- In instances of Child Death a C Match form must also be completed.
Details of administrative procedure to be applied following the death of a Patient are included at Appendixes 1-3

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 4

Details of the procedure for family visits to Chapel of Rest/Viewing Room is included in Appendix 5

Details about Hospital Post Mortem Examination are included in Appendix 6

A flow chart of responsibilities can be found at the end of the policy.

6.2 Post Mortem Request’s

6.2.1 Coroner’s Post Mortem

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

Where the death occurs

- Within 24 hours of admission
- Within 12 months 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
- When a Depravation of Liberty Order (DOL) in place

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

In these circumstances (6.2.1), 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.

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

6.2.2 Hospital Post Mortem

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.

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). 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.

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.

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

### 6.3 Advice from Mortuary Technicians

Staff queries can be dealt with by calling the site mortuary during normal working hours. Out of hours the Patient Services Coordinator 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.

### 6.4 Related Policies and Guidelines

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

5.4.1 **Patients Property Policy**.
5.4.2 Privacy and Dignity
5.4.3 Religion, Belief and Cultural Practice Policy: Meeting the Needs of Patients and Carers
5.4.4 Advance Decisions (living Wills / Advanced Refusal Of Treatment) Policy
5.4.5 Organ, Corneal and Tissue Donation for Transplantation Policy
5.4.6 Patients' Wills
5.4.7 Jehovah's Witnesses (Medical Treatment of)
5.4.8 Nurse Verification of Expected Death for Adults Policy
5.4.9 Cadaver (Body) Bags for the Deceased Patient

6.5 Family and Staff Support

The support needs of the bereaved immediately following the death will be assessed by the Nurse responsible for the Patient’s Care. This may include contacting other agencies/professionals who already involved in the care/support of the deceased and their families.

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 Training

The scope of this policy is included in the Trust and local Induction and referred to in the Trust Mandatory Training Policy

8 Equality & Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on any grounds. This policy has been properly assessed.
9 Monitoring Compliance with the policy

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<th>Standard / process / issue</th>
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<th>Method</th>
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<td>Trust Bereavement Group with data presented by the chair of the Group and the Trust End of Life Lead Nurse</td>
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10 Consultation and Review

The Trust Head of Chaplaincy, Lead Nurse for End of Life, Mortuary Manager and Bereavement Services Manager will be responsible for the on-going review of the policy on behalf of and with the Trust Bereavement Group.

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

11 Implementation of policy

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Trust Bereavement Group.

12 References

- National End of Life Care Intelligence Network; *What we know now* 2014. Public Health England. Published in 2015.


• “When a Patient Dies” – DOH 2005

• Guidance for staff responsible for care after death (last offices) – NHS National End of Life Care Programme April 2011
  http://www.endoflifecareforadults.nhs.uk/assets/downloads/Care_After_Death___fina l_draft__20110610.pdf

• Human Tissue Act 2004
  http://www.legislation.gov.uk/ukpga/2004/30/contents
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.
The medical certificate and other relevant documents will be issued at this meeting.
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 medical notes must be taken to the bereavement office as soon as possible, after the death, in order for the paperwork to be completed.

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. The medical certificate and other relevant documents will be issued at this meeting.

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 paragraph 5 on page 4 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/she 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/she 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 in the Bereavement Office or Leazes Wing Reception, out of hours The Receptionist/Bereavement Officer 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).
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 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.

The Nurse in Charge of the ward will be responsible for ensuring that this procedure is followed. The Patient Services Co-ordinator and/or the on-call Chaplain must be contacted to ensure that the release is done correctly so as to minimize any complications or errors. Great distress can be caused if procedures are not followed correctly. Any errors with the paperwork might cause delays for the funeral.

The Patient Services Co-ordinator/on-call Chaplain will involve the on-call Manager if necessary. The on-call Mortuary Technician must be contacted before the body leaves the hospital.

2. Procedure

2.1. The nurse in charge must 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. Unless the medical death certificate can be completed, the body cannot be released.

2.2 Administrative paperwork must be completed as normal. All paperwork is accessible out of hours via the Leazes Wing reception desk at the RVI or the Patient services Coordinator at the Freeman.

2.3. The nurse in charge must arrange for the medical death certificate to be completed by the appropriate clinician as soon as possible.

2.4. Both parts of the cremation form should be completed before the body is released in all circumstances. If a family are clear they want a burial then the completed forms should be sent with the patients notes to the Bereavement Office where it will be held in case the family change their mind and choose a cremation rather than a burial. Please make this clear to the Bereavement Officer.

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

2.6. 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 by the nurse in charge. Ask switchboard to contact the police control room. This is so that the emergencies services are aware that a deceased body is being transported in an ordinary car in case there should be an incident on route.

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 5

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.
Registering the death of a Muslim
Guidance for both Inside and out of working hours.
Written by Mr. Jeff Potts, Mortuary Operations Manager

- If a death occurs within normal hours the hospital bereavement office needs to be informed on RVI 24348 FRH 31146 or outside of normal hours Newcastle bereavement services can be contacted on 0191 2787878 ask for the registrars on call.

- If the patient is muslim the and the family wishes to have the burial the same day this can only happen if the death is reported to the bereavement services by 12noon on 0191 2116941 the same day or if the death occurs after midday then the burial will be carried out the next day.

- If the family wish for the burial to happen in one of the two Newcastle cemeteries West road/ Lemington cemeteries general Muslim areas the death has to be registered first at the Newcastle civic centre registrar’s office see telephone number above.

- If the family wish to have the patient taken out of the country, back to their country of birth before this can happen. Firstly the Newcastle Coroner’s office must be informed of the death. They can be contacted on 0191 2777280 from 0830-1600.

- The Coroner if they are happy with the cause of death will issue an “Out of England” form without this a patient cannot be taken out of the country.

- A Freedom of infection letter must also be completed one of these can be collected from the Bereavement office. To be signed by medical staff.

- The funeral director acting on behalf of the family will contact the mortuary or the mortuary technician on call via the hospital switchboard.

- The funeral director and the mortuary technician will confirmed a time for collection the patient from the mortuary.

- Please note that funeral directors are not allowed onto any ward to transfer and patient into their care the transfer must be in the mortuary.

- If the patient is still on the ward at the above point the mortuary technician will contact the ward and the porters to have the patient transferred to the mortuary just before the agreed time of collection by the funeral directors.

- If the death occurs within normal working hours you must contact the bereavement office on RVI 24348 FRH 31146 to inform them of the death and the families' wishes.
• Outside of normal hours please contact the on call mortuary technician via switchboard for assistance

• Please be aware that the earlier that you can start talking to those who need to be involved the faster we can get the process moving for the families.

Useful numbers:

On call Mortuary Technician via Trust switchboard

Chaplaincy department via Trust switchboard

Bashir funeral directors tele 07891217880

Islamic funerals tele 0779057786

Dignity funeral directors 0191 2655415
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.

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 their 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:

Dr. on ward:
1. Conducts Medical examination to confirm death
2. Signs death certificate or speaks to coroner
3. Part 1 of cremation form (do this in every case unless Coroner is involved)
4. Inform GP and Care/Nursing Home

Nursing Staff:
1. Make an appointment with the Bereavement Officer (unless coroner is involved in which case an appointment with the Coroners officer will be provided by the Coroner)
   Monday to Friday - 09:00 to 16:30
   Freeman: tel. 31146 or 29786 ;
   RVI: tel. 24348 or 29361
   After 16:30, before 09:00 and weekends both FH & RVI via Leazes Wing Reception at RVI: tel: 25800.

2. Give family details of bereavement office appointment and a copy of the Bereavement Information Booklet.

3. Carry out last offices.

4. Ensures medical notes are taken to Leazes Wing Reception at the RVI and the Bereavement Office at the Freeman.

5. Collect death notice slip from the Leazes Wing at the RVI and take it to the ward and attach to body. Use Notice slips kept on the ward at the Freeman.

6. Contact Porters to arrange transfer to mortuary

7. Ensure porters transfer body to mortuary.

Leazes Wing Reception Staff:
(Out of hours and when Bereavement Officers not available.)
1. Check diary and allocate an appointment for family with Bereavement Officer.

2. Give to Ward staff:
   - Bereavement Officer Appointment details
   - Death Notice Slip for Ward

3. Receives medical notes for Bereavement Office

4. Arrange Viewings for family members.
   - Take a contact name, phone number and the details of the time the family would like to come in. Explain to family that the nearest appointment will be made to that time and they will be contacted asap with a confirmed appointment.
   - Contact mortuary and Chaplaincy staff and agree a convenient time.
   - Contact family with the confirmed details, including the name of the escort. Family will be met in Main Reception at the Freeman and the NVW reception at RVI
Responsibilities and actions required of staff following the death of a Patient.

Page 2: Bereavement Support Staff

Bereavement officer:
1. Organises the completion of necessary paperwork.
2. Meet family to offer practical support and advice.
3. Liaise with funeral directors, other departments and outside agencies.
4. Take death notice slip and cremation forms to Mortuary at Freeman Hospital.
5. Check the GP has been informed.
6. Complete paperwork, record books, coding etc.
7. Arrange Hospital funerals, Hospital transfers & repatriations, if necessary.

Mortuary Staff:
1. Receive body and store with dignity and respect, ensuring records are completed correctly.
2. Carry out Post Mortem if necessary.
3. Facilitate appropriate viewing of body by family if requested in conjunction with chaplaincy Team.
4. Release body to funeral director on receipt of correct paperwork.
5. Be available to assist with problems/questions via 24 hr on-call service.

Chaplaincy Team:
1. Support family.
2. Arrange appropriate Religious/Spiritual/Cultural Rites if requested by family/staff.
3. Provide appropriate Staff Support, to ward staff.
4. Escort families to viewing chapel.
5. Support Mortuary staff.
6. Conduct hospital funerals as necessary.
7. Be available to assist with problems/questions via 24 hr on-call service.

Patient service Co-ordinators:
1. Support ward staff if there are problems with families.
2. Be available to ward staff for guidance and advice if a family wants to arrange the release of their relative from the hospital out of hours for cultural/religious or specific family needs (e.g. Child from out of the area with family wanting to travel home as quickly as possible).
3. Seek help from On-Call Chaplain and Mortuary Staff to assist with (2.)
4. Assist in providing escorts to the Mortuary Viewing area if Chaplains are unavailable. (e.g Sunday morning during Services)
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment** 04/11/2015  **Date:**

2. **Name of policy / strategy / service:**
   Care after Death Policy/Procedural Guidelines for the Acute Setting

3. **Name and designation of Author:**
   Revd. Nigel M. Goodfellow, trust Head of Chaplaincy and Chair of Trust Bereavement officer

4. **Names & designations of those involved in the impact analysis screening process:**
   Nigel Goodfellow; Teresa O'Donnell

5. **Is this a:**
   - Policy [X]
   - Strategy [ ]
   - Service [ ]

   **Is this:**
   - New [ ]
   - Revised [X]

   **Who is affected**
   - Employees [X]
   - Service Users [X]
   - Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** (These can be cut and pasted from your policy)

   **Aim of policy**
   A patient who has died is entitled to continuing dignity and respect. The aim of this policy is to ensure that the needs of relatives and carers of the dying and deceased are met sensitively and carefully and outlines the steps to be taken to ensure a decent and safe removal of the deceased from the Trust premises.

7. **Does this policy, strategy, or service have any equality implications?** Yes [X]  No [ ]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
## 8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>The Care after Death Policy is designed to alert staff to the differing needs of cultures and beliefs and to signpost the relevant information for staff to protocols and resources to enable differing needs to be respected and met. On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy. Policy identifies further policies to ensure needs are met.</td>
<td>The civic authorities have special on-call protocols to meet the needs of cultures where there is a need for rapid release of the deceased to meet Cultural/Religious beliefs of needing to be buried in a short period of time. This could be seen as discriminatory to those cultures where that need doesn't exist e.g. under normal circumstances a family will have to wait if a person dies on a bank holiday but this will be expedited in certain circumstances by the registrar and coroner if there is a perceived cultural belief need. This is a matter for the civic authorities and not the Trust although they have been made aware that this could be potentially discriminatory. The issue of whether the Trust should change some of its policies to allow access to a Bereavement Officer 7 days a week has been considered but as the civic authorities do not offer a 7 day service to all bereaved there is no reason to introduce a service in the Trust that does not match the civic authorities. This will be reviewed by Trust Bereavement Group.</td>
<td>Policy meets the needs of communities where there is a cultural need to move quickly following the death of a patient. This is appreciated by the communities and is a sign that the Trust takes the matter seriously.</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Policies apply to all individuals and trust policies highlight the need to respect the needs of individuals and ensuring people are treated with dignity. On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy. Policy</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
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<tr>
<td>Religion and Belief</td>
<td>Policy highlights the need to take a person's Religion and belief seriously and alerts staff to its importance. The policy signposts other policies and resources available to staff to ensure this happens. On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy.</td>
<td>As above for Race/ethnic origin</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy. Policy identifies further policies to ensure needs are met.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Policies apply to all individuals and trust policies highlight the need to respect the needs of individuals and ensuring people are treated with dignity. On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy. Policy identifies further policies to ensure needs are met.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Policies apply to all individuals and trust policies highlight the need to respect the needs of individuals and ensuring people are treated with dignity. On-call Chaplains, Mortuary Staff and Patient service Co-ordinators are available to support the delivery of the policy. Policy identifies further policies to ensure needs are met.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Policies apply to all individuals and trust policies highlight the need to respect the needs of individuals and ensuring people are treated with dignity. On-call Chaplains, Mortuary Staff</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes  No  

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)
PART 2

<table>
<thead>
<tr>
<th>Name:</th>
<th>Nigel M. Goodfellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of completion:</td>
<td>04/11/2015</td>
</tr>
</tbody>
</table>

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