**MORTUARY SERVICES USERGUIDE**

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# **Introduction to Mortuary Services within EKHUFT**

East Kent Hospitals University Foundation Trust (EKHUFT), provides a mortuary service based at three sites; William Harvey Hospital (WHH), Queen Elizabeth the Queen Mother Hospital (QEQMH) and Kent and Canterbury Hospital (K&CH). The service is operated by dedicated team consisting of Anatomical Pathology Technicians (APT) and mortuary assistants that care for deceased received from the community or hospital through the pathway until they are collected by the nominated funeral director after cause of death has been determined.

Each site has viewing room facility for identifications and viewings of deceased these must be arranged with mortuary staff prior to the visit. There are post-mortem facilities at WHH and QEQMH and these are carried out under the jurisdiction of the Kent and Medway Coroner. K&CH do not accept deceased from the community, community deaths from surrounding areas are transferred to either WHH or QEQMH.

Post mortems are performed at WHH and QEQMH by one of our in house pathologists, any independent post-mortems are transferred to another Trust which is arranged by the Coroner. Home Office post-mortems are completed by an independent forensic pathologist that will visit the site along with Kent Police. Both premises are licensed by the Human Tissue Authority (HTA). The main licence is held by WHH mortuary and QEQMH have a satellite licence, both have the same licence number 30011. Kent and Canterbury Hospital, offer a body storage facility only, no post mortems are performed and no tissue is stored at this site.

Mortuary services work alongside teams within the Trust and service providers within the community to ensure all deceased in our care are treated with dignity, respect and cared for throughout the pathway through the mortuary. Collaborative practice between all the teams involved in the pathway results in a high standard of care being delivered to the deceased and the bereaved families within EKHUFT. We work alongside Bereavement Services, the Small Steps Bereavement Midwives, Kent and Medway Coroners Service and 2getherSupport Solutions to continue to improve and develop the service, along with working closely with local funeral directors, Kent Police and South East Coast Ambulance Service NHS (SECAMB).

# **Location and Opening Hours**

The three sites are located within hospital grounds at each site and is signposted for visitors but can be located on the hospital map for each site, any issues locating us please use the contact numbers in section **3.1.** Families visiting the mortuary will be met at main the reception at the main entrance of the hospital by a member of staff conducting the viewing, (please do not direct families to the mortuary). The three mortuary sites have two entrance and access points. The back door at each site is external which is used for the collection of all deceased by the nominated funeral director and admission of community deaths by either SECAMB or the contracted funeral director for Kent and Medway Coroner Service. The front doors within the hospital premises are used for access for authorised staff and admission of hospital deaths by 2gether Support Solutions porters. Each site has a side door for families to access with mortuary staff to gain access to the viewing room with the mortuary staff member conducting the viewing.

The address for each site can be found below along with the opening times. The opening times vary across the three sites due to service demands and post mortems please see the information below for hours the mortuary is staffed.

1. William Harvey Hospital, Kennington Road, Ashford, Kent, TN23 0LZ
2. Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent, CT1 3NG
3. Queen Elizabeth the Queen Mother Hospital, St Peters Road, Margate, Ken, CT9 4AN

The three mortuary sites are staffed during the following hours:

K&CH Mortuary Monday, Wednesday and Friday 12:00 – 16:00

QEQMH Mortuary Monday- Friday 07:30 – 16:00

WHH Mortuary Monday- Friday 07:30 – 16:00

The mortuary is open from 11:30am at the QEQMH and WHH, Mon-Friday for collections of deceased due to post mortems being completed in the morning. If access is required outside of these times, an appointment should be made between the funeral director and mortuary staff prior to collection. Please be mindful during busy periods there may be delays when visiting or contacting the mortuary.

# **Contacts and Key Personnel**

| Name | Role | Contact details |
| --- | --- | --- |
| Dr Doraline Phillips | Head of Service (HoS) | 01233 616604  (Ext:723-6604) |
| Stuart Turner | Head Biomedical Scientist (HBMS) | 01233 616129  (Ext: 723-6129) |
| Sophie Coales | Quality Officer Cellular Pathology and Mortuary and Person Designate (PD) | 01233 616253  (Ext: 723-6253) |
| Adam Berry | Lead Anatomical Pathology Technologist and Person Designate (PD) | 01233 616606  (Ext: 723-6606) |
| Jacqueline Cochrane | Deputy Lead Anatomical Pathology Technologist | 01233 616606  (Ext: 723-6606) |
| Marcus Coales | Pathology General Manager and Designated Individual (DI) | 01233 633331  (Ext: 723-8400) |
| Naomi Rogers | Head of Quality, Governance and Risk Management and Person Designate (PD) | 01233 616288  (Ext:723-6288) |
| Stacey Parker | Bereavement Midwife and Maternity Person Designate (PD) | 07824822811 |
| Emma Barritt | Bereavement Midwife and Maternity Person Designate (PD) | 07955 321050 |
| Catherine Miller | Paediatric Matron and Paediatric Person Designate (PD) | Ext: 7253051  7234414 |

# **Useful contacts**

| Contact | Phone number |
| --- | --- |
| William Harvey Hospital Mortuary | 01233 616606  (Ext: 723-6606) |
| Kent and Canterbury Hospital Mortuary | 01227 864352  (Ext: 722 4352) |
| Queen Elizabeth the Queen Mother Hospital Mortuary | 01843 235079  (Ext: 725 5079) |
| Kent and Canterbury Hospital Bereavement Service Office | 01227 766877  (Ext: 722-4006) |
| Queen Elizabeth the Queen Mother Hospital Bereavement Service Office | 01843 225544  (Ext: 725-4452) |
| William Harvey Hospital Bereavement Service Office | 01233 633331  (Ext: 723-6887) |
| Chaplaincy Service for East Kent Hospitals University Foundation Trust | 01843 225544  (Ext: 725-2578) |
| Small Steps Bereavement Team for East Kent Hospitals University Foundation Trust | [ekhuft.bereavementmidwives@nhs.net](mailto:ekhuft.bereavementmidwives@nhs.net) |
| Kent & Medway Coroner’s Service  Cantium House  2nd Floor  Maidstone, ME14 1XD | General enquiries & new deaths :  03000 410 502  [KentandMedwayCoroners@kent.gov.uk](mailto:KentandMedwayCoroners@kent.gov.uk)  [KentandMedwayCoroners@kent.gcsx.gov.uk](mailto:KentandMedwayCoroners@kent.gcsx.gov.uk) |

# **Protection of Personal Information**

Mortuary services adheres to East Kent Hospitals, Trust Data Protection and Information Governance polices which outline the legal requirements for both the Trust and every member of staff to handle all personal data in a secure and confidential way. This is also a requirement to maintain our license with the Human Tissue Authority (HTA) as this is a standard within the Post Mortem Sector Codes of Practice. All patients’ health information is protected within the department through a number of measures:

* Mortuary records can only be accessed by authorised personnel, all paper records are kept secure within mortuary premises.
* Electronic records can only be accessed by authorised personnel and access is approved by the Pathology General Manager.
* Records are archived in line with Royal College of Pathologist (RCPath) guidelines and they are retained in line with the guidelines and stored until they can be destroyed.
* All mortuary staff and pathologists are aware of their responsibilities in confidentially, all staff must complete mandatory training which covers data protection, governance and confidentiality. Care is taken over the disclosure and use of information to relevant parties.
* Any alleged or suspected breaches of confidentiality will always be reported, investigated and actioned in accordance with East Kent Hospitals Trust polices. Breaches of confidentiality should be reported on the Trust internal incident reporting management system, investigated by a nominated handler. The Trust Information Governance Team should be notified as it some information breaches maybe required to be reported to the ICO – Information Commissioner’s Office.
* Measures are taken to ensure that disclosure of information passed outside the Trust is in accordance with the Caldecott Principles and the Data Protection Act 1998.

# **Comments, Compliments and Complaints**

EKHUFT mortuary services is committed to providing a service that is dignified, safe and respectful to all deceased that enter our care, in line with the Care after Death policy and HTA standards. If you are not happy with any aspect of our service or have any ideas on how we could improve the service then please do let us know.

Alternatively if there is something we have done well we would be grateful for your feedback. There are several ways that you can raise a compliment, complaint or concern:

* Contact the Mortuary Lead Anatomical Pathology Technician or Mortuary Quality Officer. Telephone the Mortuary between 08:00-16:00 Mon – Fri – 01233 616606/616253
* Contact the Patient Advice and Liaison Service (PALS)

Phone: 01227 783145 9:00am to 4:00pm, every Monday to Friday (excluding bank holidays, please leave a voicemail if we are busy or closed

Or via e-mail:  [ekh-tr.PALS@nhs.net](mailto:ekh-tr.PALS@nhs.net)

# **The Human Tissue Authority**

The Human Tissue Authority (HTA) are the independent regulator of organisations that remove, store and use human tissue for research, medical treatment, post-mortem examination, education and training, and display in public. The HTA licenses a number of activities relating to human tissue and are responsible for carrying out inspections to ensure licence conditions are being met, shortfalls raised and incidents reported are monitored by the HTA and corrective action must be completed to demonstrate improvement and compliance to the standards. Failure to comply with the HTA standards can result in the license being removed from the premises, this would impact the service as deceased in our care would need to be transferred to another Trust for post mortem examinations and tissue retrieval which may cause delays in releasing the deceased back to their family.

# **Licensed Premises**

WHH and QEQMH are both HTA licensed premises. The license enables both sites to perform post-mortem examinations, retrieve material from a deceased and WHH is licensed to store material from a deceased in accordance with the family’s wishes after investigations following a post mortem examination have been concluded into cause of death. The license also covers maternity services for consent for perinatal post-mortem and viewing of babies in the bereavement suites at QEQMH and WHH. The license also cover accident and emergency services at both sites for the removal of Kennedy samples from deceased infants and children.

* 1. **HTA assessments**

The HTA carry out regulatory assessments on licensed premises in line with the Human Tissue Act 2004, these may be scheduled in advance or unannounced, and may cover all licensing Standards or be themed with a focus on a narrower set of Standards. These are carried out at both the Hub and Satellite site covered by the license where the HTA will assess compliance with the relevant standards and raise shortfalls where any standards have not been met fully, these are reported as either a critical, major or minor shortfall. These will be included in a report addressed to the DI and a Corrective and Preventative Action (CAPA) plan will be submitted within 14 days of receipt of the final report from the HTA, the CAPA plan will demonstrate how the shortfalls will be addressed with actions and improvements to close the shortfalls. The timeframe given to close the shortfall will depend in the severity of the shortfall raised and these will be set by the HTA. If the actions are not completed to address the shortfalls in the agreed timeframe further regulatory action may be taken by the HTA which could lead to suspension or revocation of our license. Once shortfalls have been closed the inspection report is published on the HTA website following the link below.

<https://www.hta.gov.uk/guidance-professionals/latest-inspection-reports>

# **Human Tissue Authority Reportable Incident**

Incidents included in the Human Tissue Authority Reportable Incident (HTARI) criteria have to be reported to the HTA and they will require an investigation to be carried out into the root cause and the actions we implement in order to prevent a reoccurrence. These must be reported within 5 working days to the HTA. The following are classification of a HTARI:

* Accidental damage to a body
* Any incident not listed here that could result in adverse publicity that may lead to damage in public confidence
* Discovery of an additional organ(s) in a body on evisceration for a second post-mortem examination, or during the repatriation or embalming process
* Discovery of an organ or tissue following post-mortem examination and release of body
* Disposal or retention of an organ or tissue against the express wishes of the family\*
* Incident leading to the temporary unplanned closure of a mortuary resulting in an inability to deliver services
* Loss, disposal or retention of a whole fetus or fetal tissue (gestational age greater than 24 weeks) against the express wishes of the family
* Loss, disposal or retention of a whole fetus or fetal tissue (gestational age less than 24 weeks) against the express wishes of the family\*
* Loss of an organ or tissue
* Major equipment failure
* Post-mortem cross sectional imaging of the body of a deceased person included an invasive procedure for which consent had not been given
* Post-mortem examination conducted was not in line with the consent given or the PM examination proceeded with inadequate consent
* Post-mortem examination of the wrong body
* Release of the wrong body
* Removal of tissue from a body without authorisation or consent
* Serious security breach
* Viewing of the wrong body

If you believe you have an incident that requires reporting please contact the Lead APT, DI or mortuary quality officer from the contact details provided above in Section **3.**

For further information on classification of HTARI’s and guidance of what incidents need to be reported please find the information via the following link on the HTA website.

<https://www.hta.gov.uk/guidance-professionals/guidance-sector/post-mortem/post-mortem-hta-reportable-incidents-htaris>

# **Security and Access**

In line with HTA standards the premises of all three mortuary sites are secure and access is controlled to protect the deceased in our care. Access to mortuary premises within EKHUFT is restricted to authorised personnel only, all entrance and exit points are covered by smartcard access and CCTV covers all areas within the mortuary. Access to any of the mortuary sites is ONLY permitted for the following reasons:

1. TWO porters transferring a deceased to the mortuary from the ward
2. TWO porters assisting SECAMB or Coroner’s removal service to transfer a deceased from the community out of hours.
3. TWO maternity staff transferring or collecting a baby in mortuary working hours
4. TWO maternity staff and TWO porters transferring or collecting a baby out of hours
5. TWO nursing staff and TWO porters transferring a paediatric to the mortuary.

Contractors and Estates must complete maintenance and repairs within the mortuary opening hours and this should be arranged with the team. In the event of the work needing to be carried out of hours this must be arranged with the mortuary as they must be present in the mortuary whilst the work is being carried out.

In the event of any emergency situation or exceptional circumstance out of hours the on-call mortuary personnel MUST be contacted to be informed and manage the situation accordingly in line with security and access protocol and Human Tissue Authority (HTA) Codes of Practice otherwise this will be a breach in our HTA license.

Fire Brigade, fire wardens and Trust security personnel are the ONLY exception in an emergency situation permitted to access the mortuary without designated individuals being present or granting access. N.B. Security personnel will have unique access cards for all sites.

The mortuary is staffed at both QEQMH and WHH Mon – Fri 07:30-16:00 and at K&CH Mon, Wed and Fri 12:00 -16:00. Any access required or incidents that occur outside of these working hours the on call APT MUST be contacted via switchboard.

Attendance to mortuaries by any other personnel (e.g. clinical site managers (CSM), estates, EME, domestic, care group, medical or nursing staff OR external agencies) MUST be in the presence of mortuary staff which includes out of hours. Police are permitted access for both ward and community deaths, whilst a deceased is conveyed to the mortuary for continuity of their presence, up to the point a deceased is placed into the fridge. Access requests out of hours for Identification or external examinations must be made to switchboard and they will contact the on-call APT to attend the site.

During hours the mortuary are staffed access can be granted by the team via intercom, please press the intercom and await mortuary staff to access, please do not attempt to see if your smart card grants you access as this will flag in the security and access audits.

Mortuary staff have a responsibility to challenge any staff accessing the mortuary at any of the three sites. All NHS staff and porters MUST have an ID badge present to enter to the mortuary and will be challenged when entering the department.

All undertakers that access the mortuary MUST identify themselves on the intercom, they MUST state the name of the deceased they are collecting/returning and the funeral directors company name that they are representing. Paperwork must be brought to the mortuary by the undertakers in order for them to collect or admit deceased. Authority of Release paperwork that is signed by the family will confirm they are instructed to collect the deceased on behalf of the family or next of kin.

# **CCTV**

All three mortuaries within EKHUFT have CCTV installed which cover all entrance and exit points, in fridge/ freezer areas (permanent and temporary), viewing and post mortem rooms to give full visibility of the premises across the sites. The CCTV is positioned throughout the mortuary at all three sites to ensure there are no blind spots. The post mortem room is set up to have the post mortem tables pixelated black to maintain dignity and respect for all deceased in our care that have post mortem examinations, however this function can be removed if ever required in an investigation into an incident. The CCTV is not under live surveillance by any personnel however reviewed when required for audit purposes or investigations.

# **Smart card access**

All three mortuaries within EKHUFT are smart card access restricted, only staff with permissions assigned to their smart card are able to access the mortuary. Access is reviewed monthly to ensure only authorised staff have access to the mortuary. Staff with access to the mortuary within EKHUFT are:

1. All mortuary staff,
2. Pathologists (that perform post mortems)
3. The HTA Designated Individual,
4. Pathology General Manager,
5. Head Biomedical Scientist for Cellular Pathology and Mortuary,
6. Mortuary Quality Lead,
7. Designated Porters with mortuary training

In line with the smart card policy, smart cards and ID badges with access stickers attached

MUST NOT be shared. Access can be added to 2SS porters ID badges using an RFID sticker, once the permission has been approved by the Lead APT following completion of 2GSS training the porter can attend the designated office within pathology or the mortuary at each site to have their access assigned to their ID badge. New starters within mortuary services or pathology with approved access will attend the designated office or mortuary to have their smart card access activated. Audits are completed to ensure the smart cards are being used in line with the smart card policy and by authorised staff.

# **Visitors Log**

All visitors to the mortuary (with the exception of undertakers collecting and transferring deceased during mortuary staffed hours) MUST complete the visitors log to record the purpose of their visit, this provides an audit trail of staff accessing the mortuary at all times to ensure their visit is for a scheduled purpose. Any entry made into the mortuary at any site that is not recorded in the visitors log will result in an investigation into the discrepancy CCTV has to be reviewed to ensure the access was permitted.

# **Visiting and Viewing the Deceased**

All three mortuaries have designated viewing rooms these are used for identifications and viewings of deceased. The most appropriate place for next of kin to view the body is on the ward/unit. Nursing staff should try to arrange this wherever possible, where this is not possible viewings are to be arranged with the mortuary team and must take place within routine working hours of the mortuary service which differs between the three sites. All requests for viewings must be agreed by the mortuary team before arranging with the family to ensure there is availability for the viewing to enable mortuary staff time to prepare the deceased for viewing and be available for the family. QEQMH perform post mortems Tuesday and Thursday mornings and WHH perform post mortems Monday – Friday in the morning, therefore staff may not be available to perform viewings until these are finished due to their duties and it may not be appropriate to do so with environmental factors surrounding post mortems being carried out.

# **Arranging a viewing**

To make an enquiry/arrange a viewing - please contact Bereavement Services using the information below:

| Site | Direct  Number | Extension | Bereavement Services Opening times:  Mon - Fri (excl B/Hs) | Mortuary Service Viewing times: (depending on availability) |
| --- | --- | --- | --- | --- |
| William Harvey Hospital | 01233 616887 | 723 6887 | 09:00 - 16:00 | 11:30 - 15:00  Mon - Fri  (excl B/Hs) |
| Queen Elizabeth the Queen Mother Hospital | 01843 234452 | 725 4452 | 09:00 - 16:00 | 11:30 - 15:00 Mon - Fri  (excl B/Hs) |
| Kent and Canterbury Hospital | 01227 864006 | 722 4006 | 09:00 - 15:00 | 12:30 - 15:00  Mon/Wed/Fri only  (excl B/Hs) |

If the coroner is involved then authorisation from the coroner must be obtained before a viewing can be arranged. Viewings / Identifications by Police, Coroners’ Officers and / or Next of Kin will require prior arrangement with mortuary staff due to post-mortems being completed throughout the week and a high demand for viewing bookings.

If a family wishes to view a deceased that is under the coroner they will only be able to view behind glass so we encourage the family to wait until investigations have been completed into the cause of death so they are able to be with their loved one rather than having to be behind the glass or await for the deceased to be released to their nominated funeral director and visit the deceased there.

Please do not send family members directly to the mortuary for viewings without prior arrangements with the team as we may be unable to facilitate this and this will cause further distress to the family. Where possible mortuary staff will always accommodate viewings with bereaved families but this must be arranged prior due to service delivery.

# **Out of Hours Viewing**

Viewings outside mortuary working hours are not permitted routinely. An on-call APT is available for advice outside the mortuary routine working hours and can be contacted via switchboard. Please consider this information before informing relatives about viewings as it can add further distress to the family if they are misinformed about the mortuary opening times or there is limited availability.

# **Viewing of a baby**

Following the loss of a baby over 16 weeks of gestation or a neonatal death the baby will be transferred to the mortuary, if the parent(s) request to view the baby in the bereavement suite at either WHH or QEQMH this can be facilitated by the bereavement midwifery team.

Outside of mortuary working hours the maternity staff will contact facilities help desk to book the job for two porters to attend the mortuary with the maternity staff. Two maternity staff and two porters must be present at all times when collecting or transferring a baby from the mortuary if two staff are not available from both services the transfer MUST NOT be completed until there are sufficient staff available. Inside mortuary working hour’s two maternity staff will arrange with mortuary staff to attend the mortuary to collect the baby. Mortuary staff will allow two maternity staff access following them pressing the intercom.

Maternity staff are responsible for bringing appropriate equipment to transfer the baby to and from the ward. When transferring a baby to and from the mortuary maternity staff must ensure all items are with baby and kept with them, baby is wrapped and clothed. Maternity staff must check baby is clearly labelled with two identification bands and that the labels contain three points of identification these can comprise from: Babies full name, (Baby of) mother’s full name, date of birth, date of delivery, mothers NHS number, mothers address.

The visitors log must be completed by all staff that enter the mortuary to collect or return the baby for a viewing. The visitors log must include the name of the baby and whether the baby is being transferred to the ward or back to the mortuary so there is traceability for all babies in our care.

Maternity staff are responsible for ensuring identification labels are present and that the information present matches the details given by the family when arranging the viewing. Identification checks must be completed inside the mortuary before the baby is transferred to the ward. This is not the responsibility of the porters they are only present to permit access to the maternity staff.

# **Out of hours service**

The mortuary offer an on call service outside of mortuary staffed hours, the on call APT can be contacted outside of mortuary working hours to attend the site for any of the following reasons:

* Home office/forensic post mortem
* Identifications completed by the police
* External examination by Police or CSI
* Capacity management
* Fridge/ freezer downtime or temperature excursions
* Assisting porters with a bariatric deceased
* Organ retrieval/ tissue services
* Paediatric death brought in from the community
* Viewings
* CT scans of deceased for Forensic Post Mortems
* Security issues

When mortuary personnel are not present, no other staff group are to be admitted by the portering team. Personnel must contact the on call APT via Trust switch board to discuss the reason for entering the mortuary and if access is requested for an essential purpose, the APT is to attend on site. There are notices outside entrances to mortuary and body store with instructions how to contact the on call APT. On call APTs are also available to take telephone enquiries from hospital staff as and when necessary. Contact can be made via the hospital switchboard to a designated on call APT (on the mortuary mobile phone) who will deal with the request in a timely manner. Should additional members of staff be required, it is the responsibility of the on call APT to arrange with their counterpart to meet them at the required site. On call APTs will also be contacted out of hours by Checkit (Fridge/freezer alarm monitoring system) should the fridges/freezer become out of range and transmit an alarm.

# **Fridge Storage and Length of Stay**

All deceased in our care are stored in temperature monitored fridge units, these units are monitored 24/7 by an external temperature monitoring company called CheckIt, to ensure all deceased are stored within suitable fridge temperatures. All fridge units can only be accessed by mortuary staff and porters when transferring deceased into the fridge unit. We have a separate perinatal fridge at WHH and QEQMH for all fetal deaths to be kept safe and secure until they are able to be collected by the nominated funeral director or family. We have freezer storage to store deceased that have been in our care for 30 days and over this is a HTA requirement, assessment checks are completed to monitor deterioration and when necessary deceased are placed into the freezer before 30 days to prevent further deterioration. Where possible all deceased are released back to their families as soon as possible but delays can occur and deceased can be in our care for prolonged periods of time due to investigation into cause of death, completion of medical death certificates, forensic cases, or whilst awaiting families to arrange funerals and looking into cases where there is no known relatives or Next of Kin. Mortuary services work alongside bereavement services and Finders collaboratively to locate a next of kin for patients that have died within the hospital with no Next of Kin listed or that are uncontactable.

# **Care after Death**

All deceased within our care in EKHUFT mortuaries are treated with dignity and respect in line with the Trusts Care After Death policy. The policy outlines the expectations and responsibilities of all staff groups involved in care after death. The preparation of the deceased prior to transfer to the mortuary is the responsibility of the nursing staff caring for the patient and it is the porter’s responsibility to transfer the deceased to the mortuary safely using the concealment trolley. Any deviations from the policy result in the mortuary team having to raise an incident on the Trust internal incident reporting management system under ‘Care of Deceased’

**Notifications of Death**

All deceased must be sent to the mortuary with an accompanying notification of death. This is transferred with the patient to the mortuary by the porters, the notification of death is used by mortuary and bereavement services to input the deceased on our Patient Tracking List (PTL). In line with the Care after Death Policy it is the reasonability of the nursing team preparing the deceased to ensure all mandatory fields are completed on the notification of death form. Notification of death books can be ordered via the mortuary, please contact the mortuary to arrange the collection of a notification of death book.

**Shrouds**

To maintain dignity and respect for our patients all deceased MUST be placed in a shroud by nursing staff prior to the deceased being transferred by the porters to the mortuary. Shrouds are not stored in the mortuary wards are responsible for ordering and storing shrouds on the ward. If the family of the deceased requests for the deceased to remain in their own clothes this request can be fulfilled but if the family request for the clothing back this would need to be arranged via the nominated funeral directors and documented on the notification of death form that the deceased is to remain in this clothing so mortuary staff are aware.

**Green slings**

Green slings are used to transfer deceased patients using the hoist system within the mortuary. Green slings are stored in the mortuary and collected by porters before visiting the ward. The green sling must be placed underneath the deceased by nursing staff with the help of the porters prior to the transfer of the deceased from the bed to the concealment trolley.

**Valuables**

All valuables being transferred to the mortuary with a deceased must be highlighted on the accompanying paperwork this applies to community and hospital deaths. Mortuary staff will cross check the accompanying paperwork when completing admission checks to ensure all valuables present are listed as these are recorded in the mortuary register and Patient Tacking List (PTL) to ensure these remain with the deceased up until the point of collection. This reduces the risk of the items being misplaced. Any discrepancies in the paperwork for valuables present/not present are recorded on the Trust internal incident reporting management system.

Jewellery is not routinely removed by mortuary staff and usually remains in situ until collection where the undertakers can remove it at the funeral directors. If the family requests the removal of jewellery prior to release to the undertaker the mortuary staff will document this and hand this to the requesting party which is usually the Police or Bereavement Services. Please ensure all items that the family wishes the deceased to have kept with them are listed so mortuary staff have a record of all valuables the deceased has with them in order for them to be traceable throughout their time in our care.

**Body Bags**

All deceased from the community must be placed in a body bag prior to transfer to QEQMH or WHH. This is part of the Coroner’s Removal contract the designated undertaker share with the Coroner’s Service.

Any deceased from a ward that are leaking bodily fluids must be placed into a body bag in line with the Care after Death policy. It is the responsibility of the ward the patient dies on to provide a body bag, these are ordered via procurement and each ward should have a supply, the mortuary do not store body bags to provide to wards.

**Medical Implant Devices**

Any medical implant devices must be highlighted on the notification of death from under the medical device section. Nursing staff are responsible for checking if there is a medical device present through checking the chest area to ensure there are no pacemakers or ICD’s present. If there are it should be highlighted as YES on the form so mortuary staff are aware of the presence of the medical implant device.

All medical implant devices must be removed from deceased that are being cremated prior to collection of the deceased by the nominated funeral director as they MUST NOT be left in situ if the deceased is being cremated. Consent must be obtained via the bereavement services office from the Next of Kin once this has been obtained the mortuary staff can remove the device. If consent is not obtained prior to collection the nominated funeral director will need to remove the medical implant device prior to cremation. If the medical implant device is an ICD this MUST be deactivated prior to removal to avoid the risk of shock to the member of staff removing the ICD. If there is an ICD present please ensure this is highlighted on the notification of death so mortuary staff are alerted to the medical implant device and can arrange of the ICD to be deactivated if this has not been actioned prior to the deceased arriving in our care.

# **Referring deaths to the coroner**

A death must be referred to the Senior Coroner at Kent and Medway Coroner Service where there is reasonable cause to suspect that the death was due to, caused or contributed to by the following circumstances:

* The death was due to poisoning including by an otherwise benign substance,
* The death was due to exposure to, or contact with a toxic substance,
* The death was due to the use of a medicinal product, the use of a controlled drug or psychoactive substance,
* The death was due to violence, trauma or injury,
* The death was due to self-harm,
* The death was due to neglect, including self-neglect,
* The death was due to a person undergoing any treatment or procedure of a medical or similar nature,
* The death was due to an injury or disease attributable to any employment held by the person during the person’s lifetime,
* The person’s death was unnatural but does not fall within any of the above circumstances,
* The cause of death is unknown,
* The registered medical practitioner suspects that the person died while in custody or otherwise in state detention,
* There was no attending registered medical practitioner, and there is no other registered medical practitioner to sign a medical certificate cause of death in relation to the deceased person,
* The attending medical practitioner is not available within a reasonable time of the person’s death to sign the certificate of cause of death,
* The identity of the deceased person is unknown.

A death under the circumstances set out as follows should always be notified, regardless of how much time has passed since the death. The Coroner will make a decision with the information provided whether a post-mortem examination is required and notify the mortuary with the outcome of the referral.

# **Post Mortems**

Post mortems are performed as per request from the Senior Coroner for Kent and Medway Coroner’s Service in order to determine cause of death. The main aim of a post-mortem requested by a coroner is to find out how someone died and decide whether an inquest is needed. An inquest is a legal investigation into the circumstances surrounding a person's death. Post mortems are performed at WHH and QEQMH, any deceased at K&CH that require a post mortem will be transferred to one of the two sites for post mortem and this is arranged by the Coroners Service. Depending on the circumstances surrounding the death different post mortems are instructed by the coroner:

**Routine Coroner’s Post Mortems**

Deaths that are referred to the Coroner and require a routine Post mortems are performed by our onsite pathologists alongside the Anatomical Pathology Technicians (APT) at both sites. Requests will be sent to the mortuary and a list is generated for each session. WHH perform post mortems Monday-Friday and QEQMH Tuesday and Thursday. Tissue, organs and bodily fluids may be taken at post mortem for further examination within EKHUFT or sent to a referral laboratory. Toxicology taken at post mortem is sent to Kent Scientific Services for analysis and a report will be sent back to the pathologist after the samples have been tested. Any tissue taken is sent to histology within EKHUFT and processed as post mortem tissue (PMT) and reported on by the pathologist once the PMT has been processed into slides for review. Whole organs such as the brain or heart are sent to specialists centres for examination and returned if requested by the family. The pathologists submit their findings into the cause of death to the Senior Coroner who reviews the information to determine whether the information provided is sufficient to offer a cause of death.

**Hospital Requested Post Mortems**

A hospital post mortem may be requested by the family of the deceased. In this event, informed consent of the immediate next of kin is required following a completed Medical Certificate of Cause of Death. Once informed consent has been obtained, a member of the medical team must complete a post mortem request form and discuss the potential case with the Designated Individual or one of the other post mortem pathologists prior making any arrangements with the mortuary. A hospital post mortem examination will never be a substitute for one instructed by the Coroner and consultant pathologists will refer any ambiguous cases to the Coroner. Any queries regarding hospital requested post mortems please contact the Mortuary DI using the contact details above.

**Independent Post Mortems**

These are instructed by the Coroner when there are concerns surrounding the deceased care before death from services within the Trust, the post mortem will be completed by an independent pathologist in order to determine cause of death and their findings will be reported to the coroner.

**Forensic Post Mortems**

If the death involves a possible crime, the post-mortem will be a forensic post-mortem and will be carried out by a forensic pathologist who specialises in criminal matters.

**The Post Mortem Report**

The post mortem report for a hospital post-mortem will take approximately eight weeks to be completed and be sent to the hospital consultant that requested the post mortem and the deceased’s General Practitioner. After receipt of the report, an appointment should be offered by the requesting clinician with the next of kin to explain the post mortem findings to them. Coroners’ post-mortem reports must be requested via the Kent and Medway Coroner Service EKHUFT do not have access to the completed reports.

**Post Mortem Tissue (PMT)**

Any tissue removed during a routine post mortem must be handled in accordance of the wishes of the Next of Kin following conclusion or discontinuation of the case. A Tissue Retention Form (TRS) is sent to Next of Kin via the Coroners Service which gives them three options to choose from:

1. The material be buried, cremated or otherwise be lawfully disposed of by or on behalf of the suitable practitioner.
2. The material to be returned to me
3. The material be used for scheduled purposes (including education and training, quality control, audit and research) in accordance with the Human Tissue Act 2004. If there are no suitable scheduled purposes or when all the material needed has been used for these scheduled purposes, it will be lawfully disposed of by or on behalf of the suitable practitioner.

The mortuary team act upon the wishes of Next of Kin following a TRS and conclusion date being provided by the Coroner’s Service, in the absence of either the tissue is stored securely and the team liaise with the Coroner for updates. 3 months after the conclusion date the wishes of the Next of Kin can be acted upon whether this be disposal or the return of the tissue. In the absence of a completed TRS the default is dispose of the tissue after authorisation has been obtained from the Coroner to ensure we do not breach our HTA license for storage of tissue with non-scheduled purposes.

# **Death Certification Reform and the Medical Examiner System**

The reforms to the death certification process which came into effect on 9 September 2024 require all deaths in England and Wales to be independently scrutinised, either by a coroner or by a Medical Examiner (ME). MEs are senior medical doctors who provide independent scrutiny of all non-coronial deaths. 5. One of the key changes relates to the eligibility for completing the Medical Certificate of Cause of Death (MCCD). Under the new system, in cases not involving a coroner, stillbirth, body parts or anatomical research, a registered medical practitioner will be eligible to be an attending practitioner and complete an MCCD, if they have attended the deceased in their lifetime. The attending practitioner will propose a cause of death, where they have been able to establish it to the best of their knowledge and belief. This change represents a simplification of the previous attendance criteria. This is reflected in the Medical Certificate of Cause of Death Regulations 2024 and a minor amendment has been made to the Notification of Deaths Regulations 2019 to reflect this. 6. Another change relates to information about implantable medical devices: The existence of implantable medical devices is now recorded on the MCCD by the attending practitioner. 7. The final key change relates to the role of the ME. Under the new system, an ME provides independent scrutiny of the cause of death proposed by the attending practitioner. MEs are supported by Medical Examiner Officers (MEOs), and their independent scrutiny includes a proportionate review of medical records, an interaction with the attending practitioner completing the MCCD, and offering representatives of the deceased person the opportunity to ask questions and raise any concerns.

# **Relevant Documents and Useful Links**

Guidance for registered medical practitioners on the Notification of Deaths Regulations September 2024 Ministry of Justice

<https://assets.publishing.service.gov.uk/media/66d044a059b0ec2e151f847e/Guidance_for_registered_medical_practitioners_on_the_Notification_of_Deaths_Regulations__web_.pdf>

A Guide to Coroner Services for Bereaved People <https://assets.publishing.service.gov.uk/media/5e258ec240f0b62c52248094/guide-to-coroner-services-bereaved-people-jan-2020.pdf>