 Care of Deceased Policy Appendix 13

**Death Notification Form & Bereavement Care Checklist**

Page 1&2: Original copy retained in notes, 1 copy given to Funeral Director

Pages 3-7: Bereavement check list retained in patient notes

**Patient Full Name & Address**

**Date of Birth:**

**NHS number:**

**Age:**

**(Circle) CHS / MHD / FYPCLD**

Directorate

Hospital & Ward.

NHS number

Date & time death **identified**

Identifier name & designation

Date & time death **verified**

Verifier name & designation

Death was (circle answer)

**Expected / Unexpected**

Death was natural?

**(Circle) Yes / No**

(Aging process or progression of

natural illness/disease)

**Follow ‘Care of Deceased Process Map’ within this policy.**

**(Circle) No / Yes:**

**Section: Commenced on:**

Is patient detained under Mental Health Act 1983?

**Name:**

**Relationship:**

Next of Kin (Nok)

1. 2.

NoK telephone numbers

**(Circle) Yes - Present at death / Aware / Visited after death.**

**No - Give details of attempts made to contact relatives:**

Relatives aware of death?

**Care of Deceased**

**1.**

**2.**

Prepared for transfer by:

**(Circle) N/A / Top / Bottom / Both**

**Yes: State which Section:**

**Commenced on:**

Dentures in situ?

**(Circle) No / Yes - Details:**

Jewellery/other items

in situ?

**(Circle) No / Yes – Details (e.g . pacemaker):**

Implantable device in situ?

**(Circle) No / Yes - Details:**

Lines/drains /tubes in situ?

**Details:**

Infection control status

& relevant information:

**(Circle) Yes / No – Details:**

Skin intact?

**(Circle) Trust contracted Funeral Directors / Family’s chosen Funeral Directors**

**Name and contact details:**

Transfer arranged to:

**(Circle) NA / No / Yes - Call Tissue donation team: 0800 432 0559**

**Time and date called………………..……………………………**

Family requested referral

to Tissue Donation team?

(Where death **expected** and **natural** only)

**Transfer of Care to Funeral Director**

**Time: Date:**

Patient transferred at:

**Print Name:**

**Signature:**

Funeral director to sign:

Nurse present to sign:

**Print Name:**

**Signature:**

**In Patient Bereavement Care Check list – to be used alongside the Care of the Deceased Policy (CoDP)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Rationale** | **Date + initial when complete**  **(or N/A)** |
| 1 | * 1. Follow ‘**Care of Deceased Process** **Map’.**   For further advice:  **In hours** – liaise with senior manager or Responsible Doctor.  **Out of hours** – on call Ward Sister or Charge Nurse/ Manager - Switchboard 0116 2256000  On call Responsible Doctor / ‘Out of Hours’ Service 0300 3230672 | Guidance received from HM Coroner and Leicestershire Police October 2024. |  |
| 2 | **Informing family**.  2.1 Natural death – Where family not present, nurse phones and sensitively notifies next of kin patient has died and invites to visit. Explain 4-hour advisable (flexible) time frame for deceased to remain on ward.  2.3 Unnatural death - discuss with Matron/on call Manager who will advise and support calling family as required. Visiting restrictions to be sensitively explained to family.  2.4 If family intending **not to visit**, also discuss numbers 7,8,9 (and 10 where death occurs between 01:00hrs Monday-12:00hrs Friday and is not expected to be referred to the Coroner).  Send bereavement booklet to family.  Document discussions with family on Systmone. | 2.1 Family can make informed decision regarding visiting on ward or funeral directors where lengthy journey expected. Body changes occur after death. Patient will require refrigeration at funeral directors.  2.3 Restrictions to bedside visiting may be required to preserve evidence. Manager and Police will advise.  2.4 Families require clear information regarding what will happen next and what they need to do. |  |
| 3 | **Verification of Death**  3.1 completed as per policy by doctor or nurse trained in process.  If a verifier is not available out of hours, call the ‘Out of Hours’ Service 0300 323 0672  **Gillivers / Grange** medical cover is provided by the Bradgate Unit. Contact via switchboard 0116 2256000 | 3.1 Legal requirement |  |
| 4 | **Where no family** – Inform Matron and email Bereavement Support Nurse [bereavementsupportservice@uhl-tr.nhs.uk](mailto:bereavementsupportservice@uhl-tr.nhs.uk) . | Hospital Funeral will need to be arranged. |  |
| 5 | **When family arrive.**  5.1 Welcome family, offer condolences and take into private area to prepare them for visiting (i.e. answer any initial questions, explain how patient looks, and environment). Ask if they want anyone contacting.  Where police not involved, accompany family to bedside. Offer: privacy, time with the patient, refreshments, ongoing compassionate support, chaplaincy contact.  5.2 Where police involved, sensitively explain any restrictions in place. | 5.1 The experience of the bereaved can affect their grieving process.  5.2 Preserves evidence for Police / Coroner investigation. |  |
| 6 | **Last Offices/ Care after Death** - Perform **only** if death was **expected, natural and patient not detained** .  Invite family involvement and support cultural / religious needs. | Family can make informed choice regarding their involvement. |  |
| 7 | **Preferred Funeral Director and Funeral.**  7.1 **Where police not involved or Police have given permission**, make arrangements to transfer the patient into the care of the family’s chosen funeral director.  Where family have not chosen a funeral director (or patient has no family), arrange transfer to the LPT contracted Funeral director: Lee Cooper telephone – 01530 814999 | 7.1 Where transfer to LPT contracted funeral director arranged, family may arrange transfer to another Funeral Director at later date (may incur cost).  Police will advise if patient requires collection from place of death by HM Coroner’s service. |  |
| 8 | **Urgent release of body requests (**e.g. Muslim / Jewish faith, Tissue Donation)  8.1 **In Hours**- ANP/doctor sends completed Medical Examiner (ME) referral template (available on SystmOne) and supporting information to ME mailbox and **calls** the ME Office to alert them.  8.2 **Out of Hours**: doctor or duty manager contacts UHL Medical Examiner Officer via UHL switchboard- 0300 303 1573. 9am-9pm.  (See ME/BSS Process flow chart) | 8.1 Supports cultural and religious needs of family.  ME Officer will liaise with doctor, ward, and ME and assist in expediting release wherever possible. |  |
| 9 | Inform family **‘what happens next’:**  9.1 Where a death is not being referred directly to the Coroner, the **family should expect a call from the ME Office** over the following 1-3 working days to discuss the proposed cause of death and certification process.  Families are contacted by the ME Office and informed if the death can be registered or is being referred to the Coroner.   * 1. Where direct referral to the Coroner is being made by the police or Medical team (e.g. unnatural death), family will not be called by the ME Office and should be informed to expect a call from the Coroner’s Office over the following days. The Medical certificate cannot be completed.   9.3 Where a Coroner referral is not required, the ME and doctor complete the **Medical Certificate of Cause of Death (MCCD).** **Family do not need to collect this from the hospital.**  9.4 Family may make funeral arrangements, but no date should be set until the death has been registered.  9.5 On receipt of the MCCD, the **Registrar will contact the family** to arrange registration and collection of the Death Certificate within 5 days.  ***NOTE:* Where UHL are issuing MCCD- contact Bereavement Services Office for guidance** | 9.1 All deaths are referred to the Medical Examiners, who are senior medical doctors contracted to provide independent scrutiny of the causes of death. They will agree a proposed cause of death ‘to the best of knowledge and belief’ with the doctor or request a Coroner referral is made.  Where the death is not being referred to the Coroner, the ME will contact the family to ask if they have any questions/concerns about the cause or circumstances of the death before authorising the release of the Medical Certificate.  9.2 Coroner’s Office will call family to explain next steps  9.3 The MCCD is sent electronically to the Registrar’s Office**.**  9.4 A funeral date cannot be set until a Death Certificate (or Coroner’s Interim Death Certificate) is issued.  9.5 UHL Bereavement Services Offices:  LRI - 0116 258 5196/4  Glenfield – 0116 258 3401  LGH - 0116 258 4234/5 |  |
| 10 | **Tissue Donation**  10.1 The opportunity to make a referral is presently available where death was **expected, natural** and **patient was not detained**, and where death occurs between **01:00h Monday -12:00h Friday** (excluding bank holidays).  10.2 Sensitively discuss and offer to family.  **‘**Suggestion**’** of wording:  **‘’We always aim to respect and wherever possible fulfil any lasting wishes of patients in our care. Are you aware of any wishes your xxx had about tissue donation, and is this something you would like to discuss with a Specialist Nurse?’’**  If ‘yes’, call the National Referral Centre (NRC) on **0800 432 0559** and leave a message. They will return the call (after 8am) to gather more information about the patient and family contact details. NRC arranges tissue retrieval at the Funeral Directors.  Family informed to expect call from Tissue Donation Nurse and Tissue Donation who will let them know if this may be possible. Give information leaflet to family. | 10.1 There is a 24-hour window for tissue retrieval, from time of death. Ward Doctors /ANPs do not cover 24/7 and will need to make an urgent referral to Medical Examiner asap after death (electronic and by phone) – see ME / BSS process map for details.  10.2 Tissues such as skin, bone, corneas, and heart valves can be donated to save and improve the quality of life for many people.  It is important to respect and wherever possible fulfil the wishes of the deceased where they have made it known to families that they would like to be a donor.  Knowing they are helping others and fulfilling their loved one’s lasting wish can bring comfort to families.  The new system of consent for organ and tissue donation - known as 'opt-out' or "deemed consent" – was introduced in 2020, meaning Adults in England are considered to have given their consent for organ donation except in the following situations: • they made a decision to not donate their organs and/or tissues • they have appointed a representative to make a decision on their behalf after death • they are in one of the excluded groups (under the age of 18; ordinarily resident in England for less than 12 months before their death; lack mental capacity for a significant period before their death).  The family of the deceased are always consulted first and are able to provide information about their loved one's wishes. If they have information that their loved one would not have wanted to donate their tissues, donation will not go ahead (DoH&SC 2019). Medical conditions preventing organ and tissue donation are CJD, Ebola, HIV, Intra venous drug use, diseased of unknown cause, neuro degenerative diseases (eg Parkinson’s/dementia). For organ and other tissue donation cancer is also an exclusion, but for corneal transplant, cancers (other than blood born cancer) can be considered. All referrals are considered on a case by case basis. A sample of blood is taken from potential donors to rule out any transmissible disease by the specialist donation team. Further information at [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk). |  |
| 11 | **Property**- invite family to take this home, or arrange for later collection | Follow Patient Property Policy & guidance |  |
| 12 | **Adult death - Complete details on inner front cover of ‘Helpful information following a death in hospital’ bereavement booklet and give to family.**  **Post to family if not attending hospital or share website details where booklet is available.**  **Easy Read booklet ‘When someone dies in hospital’ also available.** | Provides guidance and support.  Website details:  <https://www.leicspart.nhs.uk/contact/patient-advice-and-liaison-service-pals/useful-links-for-support-information/>  Easy Read: <https://www.leicspart.nhs.uk/wp-content/uploads/2024/08/655-easy-read-When-someone-dies-in-hospital.pdf> |  |
| 13 | **Bereavement Support**  17.1 **ADULT DEATHS**- Offer contact details and inform family that the **Bereavement Support Service (BSS) Nurse** can be contacted to access support and will routinely call them after 6-8 weeks. (0116 258 4380). If earlier contact required, please email: [bereavementsupportservice@uhl-tr.nhs.uk](mailto:bereavementsupportservice@uhl-tr.nhs.uk) .  **17.2 Ensure NoK contact number and address on SystmOne**.  17.3 **Condolence card**  Patient’s Nurse writes card and sends on behalf of the ward team to NoK on day of death (to be received 2-3 days later - BSS contact details are on the back).  Email CHS Hospitals EoL Lead Matron or Bereavement Support Service for stock of cards [bereavementsupportservice@uhl-tr.nhs.uk](mailto:bereavementsupportservice@uhl-tr.nhs.uk)  17.4Knitted hearts(donated by volunteers - where available): 1 to stay with deceased, and one given to family.  17.5 Ask family if they would like a **lock of hair**.  17.6 If families wish to take sensitive photographs (e.g. their hand holding deceased patient’s hand), ensure that no images of other patients (or staff member without full consent) are captured.  17.7 **CHILD DEATHS** –  Inkless handprints may also be taken at family’s request, where available. Inform family that they will be contacted by their ‘**Key Worker’** who will be allocated to support them during their bereavement. | 17.1 Family should have access to appropriate support and an opportunity to offer feedback about care and/or raise questions and concerns after a bereavement.  17.2 Bereavement Support Nurse will write to family if not contactable by phone if address available.  17.3 Compassionate gesture appreciated by families and provides bereavement support contact details.  17.4 – 17.7 Memory making and continuing bond supports grieving process.  To offer where police permit or not involved.    17.7  Key worker is allocated during the initial Child Death Review meeting, usually occurring next or following working day. |  |
| 14 | **Notify GP** of death and those services planning contact with family e.g social care /discharge team/ community teams.  **Where ‘Adult’ Palliative Care involved- call 0300555255** | Supports timely cancellation of planned contacts/visits and prompts supportive contacts with family. |  |
| 15 | Nurse completes **eIRF for all deaths.** Expected death recorded as **no harm.** Unexpected death, record as **catastrophic.**  **Also document if patient has no family**  **In DMH**, record all deaths as **catastrophic** | Auditable information captured on LPT system ‘Ulysses’  In DMH, this triggers patient care review. |  |
| 16 | **SystmOne update –** discharge patient and cancel pending tasks (refer to SystmOne discharge guide) | Notifies MDT of death |  |
| 17 | **ALL Child deaths (under 18 years) –** Ensure **responsible doctor** completes electronicreferral to ‘**Child Death Overview Panel’** (CDOP) as soon as possible and within 24 hours.   |  | | --- | | ***https://www.ecdop.co.uk/* LLR/live/login**  *Click on the GREEN button* | | It is a statutory requirement that all child deaths are reported to and reviewed by CDOP |  |
| 18 | Where patient had Learning Disability or Autism (18 years+), doctor or member of LD Acute Liaison Nurse Team to complete on-line notification form within 24 hours for ‘Learning Disability Mortality Review’ (LeDeR).  Email LD team mailbox [**llr.lederadmin@nhs.net**](mailto:llr.lederadmin@nhs.net)  Notification Link: [Report the death of someone with a learning disability (leder.nhs.uk)](https://leder.nhs.uk/report) | National requirement which triggers review of care to better understand the needs of people with a learning disability or autistic people and to improve future services. |  |
| 19 | **Notes –** Ward clerk /designated other, scans any paper notes to SystmOne.  Where notes not required by UHL for certification, or LPT for Coroner referrals /reviews,post to:  LPT Scanning Team, Room 500, Rutland Building, County Hall. Leicester Road. Glenfield. LE3 8RA.  All UHL notes to be sent to LRI Bereavement Services for the attention of the Medical Examiner. | Electronic record kept |  |
| 20 | **For Patients detained under Mental Health Act 1983** – will require referral to Coroner. Follow policy guidance on ‘Reporting Procedure following the Death of a Detained Patient’ (e.g inform MHA Office of death within 24 hours - via switchboard and  CQC Notification form).  Referral to Coroner where patient detained under Deprivation of Liberty Act – Safeguard, no longer needed.  Form 12: Notification of death whilst deprived of liberty. This form is sent to the Local Authority when a patient has died and is under a Form 1 Standard or Urgent Authorisation or a Form 5 Standard Authorisation (available on SytmOne). | Statutory requirement  Follow DoLs Policy |  |

**Nurse in charge to print name and sign when all actions completed …………………………………………………………..**

**Date & Time** ………………………………………………………………