

Leeds City Council Scrutiny Board recommendations	Leeds Teaching Hospitals NHS Trust response
Recommendation 1a: That, when undertaking future policy reviews, Leeds Teaching Hospitals NHS Trust clearly sets out a proposed forward plan, with key milestones and timescales.	LTHT fully accepts this recommendation.
Recommendation 1b: That, when establishing the forward plan (referred to in (a) above), that Leeds Teaching Hospitals NHS Trust keeps progress under review and reports any anticipated and/or unexpected delays.	LTHT fully accepts this recommendation.
Recommendation 2a: That, by September 2016, Leeds Teaching Hospitals NHS Trust reviews and compares its current process and procedures for the timely release of the deceased, with those adopted and implemented by the Heart of England NHS Foundation Trust (HOEFT).	 LTHT has been in contact with the HOEFT and has reviewed the process and procedures of both Trusts. Additionally, processes from other Trusts have been reviewed. This action has been completed.
Recommendation 2b: That, Leeds Teaching Hospitals NHS Trust reports the outcome of its review to the Scrutiny Board by November 2016.	 The review conducted by LTHT has identified that the difference between the Trust and the HOEFT in relation to the pathway for release of the deceased is that LTHT require sight of the 'certificate for burial/cremation' (commonly and herein referred to as the 'green form') before the release of a deceased person from one of its mortuaries; HOEFT do not. The 'green form' can only be issued by a registrar of



•	deaths or nominated deputy. This is the only identified difference in processes between the two Trusts. From a review of processes undertaken in other Trusts selected for comparison which include Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust amongst others it was clear that there were Trusts who retained the green form in their practices and those who did not. It was also evident that there was no clear majority of Trusts that worked one-way or the other. There is currently no national standard or definitive guidance for hospital Trusts around use of the green form. Serious consideration has been given to removal of the green form from Trust agreed processes. The Trust's position is that the green form provides a level of assurance that a medical certificate of cause of death (MCCD) has been accepted and reduces the risk of an MCCD being rejected after burial by the registrar of deaths. The Trust considers that removal of the green form would not significantly contribute to improving time to release the deceased and additionally is concerned that removal would increase the level of risk as above. It is also recognised that timescales for the introduction of the Medical Examiner process nationally remain unclear. This inevitably will require reassessment of Trust processes at the point of introduction and is likely to be a significant risk to achieving timely release of deceased persons in the future. LTHT has introduced an improved monitoring process so that the
•	release process can be effectively analysed to assess where main



	delays occur in the pathway.
<u>Recommendation 3:</u> That, Leeds Teaching Hospitals NHS Trust considers extending invitations to its briefing sessions to key members of the wider community and outside the organisation, in order to help embed a shared understanding of the issues and processes associated with the timely release of deceased relatives.	 The Patient Experience Team has undertaken to develop relationships with the communities of Leeds to support understanding of bereavement processes and to hear about peoples experiences. Additionally, the Patient Advice and Liaison Services are actively delivering a community outreach programme and alongside this will work with the Trust bereavement services to identify opportunities for engagement between the Trust and the bereaved. Through this it is hoped that opportunities will become available for community representatives to visit the Trust, share their stories and assist in improving bereavement services.
<u>Recommendation 4a:</u> That, by December 2016, Leeds Teaching Hospitals NHS Trust reviews its arrangements for providing out of hours pathology services and considers the potential for providing such services in partnership with neighbouring acute hospital trusts.	 LTHT has reviewed its arrangements and is not currently in a position to provide an out of hours pathology service - this is limited by cost, the availability of pathologists and the availability of technical and support staff. It is not anticipated that this position will change in the near future.
Recommendation 4b: That, by December 2016, Leeds Teaching Hospitals NHS Trust explore the potential options for offering routine access to non-invasive post mortems to all families (where appropriate), and undertake an appropriate cost benefit analysis of such options.	 Post mortem examinations fall into two main categories; those ordered by HM Coroner and those requested by the hospital with appropriate consent. In the case of post mortems ordered by HM Coroner, it is for the



	 Coroner to decide if a non-invasive post mortem examination is acceptable or not. This is not a decision in which the Trust has input or authority and would be solely a matter for HM Coroner. In the case of post mortems requested by the hospital with appropriate consent, LTHT would not exclude the option of a non-invasive examination if this was requested by those giving the consent for the examination. This service is currently provided by a private company using a scanner based at the Bradford Public Mortuary. Use of this facility would incur a cost for the examination and also for the transfer of the deceased person from the hospital mortuary to the Bradford Public Mortuary and back. LTHT is not currently in a position to cover this cost.
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