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11 December 2018

Dear Julian,

RE: Bereavement arrangements

Over the past couple of months, I have been involved in an ongoing exchange with colleagues at the Trust regarding its bereavement arrangements and the release of bodies for burial purposes. I am very much looking forward to receiving the additional details requested regarding opening hours and general performance of the histopathology services.

Meanwhile, I have received some feedback from my councillor colleagues based on the details provided to date, which suggests there are a number of areas where improvements could be implemented and more consistent practice across neighbouring Hospital Trusts offered to residents across West Yorkshire. I have set out the feedback below for your consideration and response.

Non Coroner reportable deaths in hours

In circumstances where a patient is deceased and the death is not reportable to HM Coroner, the treating doctor completes a Medical Certificate of Cause of Death (MCCD), and the family make an appointment at the Registrar's to register the death. Once the death has been registered the Registrar issues a Death Certificate and a Green Disposal Certificate to the family, they pass the Green Disposal Certificate to their chosen Funeral Director who can then attend the Mortuary to remove the deceased.

Feedback: In this case, the hospital should issue the MCCD (the ward Doctor) immediately because its natural expected death or the doctors are satisfied with the cause of death. The community should not have to wait for the registration or green form or even the Coroners out of England certificate. The patient's body should be released to the families appointed funeral director fairly quickly rather than waiting for the paperwork completion.

It is understood that the following procedure is followed in neighbouring hospitals Trusts (i.e Bradford, Halifax, Huddersfield and Wakefield):

- The funeral director fills an early release form and the body is released immediately.
- This helps to speed the process of repatriation, while one family member follows the procedure of registration and visiting the coroner, the other family members can organise the washing and funeral service hand in hand.

- This practice enables the repatriation same day alternatively the deceased is repatriated on the second day.

Non Coroner reportable deaths overnight weekdays

In circumstances where a death occurs during the night Monday - Friday, it may be possible for a Doctor to complete the MCCD. However because the Registrar's office does not operate a 24 hour service, an appointment to register the death can only be made the next working day. The deceased can therefore not be released until the death has been registered and a Green Disposal Certificate issued.

Feedback: As set out in the proposals for 'in hours non coroner reportable death'. The MCCD should be issued immediately by the Doctor and the body should be released through the mortuary rather than waiting for other process. The family should not have to wait until the next day to visit the Bereavement office at 10.00am to pick up the MCCD before the body is released. .

Non Coroner reportable deaths at weekends

In circumstances where a death occurs outside of mortuary hours, over the weekend or Bank Holidays the release of a patient is authorised and facilitated by the Clinical Site Managers (CSM). The treating doctor completes the MCCD and the death must be registered. The Registrar's office is open Saturday morning 9am – 12pm, by appointment only, and in addition, both Jewish and Muslim faith leaders in the Leeds area have an arrangement with the Registrar's office and are also able to issue Green Disposal Certificates over weekends and Bank Holidays. So families are able to register the death and be given a Green Disposal Certificate allowing the release of the body over the weekend period.

Feedback: This is not understood to be the practice in neighbouring hospital Trusts and there should be a consistent approach for all communities within the boundaries of the West Yorkshire Association of Acute Trusts (WYAAT).

Post-mortem examination

Post-mortem examinations fall into two categories, those requested by HM Coroner, and those undertaken at the request of the responsible clinician with the appropriate consent of next of kin. In both circumstances post-mortem examinations are only undertaken within histopathology working hours. The only exception to this is a paediatric forensic case due to the time sensitive nature of the police investigation.

Feedback: There is a demand (and need) for the provision of a post-mortem service on Saturdays (as a minimum) and Sundays. The Coroner's office has previously made a commitment for the coroner's office to meet the needs of faith communities – in particular the Jewish and Muslim communities where urgent post-mortems are needed to meet the religious obligations for a quick burial.

As part of the WYAAT programme of work, I should be grateful if you could incorporate a review of current practices in order to:

- Help deliver a consistent approach across the WYAAT footprint (in line with the principals of standardisation, collaboration and economies of scale);
- Ensure any unnecessary delays caused by current practices / arrangements are removed in any affected hospital Trust
- Provide equal access / opportunities for families across the west Yorkshire and Harrogate Health and Care Partnership footprint.

I should be grateful if you could advise me of any outcomes as soon as possible.

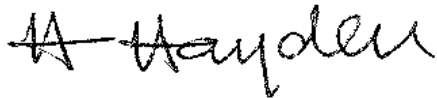
There is also another particular matter around post-mortems that I want to draw to your attention. This relates to the previous work of the Scrutiny Board and the issues raised around traditional post mortems and recent developments for non-invasive (scanning) procedures.

I understand in parts of Lancashire, all post-mortems undertaken are non-invasive (i.e. digital autopsies) unless there are some very specific circumstances that would require an invasive post-mortem at the outset. These are provided at no cost to families (unlike the current arrangements in West Yorkshire) and there is a high success rate (only 10% of non-invasive post-mortems are inconclusive and subsequently require a traditional examination).

Further details are available [here](#) and while this only represents some preliminary research, I believe this is worthy of further exploration. Recognising the decision about post mortems remains a judicial decision for responsible Coroners, I plan to share these details with the Coroner's office with the aim of gaining agreement for a review of current arrangements. I hope those hospital trusts represented on WYAAT would be supportive of any such review and would welcome your comments in this regard.

I trust these details are helpful and please let me know if it would be helpful to discuss any of these issues in more detail: I would be very happy to facilitate a meeting with relevant parties. Otherwise, I look forward to your response in the near future.

Yours sincerely,

A handwritten signature in black ink that reads "H. Hayden". The signature is written in a cursive, slightly stylized font.

Councillor Helen Hayden
Chair, Scrutiny Board (Adults, Health and Active Lifestyles)

cc All members of the Scrutiny Board (Adults, Health and Active Lifestyles)
Councillor Judith Blake, Leader of Leeds City Council
Councillor Debra Coupar, Deputy Leader of Leeds City Council and Executive Member for Communities
Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults