Procedure for Consent for a Hospital Post Mortem Examination
**Procedure / SOP Title:** Consent for a Hospital Post Mortem Examination

**Executive Summary:** Procedure to be followed in obtaining consent for a hospital post mortem including consent form. Procedure outlines the consent process and issues that need to be discussed with the family or next of kin. Consent form covers all questions that need to be answered both in regard to consent to undertake a post mortem as well as tissue retention issues.

**Supersedes:** Consent for a Hospital Post Mortem Examination

**Description of Amendment(s):**
- Section 4: amended to reflect consultant responsibilities.
- Section 7: amended to ensure discussion takes place between responsible consultant and Consultant Pathologist prior to acquisition of consent, and consultant must obtain consent for PM.
- Section 8: Three yearly mandatory training added.

**This procedure will impact on:** Clinicians responsible for obtaining consent, staff who have to implement both post mortem procedures and organ/ tissue retention issues. Possible impact on burial or cremation of deceased if tissue samples have to be returned to the body and therefore storage implications on Mortuary.

**Financial Implications:** None

**Procedure Area:** Mortuary and Cellular pathology, All wards and departments dealing with deceased.

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<th>V4</th>
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<tr>
<td><strong>Document Reference:</strong></td>
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<tr>
<td><strong>Effective Date:</strong></td>
<td>Sep 2015</td>
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<th><strong>Issued By:</strong></th>
<th>Medical Director</th>
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<td><strong>Review Date:</strong></td>
<td>Sep 2018</td>
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<tr>
<th><strong>Author:</strong></th>
<th>Legal Services Manager</th>
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<td>(Full Job title )</td>
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<td><strong>Impact Assessment Date:</strong></td>
<td>25.2.15</td>
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**APPROVAL RECORD**

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<td>HTA Governance Sub Committee</td>
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<td><strong>Approved by Director:</strong></td>
<td>Medical Director</td>
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<td><strong>Received for information:</strong></td>
<td>Risk Management Sub Committee members</td>
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1. **Procedure Statement**

1.1. The following Procedure relates to the procedure required for a clinician to gain appropriate and informed consent for the completion of a hospital post mortem.

1.2. It is essential that appropriate procedures are followed to ensure that any consent provided for the completion of a hospital post mortem is made in line with all legal requirements.

1.3. The following document has been written in line with the Human Tissue Act (2004) and the Human Tissue Authority Code of Practice 3 – post mortem examination.

2. **Background**

2.1. Post mortem examination is an important procedure for obtaining information that is used to inform relatives, clinicians and legal authorities about the cause of death and of any underlying conditions present that may have had an effect on the outcome for an individual. In this country the law allows Her Majesty’s Coroner to order a post mortem to establish the cause of death and to decide whether the death should be investigated further to exclude homicide or other unnatural mechanisms that are required to be investigated by an Inquest. The Coroner’s order for a post-mortem examination can be legally challenged by a Hospital or Coroner, but it is rarely overturned.

2.2. If a case has not been referred to the Coroner or the Coroner has indicated that he does not require a post mortem then a request can be made of the relatives to allow an examination of the deceased. This is often referred to as a hospital or consented post mortem. In some circumstances even though the Coroner has ordered an examination it may be desirable to ask the family for permission to make specific investigations on some tissues to establish if treatment was successful.

2.3. The current rules on tissue retention, even where the Coroner has ordered a post-mortem, will limit the ability of the pathologist and the family to discover the pathological effects of treatment, the extent of disease and its severity and search for underlying conditions. It may be important to obtain consent from the family to retain tissues and organs for further investigation and research work which would not be allowed for under the provisions of the Coroner’s Acts. It will always require the agreement of the Coroner.

2.4. In the case of the Coroner requesting a post mortem, consent from the deceased family is not required. It is however, necessary for the reasoning behind the need for a post mortem to be explained. This would normally be undertaken by either the Coroner’s Officer or a Police Officer.

3. **Organisational Responsibilities**

3.1. Chief executive

Is ultimately accountable and responsible for the implementation of all policies within the Trust and to make sure an appropriate system is in place for the management and review of all polices in a given timeframe.

3.2. Medical Director

As the Designated Individual under the terms of the Human Tissue Authority licence the Medical Director has the responsibility for ensuring that the terms of the Trust licence are adhered to and any issues or risks which have been identified are dealt with in a timely manner.
The Medical Director is also responsible for gaining assurance from the Pathology Manager and the Cheshire Pathology Collaborative that all practices are undertaken in line with and under the terms of the HTA licence and codes of practice.

Where it is identified that this is not the case, the Medical Director will ensure that appropriate action plans are in place and monitored in a timely manner and the escalation of risk to the appropriate risk register.

3.3. Deputy Director of Corporate Affairs & Governance

To ensure that all systems and process are in place to effectively support the consent process.

To support the Medical Director in the discharging his/her responsibilities under the HTA and where required review issues and risks.

4. Planning & Implementing

4.1. To ensure that this procedure is effectively communicated to all relevant staff the following actions will be taken:

- Communication to be put in team brief
- Information to be included in consent training session
- Procedure to be highlighted to all consultants for dissemination
- Procedure to be available to all staff on the Trust intranet

4.2. Consultants acquiring consent must ensure they have undertaken three yearly mandatory consent training and discussed proposed PM with Consultant Pathologist before approaching family.

5. Equality and Diversity Impact Assessment

5.1. An impact assessment has been completed and there are no areas which have been highlighted where actions are required.

6. Legislation and the Human Tissue Authority

6.1. The Human Tissue Act 2004 (HT Act) covers England, Wales and Northern Ireland with the exception of the provisions relating to the use of DNA, which also apply to Scotland. The HT Act established the Human Tissue Authority (HTA) to regulate activities concerning the removal, storage, use and disposal of human tissue.

6.2. The Human Tissue (Quality and Safety for Human Application) Regulations 2007 (Q&S Regulations) implement the European Union Tissue and Cells Directives (EUTCD). The HTA is the Competent Authority in the UK under the Q&S Regulations, which cover the whole of the UK, including Scotland.

7. Procedure for obtaining hospital post mortem

7.1. The following outlines the process to be completed when obtaining consent for post mortem.

7.2. Consent for post mortem must only be carried out by consultants.
7.3. Prior to any post mortem being performed discussion must take place between the responsible consultant and the Consultant Pathologist. It is necessary for the Pathologist to ensure that the appropriate consent has been obtained either by the Coroner or the relevant hospital consultant in the case of a hospital post mortem. It is now normal practice for all consents to be in written form. It will be necessary for the Pathologist to ensure the following:

- That the consent forms are correctly and exactly filled in
- That the necessary permission that has been given including explicit instructions as to what type of examination is consented to (Limited Autopsy)
- What tissues may be retained and for how long
- The chosen method of disposal of any retained tissues.
- Any restrictions imposed by the relatives that may have restrictions on the benefits and information obtained from the examination are adhered to.

7.4. Decisions will need to have been made as to how the retained tissues are to be disposed of and whether tissues may be used for research, teaching, audit and quality control purposes. These sections must be completed at the time of the request for consent.

7.5. Consent must be obtained before a hospital post mortem can be performed. The medical certificate of the cause of death should have been issued.

7.6. The deceased should have nominated a “next of kin” formally on admission to hospital and this person should be the person approached for consent to post mortem.

7.7. If the deceased has not nominated a next of kin then every effort should be made to locate a relative or representative. All steps should be documented.

7.8. The Human Tissue Act specifies the ranking order of relatives for the obtaining of consent. It should be the highest ranked surviving relative who is approached for consent. If the deceased person has not indicated their consent (or refusal) to post mortem removal, storage or use of their body or tissue for scheduled purposes, or appointed a nominated representative, then the appropriate consent may be given by someone who was in a ‘qualifying relationship’ with the deceased person immediately before their death. Those in a qualifying relationship are found in the HT Act in the following order (highest first).

1. spouse or partner (including civil or same sex partner) The HT Act states that, for these purposes, a person is another person’s partner if the two of them (whether of different sexes or the same sex) live as partners in an enduring family relationship.

2. parent or child (in this context a child may be of any age and means a biological or adopted child)

3. brother or sister

4. grandparent or grandchild

5. niece or nephew

6. stepfather or stepmother

7. half-brother or half-sister

8. friend of long standing.
Consent is needed from only one person in the hierarchy of qualifying relationships and should be obtained from the person ranked highest. If a person high up the list refuses to give consent, it is not possible to act on consent from someone further down the list.

7.9. If no living relatives/representatives can be traced to provide consent then the hospital must not proceed with post mortem.

7.10. If there are several people who present themselves as next of kin, then consideration will need to be given to all. If no one objects then the post mortem may be carried out. If however, any one of the next of kin objects then the post mortem should not be performed.

7.11. If the deceased has left clear instructions that his/her body may be used for transplantation, medical education or research then there is no legal obligation to discuss this situation with the family. The necessary consent will have been obtained during life and the deceased may well have discussed their decision with their close relatives and friends. University departments of Anatomy are not obliged to accept these betrothals and may for a number of reasons decline to accept the remains. It will then remain the responsibility of the family to arrange disposal of the deceased.

7.12. The person seeking consent for post mortem will be competent to do so. This will be the responsibility of the consultant of the deceased’s clinical team as they will have a full knowledge of the medical problems and any unresolved aspects that are the main reason for the post mortem request. They will explain the process of the post-mortem and reassure the family around matters of respect and dignity. Consent will be sought by a senior member of the team as they will be in a position to answer any clinical questions the family may ask.

7.13. The consent form (appendix 1) will be fully explained to the family by the doctor prior to any consent agreement.

7.14. If the family need time to consider whether or not to sign the consent form this should be provided. The form in use also records the fact of refusal and this must be completed.

7.15. The family should be told when the examination will take place and this information can be obtained from the Pathologist. The Pathologist will be able to advise on the processes and techniques that will provide the most information for the relatives and the clinicians.

7.16. Whether sufficient information may be obtained by a partial or a limited post mortem should be considered by the pathologist and this needs to be discussed as well as the implications if the family are reluctant about a full examination. Many people find that the thought of an examination of the head distasteful but will consent to an examination limited to the chest and abdomen. If the deceased has expressed a desire to be dressed in a particular outfit, then assurance may be given that the examination can still be made by the pathologist making special incisions designed to be hidden below clothing.

7.17. All considerations with regard to removal of tissue samples or whole organs needs to be fully discussed with the family along with what requirements they have once the post mortem is completed, e.g. retention of tissues and organs and the disposal or return of blocks and slides must be discussed and recorded on the consent form.

7.18. Relatives should be provided with a copy of “Consent for post mortem – information for relatives” booklet so that they can read and digest the information in their own time.
7.19. Should the relatives change their minds at any point prior to the post mortem being undertaken then each section of consent that has been withdrawn needs to be struck through and signed by the person taking the withdrawal.

7.20. Religious beliefs may impact on the ability to undertake a post mortem so this has to be established to allow the timescale and the impact of a post mortem and any subsequent removal of tissue to be fully explained to the family.

7.21. Full disclosure must be made around what samples may be taken e.g. histology, toxicology, images and the delays resulting from the examination of these tissues etc in providing a final report.

7.22. Burial or cremation may be delayed due to material taken for investigation requiring time to process and so this must to be explained.

7.23. Consent for post mortem must be separate to consent for retention of tissue/organs and this must be fully explained throughout the consent process.

7.24. A follow-up meeting must be arranged with family to discuss outcome of post mortem. The timescale and availability of the Pathologist should be checked with the pathologist to arrange a suitable date and time.

8. Training

8.1 Consultants acquiring consent for hospital post mortems must complete the three yearly mandatory training consent module which includes consent for post-mortem examination.

9. Audit

9.1. This procedure will be audited annually as part as the Trust consent audit to ensure that the process outlined are being followed and where issues are identified that an action plan is in place.

10. Review

10.1. This procedure will be reviewed on a three yearly basis by the Legal Services Manager, approved by the Human Tissue Governance Sub Committee, and ratified by the Medical Director.
## Consent Form for a Hospital Post Mortem Examination of an Adult.

<table>
<thead>
<tr>
<th>Name of Deceased</th>
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</thead>
<tbody>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>M / F:</td>
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<td>Date of Death</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Hospital No</td>
<td></td>
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<tr>
<td>Ward</td>
<td></td>
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<tr>
<td>Unit No:</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
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<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>GP’s Address</td>
<td></td>
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</tbody>
</table>

**How to fill in this form:**

- Please show what you agree to by writing YES in the relevant boxes. Write NO where you do not agree.
- Record any variations, exceptions and special concerns in the Notes to the relevant section or in Section 7.
- Sign and date the form. The person taking consent will also sign and date it.
Changing your mind This section must be completed

After you sign this form, there is a short time in which you can change your mind about anything you have agreed to.

If you want to change your mind, you must contact the ward. Telephone 01625 66 (then ward ext) …………………………….

Before [time] ……………………... on [day] ………………… [date] ………………………………………………………………………………..

Please read through the following carefully and show what you agree to by writing YES in the box following each question and NO for the others.

Section 1: Your decisions about a post mortem examination Select one of these 3 options.

A complete post mortem This gives you the most information. It includes an external examination, examining the internal organs, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems.

I/We agree to a complete post mortem examination.

OR

A limited post mortem This is likely to give less information than a complete post mortem.

A limited post mortem includes an external examination, examining the internal organs in the area(s) of the body that you agree to, examining small samples of tissue under a microscope, and taking x-rays and medical photographs. Tests may also be done for infection and other problems.

You can answer YES to more than one of these

I/We agree to a limited post mortem examination.

Please indicate what can be examined:

abdomen  chest and neck  head

other ………………………………………………………………………………..

OR

An external post mortem This may not give any new information.

An external post mortem includes a careful examination of the outside of the body, x-rays and medical photographs.
I/We agree to an external post mortem examination.

**Section 2: Tissue samples  Only if you consent to a complete or limited post mortem**

A post mortem examination involves the removal and examination of small samples of tissue and body fluids to investigate the cause of death, and to study the effects of the disease and treatment. Tissue samples are taken mostly in the form of blocks and slides and small amounts of body fluids may be sent for other investigations.

YOU MUST DECIDE HOW YOU WOULD LIKE THE TISSUE BLOCKS AND SLIDES TO BE TREATED AFTER THEY HAVE BEEN EXAMINED

THERE ARE THREE OPTIONS PLEASE INDICATE YOUR CHOICE BY ANSWERING ‘YES’ TO ONLY ONE OPTION & ‘NO’ TO THE OTHERS

**OPTION 1**

☐ I/We agree to the tissue samples being kept as part of the medical record for review in the future (if further information becomes available or for the benefit of the family) for teaching, quality assurance or clinical audit.

**OPTION 2**

☐ Following completion of the post mortem I / we want blocks and slides to be returned to me/the funeral director for burial/cremation

The return of the blocks and slides may take up to 12 weeks. If you wish for them to be reunited for funeral purposes this will add a significant time delay to the funeral.

For return of material following completion of the report (option 2 only)

Mr, Mrs, Miss, Ms, other……………………………………………………………

Name of person to be contacted:…………………………………………………

Preferred method of contact……………………………………………………

Telephone……………………………………………………………………………

Address………………………………………………………………………………………

………………………………………………………………………………………………

**OPTION 3**

☐ Following completion of the post mortem report I / we would like the hospital to arrange for disposal of the blocks and slides.

Notes to Sections 1 and 2 if required

……………………………………………………………………………………………….
Section 3: Images (IF CLINICALLY APPROPRIATE)

Photographs (digital images), and/or x-rays and other radiological investigations are taken when clinically relevant during a post mortem examination and these are retained for teaching, quality assurance of clinical audit and as part of the medical record.

☐ I/we consent to x-rays/other radiological investigations being taken.

☐ I/we consent to photographs being taken.

Section 4: Genetic testing

In some cases, analysis of chromosomes (DNA) and other genetic tests are important to aid diagnosis. These tissue samples may also be used for teaching, quality assurance or clinical audit.

ANSWER ‘YES’ OR ‘NO’ TO EACH OF THE FOLLOWING

STATEMENT 1 – ☐ I consent to genetic tests being done for diagnosis purposes.

STATEMENT 2 – ☐ I consent to these samples being used by the hospital / university for education / research.

STATEMENT 3 – ☐ I do not consent to genetic tests being done.

Notes to Section 3 and 4 if required

Section 5: Ethically approved research

If you have agreed for us to retain blocks and slides, tissue for genetics and images, do you also give consent to their use in ways that can benefit others?

ANSWER ‘YES’ OR ‘NO’ TO THE FOLLOWING

☐ I/we consent to tissue samples, images and other relevant information from the post mortem being kept and used for ethically approved medical research.
Section 6: Further examination of whole organs

As part of the post mortem it may be important and necessary in occasional cases for whole organs to be examined in greater detail as this may provide a more detailed understanding of the disease/abnormality.

I understand that tissue blocks and slides taken from this organ will be dealt with in accordance with my instructions for blocks and slides (section 2).

ANSWER ‘YES’ OR ‘NO’ TO THE STATEMENT BELOW

☐ I / we consent to the examination of a whole organ in greater detail if necessary.

Disposal of retained organs

ANSWER ‘YES’ OR ‘NO’ TO THE STATEMENTS BELOW

After more detailed examination of organs removed during a post-mortem examination, they must be either stored for specified uses or disposed of in a lawful manner. The reasons for retention of the organ(s) have been explained to me. I wish for any remaining fixed tissue to be dealt with in the following manner and once diagnosis is complete.

☐ I/we would like the hospital to dispose of the organ(s) following completion of the post mortem.

☐ I/we would like the organ(s) to be returned to me following the completion of the post mortem. I will arrange for their burial/cremation.

☐ I/we would like the organ(s) to be reunited with the body before it is released. I understand that this may significantly delay the funeral.

☐ I/we agree to the organs being used by the hospital or university for review in the future (if further information becomes available or for the benefit of the family), for teaching purposes and research that has been approved by an appropriate ethics committee, quality assurance or clinical audit.

Notes to Section 5 and 6 if required

......................................................................................................................................................
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Section 7: Signature of person (parent or relative) giving consent

☐ I / We have been offered written information about post mortems.

☐ I / We understand the possible benefits of a post mortem.
My / Our questions about post mortems have been answered.

Relatives name ............................... Signature .................................

Relationship to the deceased  ..............................................................................

Address ..............................................................................................................

Telephone number ............................................................................................

Date ................................. Time ....................... 

Additional information if required ........................................................................

Section 8: Consent taker’s statements  To be completed and signed in front of the relatives.

I confirm that:

- I have explained that the post mortem will take place at
  Macclesfield District General Hospital
  Leighton Hospital
- I have explained the procedures and reasons for them
- I have explained the terms ‘organ’, ‘tissue samples’, ‘blocks’ and ‘slides’
- I believe that the person/persons giving consent has/have sufficient understanding of post mortem examination to give valid consent.
- I have recorded any variations, exceptions and special concerns in the additional information boxes.
- I have checked the form and made sure that all parts have been completed.
- I have explained the time period within which parents can withdraw or change consent and have entered the necessary information

Name .................................................. Position/Grade ............................... 

Department ........................................... Contact details (Ext/Bleep) ...........

Signature .............................................. Date .............. Time ................. 

Section 9: Interpreter’s statement (if relevant)
I have interpreted the information about the post mortem for the relatives to the best of my ability and I believe that they understand it.

Name .......................................................... Contact details ..........................

Signature .......................................................... Date ................. Time ...........

Section 10: Consent withheld

I / we have had the opportunity to read this consent form and do not agree to a post mortem examination.

Name of individual / relative WITHHOLDING consent

Print name................................. ..........Signature........................................

Date.............................................................. Time........................................
Appendix 2

Equality Analysis (Impact assessment)

1. What is being assessed?

<table>
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<tr>
<th>Procedure for Consent for a Hospital Post Mortem Examination</th>
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Details of person responsible for completing the assessment:

- Name: John Glynn
- Job title: Legal Services Manager
- Team: Governance

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

<table>
<thead>
<tr>
<th>Procedure to be followed in obtaining consent for a hospital post mortem including consent form. Procedure outlines the consent process and issues that need to be discussed with the family or next of kin. Consent form covers all questions that need to be answered both in regard to consent to undertake a post mortem as well as tissue retention issues.</th>
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2. Assessment of Impact

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes X

Explain your response: For the relatives of deceased patients whose first language is not English, staff will need to follow the Trust’s interpretation and translation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? No X

Explain your response: No impacts identified, apart from for transgender deceased patients where staff should take care to refer to the transgendered deceased patient by their appropriate gender.

DISABILITY

From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? No X

Explain your response: For relatives who are Deaf, the trust interpretation policy should be followed and a BSL interpreter booked. There is also the option to use the web based
interpretation system called signtranslate available at present in outpatients. There are communications boxes on wards with magnifiers and other aids.

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? No X
Explain your response: No impact identified

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**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? No X
Explain your response: Care must be taken to ensure the most appropriate person is giving consent:

Hierarchy of qualifying relationships: Persons are ranked in the following descending order:

- a) spouse or partner (including civil or same sex partner)
- b) parent or child (in this context a child may be of any age)
- c) brother or sister
- d) grandparent or grandchild
- e) niece or nephew
- f) stepfather or stepmother
- g) half-brother or half-sister
- h) friend of long standing

No impact identified.

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**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes X
Explain your response: Potential issues with relatives of the deceased of various faiths/beliefs must be dealt with sensitively in line with this procedure, e.g. where a death must be reported to HM Coroner or where there is a requirement to bury quickly after death.

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**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? No X
Explain your response: See all sections.

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**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? No X
Explain your response: Re civil partnerships – see above section.

---

3. Safeguarding Assessment - CHILDREN
### 4. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*

| The original document which has been updated and has been approved by the Medical Director and consulted with Clinical Directors of appropriate Service Lines. |

### 5. Date completed: 19/11/2014  Review Date: 19/11/2017

### 6. Any actions identified

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
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</table>

### 7. Approval

At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:  
Date: 25.2.15