HOSPITAL POST MORTEM POLICY – including procedure for requesting a post mortem examination and gaining informed consent

POLICY

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Approving Body	Consent Group
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Legal and/or Accreditation Implications	Policy required for accreditation purposes with HTA
Target Audience	a) Staff group(s) Doctors, nursing and midwifery staff working across the trust who need to obtain consent for a hospital post-mortem including Bereavement Centre and Chaplaincy staff. b) Sites + Departments/ Clinical Areas all clinical areas across the trust to include the Bereavement Centre.
Review Date	February 2022 (ext3)
Sponsor (Position)	Medical Director
Author (Position & Name)	Trust HTA Designated Individual, Dr Sahar Azad
Lead Division/ Directorate	Diagnostics & Outpatients
Lead Specialty/ Service/ Department	Pathology/ Histopathology
Position of Person able to provide Further Guidance/Information	Dr Sahar Azad, Trust HTA Designated Individual

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
1. A Guide to a Post Mortem Procedure on an Adult – information leaflet 2. Consent Document to a Hospital Post Mortem Examination on an Adult 3. A guide to a Post Mortem Examination Procedure on a Baby or Child – information leaflet 4. Sheffield children's Hospital Consent Document to a Hospital Post Mortem Examination on a Baby or a Child *Changes made to the above documents relate to replacement of the term 'next of kin' with 'highest qualifying relationship'.*	Amendments made 11/04/2018

CONTENTS

Executive Summary

This policy applies to all hospital "consented" post mortem examinations on adults, children, foetuses, stillbirths and products of conception.

SFH staff considering such an examination should:

- Raise the possibility of post mortem examination with the patient if practicable and appropriate (and/or with the appropriate person to give consent (Appendix A) before death is practicable and appropriate).
- Be mindful that the highest person in the hierarchy of those who can give consent (Appendix A) has the absolute right to say refuse a post mortem examination.
- Advise families of the need for a discussion with the Coroner where that is necessary, and potential outcomes.
- Ensure that the person they are speaking to is the appropriate person to give consent under the Human Tissue Act (Appendix A).
- Be aware of the requirements of the Human Tissue Act and the HTA codes of practice.

SFH staff considering such an examination must not;

- Take consent if they are not trained and/or not competent
- Ask for consent for post mortem examination in the middle of the night
- Ask for consent for post mortem examination in a clinical area (other than in obstetrics and gynaecology)
- Take consent for a post-mortem examination after pregnancy loss or in a baby that never lived without the mother present, unless there are exceptional circumstances.
- Discuss any details of consent or results pertaining to pregnancy losses without the permission of the mother.
- Allow assumptions regarding religious requirements to prevent the offer of a post mortem examination where it is indicated.

1.0 INTRODUCTION

'This policy is issued and maintained by the Executive Medical Director (the sponsor) on behalf of The Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions. This is based on the Human Tissue Authority Codes of Practice for Consent and Post Mortem Examination (April 2017), and aims to ensure that Sherwood Forest Hospital Foundation NHS Trust (SFH) provides a high standard of practice and complies with recommendations of Human Tissue Authority regarding consent where a post mortem examination is either requested by a relevant person or recommended by clinicians.

2.0 POLICY STATEMENT

The Trust will ensure that consent for post mortem examination on adults, children and babies is taken in a dignified and sensitive manner by appropriately trained staff, which adheres to the Codes of Practice issued by the Human Tissue Authority.

The Trust recognises the importance of post mortem examination in giving relatives, clinicians and legal authorities more information about the cause of death. More widely, post mortems are important in improving clinical care, maintaining clinical standards and in supporting clinical research and training.

This policy outlines the procedure to be followed when approaching relatives for consent for a Hospital Post Mortem (HPM) for adults, children or babies ensuring that consent is both informed and freely given.

All situations when a request is made to relatives for a Hospital Post Mortem to be undertaken on a deceased patient at the Trust.

This clinical document applies to:

a) Staff group(s)

- **Doctors, nursing and midwifery staff working across the trust who need to obtain consent for a hospital post-mortem including Bereavement Centre and Chaplaincy staff.**

b) Sites + Departments/ Clinical Areas

- all clinical areas across the trust to include the Bereavement Centre

c) Patient group(s)

- adult and paediatric patients who die during hospital stay where a hospital post-mortem is required

d) Exclusions

- any hospital deaths which require referral to the HM Coroner

3.0 DEFINITIONS/ ABBREVIATIONS

'The Trust':	Means the Sherwood Forest Hospitals NHS Foundation Trust
'Staff':	Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust
'Hospital Post Mortem/ HPM'	Describes all post mortem examinations where the consent to relatives is required and that have not been required by the Coroner.
PM	Post Mortem
HTA	Human Tissue Authority

4.0 ROLES AND RESPONSIBILITIES

All health professionals at Sherwood Forest Hospitals NHS Foundation Trust involved with the management of procedures following a death within the Trust are responsible for following and applying this policy, including Bereavement Centre and Chaplaincy staff.

4.1	Committees
4.1.1	Human Tissue Management Group To develop, implement and monitor policies and procedures across the Trust, to ensure that requirements of the Human Tissue Act (2004) are met in a co-ordinated and standard manner. To identify areas within the Trust where a licence is required in accordance with the Human Tissue Act (2004) To implement a system of audit, to monitor and review any incidents relating to tissue procurement, storage, acquisition and usage, identify and implement corrective actions as required and monitor compliance. To identify future guidance and legislation, and advise the Trust of implications and appropriate actions To identify training needs across the Trust in relation to uses of human tissues To meet with and conduct visits required by the Human Tissue Authority, as required for the purposes of licensing
4.2	Individual Officers
4.2.1	Consultant in Charge of Care (Adult) is responsible for – • raising the possibility of a post mortem examination with either the deceased and/or the appropriate person to give consent, either before or

	after death • approving letters feeding back results • meeting with those who have consented if required to discuss post mortem report and implications • where the results of the post mortem examination are significantly different than expected, instigating contact with the person giving consent to feedback results directly
4.2.2	Appropriately trained person taking consent for post mortem examination should: • Ensure that the requirements of the procedure and what is required from the post mortem examination are known before meeting with an appropriate person to give consent • Meet with the appropriate person in a suitable environment • Ensure that the person who is giving consent is a correct person to do so under the Human Tissue Act (Appendix A), or that they are giving consent on behalf of the appropriate person. • Give a basic explanation of the procedure, and the likely removal, storage and usage of organs and tissues which might be kept. • Provide a contact number and date and time by which the person consenting can change their minds (usually 24 hours) • Provide a copy of the signed consent form for the person consenting to keep • Advise on how results will be fed back to the patient
4.2.3	Bereavement staff • Ensure that consent is properly recorded on consent forms and patients notes .
4.2.4	Obstetrics and Gynaecology Consultants • Ensure that the members of their team (Registrars, SHO's midwives, nurses etc.) are trained to undertake consents to post mortem examination • Offer to meet with mother and any other person she feels necessary to discuss findings of post mortem examination.

5.0 APPROVAL

This policy has been approved via the trust's Consent Group.

6.0 DOCUMENT REQUIREMENTS

6.1 General information

Who may give consent:

- For an adult, the wishes of the deceased take precedence. However if there is post-death opposition from other properly interested persons a post mortem should be undertaken only after careful consideration. If the deceased's wishes are unknown, they may have nominated a representative to take decisions for them, or those in a qualifying relationship can give consent. The Human Tissue Act (2004) provides a hierarchy of qualifying relationships [Appendix 1]. In all Hospital post Mortems consent is required. Where no nominated or qualifying person is available no Hospital Post Mortem can take place.

- For a child, consent may be given by those with parental responsibility (See Appendix B). It is good practice to involve both parents if at all possible, and where there is joint responsibility neither parent should act independently of the other.

- For stillbirths, foetuses and products of conception, consent must be obtained from the mother.

Anyone seeking consent for a hospital post-mortem examination should be sufficiently experienced and well informed, with a thorough knowledge of the procedure. They should have been trained in dealing with bereavement and in explaining the purpose and procedures. They should have completed consent training with in the past two years

All supporting documents recorded in section 6e are available from staff working within the Chaplaincy for child post mortems & Bereavement Centre Service for adults.

The Trust's contracted Funeral Director is responsible for transport of the deceased patient to and from the site where the Post Mortem will take place.

6.2 Hospital Post Mortems on an Adult

Full details of the procedure are provided in Appendix C.

These hospital post mortems currently take place at Sheffield Teaching Hospitals (Royal Hallamshire Hospital) under the terms of a contract between both Trusts.

Consent is taken in the bereavement centre. A doctor involved in the care of the deceased patient meets the family at the time of their appointment or a suitable alternative time is arranged.

Prior to meeting the family, a member of the Bereavement Centre staff (who has received training in the consent process) asks the doctor to familiarise him/herself with the following information leaflet/ guide 'PICBCS001 - A guide to a hospital post mortem examination

procedure on an adult' and the Trusts HPM consent form 'Consent to a hospital post mortem examination on an adult'. Hard copies are available from the Chaplaincy.

The doctor explains the reasons for requesting a Hospital Post Mortem. A copy of 'A guide to a hospital post mortem examination procedure on an adult' is given to the family to take with them and a time is agreed for them to make a decision, usually 24 hours. A meeting is arranged by the bereavement staff at the agreed time where the doctor establishes whether person highest in the hierarchy in qualifying relationship consents to a Post Mortem being carried out and his/her wishes regarding retention of blocks, slides and tissue. If so, then s/he completes the Consent form in the presence of doctor and bereavement staff

Photographs and x-rays may be taken as part of the procedure. The person consenting should be made aware of this possibility during the consenting procedure for Hospital post mortem.

The bereavement staff member remains in the appointment to ensure consent is freely given and that the form is completed fully and correctly. The Bereavement Centre staff member signs as a witness and includes the telephone number of the Bereavement Centre in case the family wish to change their decision and a time is agreed up to which withdrawal of consent could occur.

The doctor fills in the form with relevant clinical information. This form together with the consent form is sent with the deceased patient to the pathologist undertaking the Post Mortem(Sheffield Teaching Hospital). Three copies of the consent form are made. One is given to the person giving consent; the other is placed in the patient's medical record and a third is kept in bereavement centres record

6.3 Hospital Post Mortems on a baby or child

Full details of the procedure are provided in Appendix D

These hospital post mortems currently take place at Sheffield Children's Hospital under the terms of a contract between that Hospital and this Trust.

Consent is taken in any of five locations: Sherwood Birthing Unit, Neo Natal Unit, Ward 25, the Gynaecological Ward or the Emergency Department.

Depending on the availability of staff the consenting process will be facilitated by at least two staff including a doctor, a midwife, a nurse or staff working within the Chaplaincy. This staff discusses with the parents the possibility of a post mortem examination being carried out.

The parents are given a copy of the Sheffield Children's Hospital information leaflet 'A guide to a Hospital Post Mortem examination on a baby or child'. Hard copies are available from the Chaplaincy, neonatal unit or ward 25.

The staff, after explaining the reasons for a Hospital Post Mortem, establishes whether the parent(s) consent to a Post Mortem being carried out. If they agree then one of the staff

completes the consent form. The staff also discusses the provision of withdrawal of consent and agree a timeframe to it. (Hard copies are available from the Bereavement Centre.)

For a baby, a doctor who has cared for the mother completes a **'**Request for Foetal / Perinatal Post Mortem Examination' form. This form together with the completed consent form is sent to Sheffield Children's Hospital with the baby. The consent form is copied twice; one copy is placed in the mother's or child/ baby's medical record and the second copy given to the parent(s).

6.4 Reporting back to relatives and parents the post mortem results.

The referral centre for the Post Mortem will issue a report direct to the requesting clinician.

The Bereavement centre staff, in case of adults, ensures arrangements are made to report back to relative the outcome of the post mortem examination, by consultant who had clinical responsibility for the deceased patient.

The Chaplaincy, in paediatrics and perinatal, will make arrangements for informing parents when the body of deceased baby returns from Sheffield and Chaplaincy.

The Consultants secretary or bereavement midwife informs the parents when the results/PM report is available and arranges the follow up appointment with their Consultant to report back to relative or parent the outcome of the post mortem examination.

This would normally be in a face to face meeting but in some circumstances by mutual arrangement it could be by electronic or postal means.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The completed post mortem consent form will be checked by the chaplaincy staff for paediatric and bereavement staff for adult post mortems before sending it to Sheffield Children's Hospital. The Post Mortem will only proceed if all parties are satisfied that the form is both clear and complete. Any lack of clarity regarding the expressed wishes contained in the form will be clarified prior to the post mortem taking place.

Annual review of the consenting process will be carried out by Bereavement centre staff for adults and Chaplaincy staff for paediatrics, and a report will be submitted to Trust Human Tissue Authority (HTA) working group.

The table below illustrates how the information requirements will be met:

Minimum Requirement to be Monitored **(WHAT – element of compliance or effectiveness within the document will be monitored)**	**Responsible Individual** **(WHO – is going to monitor this element)**	**Process for Monitoring e.g. Audit** **(HOW – will this element be monitored (method used))**	**Frequency of Monitoring** **(WHEN – will this element be monitored (frequency/ how often))**	**Responsible Individual or Committee/ Group for Review of Results** **(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)**
Consent documentation	Bereavement centre staff	Audit	Annual	Trust HTA Group
Consent documentation	Chaplaincy Staff	Audit	Annual	Trust HTA Group

8.0 TRAINING AND IMPLEMENTATION

All medical staff who may be involved in consent taking for Hospital Post Mortem, are required to have up-to-date training in undertaking this procedure.

The Human Tissue Authority requires that staff requesting a post mortem need to have undergone relevant training which comprises of reading the respective training package available to staff on the intranet via this link "Training For Taking Consent For Hospital Post Mortems". Each specialty is responsible for maintaining its own electronic records for staff who have undertaken this activity.

Staff should also refresh their awareness of the information every two years.

Evidence of this training activity is required for assurance to external agencies.

If you have any queries, please contact:

- Dr Sahar Azad, Trust HTA Designated Individual

All the Chaplaincy and Bereavement staff involved in the consenting process will have received training in the consent process. A record of training will be maintained.

All doctors, nurses and midwives involved in the consenting process need to be familiar with this policy, the post mortem consent forms and associated guide.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix E.
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix F.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Human Tissue Authority http://www.hta.gov.uk/ in particular
- Code of Practice A – Consent http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice/code1consent.cfm
- Code of Practice B – Post Mortem Examination http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice/code3post-mortem.cfm
- Department of Health http://www.dh.gov.uk in particular Search for 'Bereavement' and 'Bereavement Key Documents'
- Good Practice Guide for NHS Mortuary Staff

Related SFHFT Documents:

- Not Applicable

11.0 APPENDICES

Appendix A	Hierarchy of qualifying relationships (Human Tissue Act 2004)
Appendix B	Parental responsibility for children
Appendix C	Procedure for requesting a hospital post mortem examination and gaining informed consent – Adult
Appendix D	Procedure for requesting a hospital post mortem examination and gaining informed consent – Children & Perinatal
Appendix E	Equality Impact Assessment
Appendix F	Environment Impact Assessment

Appendix A

Hierarchy of qualifying relationships (Human Tissue Act 2004)

For consent to non-coronial post-mortem examination in the following order. (Highest first):

a) 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
b) parent or child (in this context a child can be any age but must be competent if under the age of 18, and means a biological or adopted child)
c) brother or sister
d) grandparent or grandchild
e) niece or nephew
f) stepmother or stepfather
g) half-brother or half-sister
h) 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 higher up the list refuses to give consent, it is not possible to act on consent from someone further down the list. For example, if a spouse refuses but other relatives wish to give consent, the wishes of the spouse must be respected(1).

Relationships listed together, for example ‘brother or sister', are accorded equal ranking, in which case it is sufficient to obtain consent from just one of them, provided they are ranked equal highest. For example, if the deceased person has no spouse or partner, but has several children, the consent of only one child is required.

A person may be omitted from the hierarchy if they cannot be located in reasonable time, decline to deal with the matter or are unable to do so, for example, because they are a child or lack capacity to consent. In such cases, the next person in the hierarchy would become the appropriate person to give consent.

1. Refer to guidance in paragraphs 34 and 36 HTA Code of Practice A - Consent

Appendix B
Parental responsibility for children

According to the Children Act 1989 “parental responsibility” means all rights, duties, powers and authority which by law a parent of a child has in relation to the child and his property.

Who can have responsibility?

1) Where a child’s father and mother were married to each other at the time of his birth, they shall each have parental responsibility for the child.
2) For births registered before December 1st 2003 where a child’s father and mother were not married to each other at the time of the birth the mother shall have parental responsibility for the child. The father may acquire parental responsibility by court order or by agreement with the mother (“a parental responsibility agreement”).
3) For births registered after December 1st 2003, where a child’s father and mother were not married to each other at the time of the birth and both parents register the birth together, the father assumes parental responsibility.
4) More than one person may have parental responsibility for the same child at the same time.
5) A person who has parental responsibility for a child at any time shall not cease to have that responsibility solely because some other person subsequently acquires parental responsibility for the child.
6) Where more than one person has parental responsibility for a child, each of them may act alone and without the other (or others) in meeting that responsibility; except where there is a requirement for the consent of more than one person in matters affecting the child.
7) A person who has parental responsibility for a child may not surrender or transfer any part of that responsibility to another, but may arrange for some or all of it to be met by one or more persons acting on his behalf.
8) The person with whom any such arrangement is made may himself be a person who already has parental responsibility for the child concerned.
9) The making of any such arrangement shall not affect any liability of the person making it which may arise from any failure to meet any part of his parental responsibility for the child concerned.

Appendix C
Procedure for requesting a hospital post mortem examination and gaining informed consent - ADULT

Initial discussion and arrangements for obtaining consent

1. A senior member of the clinical team, preferably the Consultant in charge of the care, should raise the possibility of a post mortem examination with the most appropriate person to give consent. The person consenting will need an explanation of the reasons for the post mortem examination and what it hopes to achieve. The first approach should be made as soon as it is apparent that a post mortem examination may be desirable, there is no need to wait until the patient has died. Many relatives are more prepared for the consenting procedure if they have had time to think about it beforehand.

2. The relative, alternatively, may want to know more about the cause of death and are entitled to have their request for a hospital post mortem met by the hospital. The same process applies

3. Any relevant views which the deceased had expressed should be sought.

4. If the decision is taken that a HPM is wanted, this can only take place following the registration of the death and completion of the consent form.

5. The medical cause of death certificate is written by a doctor who has cared for the patient. This may or may not be after consultation with the Coroner. (If in doubt speak to him) If the decision is taken that a HPM is wanted, this can only take place following the registration of the death and completion of the consent form.

6. Where it is evident that an organ will need to be retained (eg brain and spinal cord for neurological disease) the person consenting should be advised of this by the clinician

7. When death has occurred, the nursing staff or doctor contacts the bereavement centre staff to confirm that a request for a HPM has been made and the details of the doctor's name and bleep are given. The doctor most involved with the care of the patient will normally be the person to meet the family

8. The bereavement staff inform the doctor of the time when the relatives are due to come to the bereavement centre and arrange for the doctor to attend the appointment

9. At the first meeting between the relatives and the doctor the following process is adopted. A member of the bereavement staff remains with the family throughout the consent process.
    (a) The question of an HPM is talked through
    (b) Unless there is a categoric 'no' the reasons for the PM are explained
    (c) The procedure for conducting a HPM is outlined
    (d) The possible variations are discussed

10. A copy of 'A guide to a hospital post mortem examination procedure on an adult' is given to the family to take with them and a time is agreed for them to make a decision, usually 24 hours.

11. A further meeting is arranged by the bereavement staff at the agreed time where the doctor establishes whether person highest in the hierarchy in qualifying relationship consents to a Post Mortem being carried out and his/her wishes regarding retention of blocks, slides and tissue. If so, then s/he completes the Consent form

12. The HPM consent form is filled by the consenting person to confirm what has been agreed in the presence of doctor and bereavement staff

Obtaining consent

Consent must be obtained by a trained member of the team person who has been trained within the previous two year and has been verified as competent.

Where possible, consent to post mortem examination should be obtained in the bereavement centre when the person arranging the funeral attends (provided that they are the appropriate person to give consent) to complete the formal registration process, ensuring that sufficient time is available before registration appointment.

A copy of the Trust "Information for those who are bereaved" booklet must be offered to all bereaved relatives if they have not received a copy. Every effort should be made to provide the information in an understandable language with the help of PET team, if required.

The Trust agreed consent form must be used. These are available from the Bereavement centre.

The person obtaining consent must:

1. Check that there is no reason to believe that the deceased had any objections to a post mortem examination. If the deceased was believed to have any objections, the examination cannot go ahead.

2. Check that the person giving consent qualifies as a highest person in the hierarchy of qualifying relationships. If consent has been delegated to a person lower in the hierarchy, there must be written or verbal confirmation from the higher person that they are in agreement, and this must be documented in the records.

3. Check that the person giving consent has had the opportunity to read the relevant post mortem information in the Information for those who are bereaved booklet.

4. Explain the requirements of the post mortem examination, including the removal of organs for examination, which will then be returned to the deceased and any organs or tissues, including histological blocks, slides, blood samples etc that may need to be retained. They must be able to explain where incisions will be if the person giving consent should ask.

5. Where a limited post mortem examination is requested, this may restrict the information which can be obtained from the procedure. The implications of this will need to be explained to the relatives.

6. Explain the need to retain tissue samples as part of the medical records, and give the opportunity to allow samples to be used for teaching, control and other clinical uses. Consent for ethically approved research is taken separately. The person obtaining consent must have enough knowledge of laboratory processes to be able to explain what will happen to the tissues and answer any questions related to their future use.

7. Explain the reasons for the retention of whole organs if required, the timescales that this will involve and disposal options. The organ to be retained must be specified on the consent form. Forms stating “any organ” will not be accepted.

8. Explain any genetic tests that are indicated, the requirement for photographs or any other special requirements of the procedure in order that these can be documented on the section of the consent form entitled “Other requirements of the examination.”

9. Agree a timeframe within which the person consenting can contact the Bereavement centre coordinator to withdraw consent. This would normally be by 9am on the next working day, but can be on the same day in exceptional circumstances. This can be waived if the person consenting is adamant that they won’t change their mind, has already had a few days to think about it or if it is known that the deceased was in full agreement to a post mortem examination.

10. Ensure that the consent form is fully completed.

11. Ensure that the person consenting has plenty of time to ask questions.

The relatives must be made aware that the procedure will take place at Sheffield Teaching Hospital under the terms and conditions of the SLA between both Trusts.

After the person giving consent has signed the form, the person obtaining consent must also sign it, ensuring that their contact details are given.

The bereavement staff member signs the form as witness

When completed, the form is checked to ensure all sections are filled in.

The form is photocopied thrice, the first copy given to the family, the second included within the patient’s medical record, third is kept for Bereavement centres record and the original sent to the pathologist.

The doctor fills in the medical summary sheet, available from the bereavement centre and if necessary speaks to the pathologist.

Writes a summary of the consent process in the notes, including any issues discussed which are declined, such as retention of organs, sign this and clearly print their name, leaving a contact number or bleep.

The original of the consent form is sent to the Pathologist conducting post mortem with the medical summary sheet.

Ensure that the notes and consent form are passed on to the bereavement office.

In very rare cases, where a worthwhile post mortem examination would not be able to be carried out on the consent obtained, the consultant who requested the post mortem will contact the person who gave consent to clarify consent or to obtain consent for particular requirements.

Appendix D

Procedure for requesting a post mortem examination and gaining informed consent – CHILDREN & PERINATAL

In general in the case of the sudden death of a child or where complications have occurred in relation to the delivery of a baby the Coroner will be informed by the doctor. When the Coroner takes over, a post mortem will be carried out at Sheffields Children's Hospital. In all other cases when a post mortem is requested consent is required and the HPM takes place at Sheffield Children's Hospital.

Standard Operating Procedure for Perinatal and Paediatric Post-Mortem

Introduction
This Standard Operating procedure is designed to assist and guide professionals when counselling and obtaining consent from parents following the loss of a child or baby from 12 weeks gestation.

Roles & Responsibilities
Decision for counselling and consent for a perinatal hospital post-mortem should be made by the Consultant Obstetrician or Neonatologist.

Decision for counselling and consent for a paediatric hospital post-mortem should be made by the Consultant Paediatrician

Counselling and Consent should be obtained by a Consultant or Registrar from Obstetrics in cases of miscarriage, late miscarriage, Stillbirth and intrapartum Stillbirth or by the Neonatal/Paediatric Consultant in cases of Neonatal/Child death with ideally both parents present. They should be accompanied by a Midwife/Nurse wherever possible or a member of bereavement centre staff.

Process for Counselling & obtaining Post Mortem Consent.

1. For live births and stillbirths the medical cause of death certificate is written by a doctor or midwife who has cared for the mother/ baby. For a child the medical cause of death certificate is completed by the consultant paediatrician. In the case of non-viable foetuses the relevant NVF certificate is completed. Either the medical staff or the parents may speak of wanting to know more detail of why the baby died. If the decision is taken that a hospital post mortem is wanted this can only take place after completion of a consent form.

2. The nursing/midwifery staff or the receptionist informs the chaplain that an HPM request is being considered. The chaplain will visit the ward/unit and talk through with staff all that is required following the birth/ death of a baby or child. The doctor/ nurse/midwife most involved with the care of the parent(s) or child will normally be the person to meet the family. In all cases two people need to be involved in meeting the parent(s) for gaining consent, and if required one of these can be the chaplain.

3. Prior to obtaining consent the nurse/midwife gives the parent(s) a copy of 'A guide to hospital post mortem' so they have adequate time to read this information and ask any relevant questions

4. When the parent(s) are ready, the two staff who have been nominated or agreed to meet regarding consent take the consent form to the parent(s)

5. The staff ask whether the parent(s) have had time to read the guide and if they have any questions.

6. At the meeting between the parents and the two staff the following process is adopted.

(a) The question of a post mortem is talked through
(b) Unless there is a categoric 'no' the reasons for the post mortem are explained
(c) The procedure for conducting a post mortem is outlined including the fact that the baby/child will be transferred to Sheffield Children's Hospital
(d) The possible variations are discussed
- Limited PM
- Organ retention
- Research and education
- Disposal

(e) Explanation is given that samples of fluid, tissue blocks and slides may be taken.
(f) The agreement of the family is ascertained.
(g) The post mortem consent form is filled in to confirm **what has been agreed**
(h) A timeframe within which the person consenting can contact the staff to withdraw consent should be agreed
(i) The doctor fills in the paediatric or fetal and perinatal post-mortem examination request form, available from the ward or unit or ask the chaplain
(j) For a baby, the mother completes and signs on page 4 of the consent form. The father may also sign if he wishes in addition to the mother. For a child either parent can sign the consent form
(k) The doctor/midwife/nurse completes and signs page 5 of the consent form

7. When completed, the form is checked to ensure all sections are filled in.

8. The form is in triplicate. The blue copy given to the parent(s), the pink copy included within the mother's or child's medical record and the original sent to the mortuary for transfer to the Sheffield Children's Hospital pathologist.

10. The child or fetal and perinatal post-mortem examination request form is sent to the mortuary with the consent form and then sent with the baby/ fetus to Sheffield.

11. Ensure appropriate follow-up is arranged with post-mortem results.

Ensure parents understand that post-mortem report can take up to 4 months to return from Sheffield.
Complete relevant documentation.

*For gynaecology patients within the mother's medical record
*For Obstetrics the checklist in mother's postnatal Bereavement Notes, Page 4: (Post-birth investigations checklist) and Postnatal summary sheet for Bereaved mothers, or in baby's/child's hospital notes.

Ensure the Mother's Obstetric/Gynae Consultant or baby's Neonatal Consultant and Bereavement Midwife are informed if Post-mortem examination is being undertaken. In cases of Neonatal/Child death ensure the Neonatal/Paediatric Consultant and Child Death Review Team are informed.

Education & Training.
Ensure that professionals obtaining consent have the appropriate training to undertake it.

The Human Tissue Authority requires that staff requesting a post mortem need to have undergone relevant training which comprises of reading the respective training package available to staff on the intranet via this link "Consent Training For Hospital Post Mortems".

Each specialty is responsible for maintaining its own electronic records for staff who have undertaken this activity.

Staff should also refresh their awareness of the information every two years.

(Consent training is also covered within the Regional Registrar Training Teaching programme yearly)

References

A Guide to a Hospital post mortem examination on a baby or child. (2017) Sheffield Children's NHS Foundation Trust

Consent to a hospital post mortem examination on a baby or child. (2015) Sheffield Children's NHS Foundation Trust Version 6

SFH Management Guideline of Stillbirth, Intrauterine Fetal Death and Termination of Pregnancy for fetal abnormality. (v4.0 Nov 2016)

SFH Policy for staff responsible for care after death (2017)

SFH Protocol for the reporting of perinatal deaths (2014)

APPENDIX E – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed:			
New or existing service/policy/procedure:			
Date of Assessment:			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	N/A
Gender	None	N/A	N/A
Age	None	N/A	N/A
Religion	None	N/A	N/A
Disability	None	N/A	N/A
Sexuality	None	N/A	N/A
Pregnancy and Maternity	None	N/A	N/A
Gender Reassignment	None	N/A	N/A
Marriage and Civil Partnership	None	N/A	N/A

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	N/A

What consultation with protected characteristic groups including patient groups have you carried out?

- None

What data or information did you use in support of this EqIA?

- Information from within this policy and supporting documents

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- None known

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Dr Sahar Azad

Signature:

Date: 16-04-2018

APPENDIX F – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	