

TRUST POLICY FOR HOSPITAL FUNERALS

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Executive Lead Signature	Garry Marsh, Executive Chief Nurse

HOSPITAL FUNERAL POLICY

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University Hospital of Derby and Burton NHS Foundation Trust

Hospital Funeral Policy

1. Background

This document sets out the University Hospitals of Derby and Burton (UHDB) trust policy for bereavement services organisation of funerals for deceased patients.

In line with the NHA Management Executive (1992, 1997), Treasury Solicitor Guidelines (2009) and Section 46 of the Public Health (Control of Diseases) Act (1984), hospitals have a statutory obligation to arrange a funeral for patients who die in hospital if no-one else is prepared to make the arrangements because:

- a. Relatives/nominated representatives cannot be traced, or
- b. Relatives/nominated representatives cannot afford to pay for the funeral and/or do not qualify for Social Fund Funeral Payments, or
- c. Relatives/nominated representatives are unwilling to take responsibility for the funeral arrangements

For women who have experienced pregnancy loss or a neonatal death whilst their baby is still in hospital, the following guidelines describe the options that are available:

- Guidelines for management of foetal loss of less than 24 weeks gestation.
- Guidelines for management of stillbirth and early neonatal death.

This policy sets out the policy and procedures for:

- a) Deciding when a Hospital Funeral is appropriate.
- b) Outlining the procedures for organising a Hospital Funeral

2. Policy Objective

The objective of this Policy is to ensure staff are aware of the circumstances under which UHDB has a responsibility to undertake the funeral arrangements for deceased patients and to ensure the correct procedures are adhered to.

3. Definitions used:

Nominated Representative: If the patient is deceased then the nominated representative would be either the Executor if there is a Will/Grant of Probate or Personal Representative (if no Will). Only a named Executor or Personal Representative can collect or remove valuables. If the deceased does not have an

Executor or Personal Representative, then contact should be made with the named Next of Kin to discuss a way forward.

4. Accountability, roles, and responsibilities

4.1 Chief Executive

The Chief Executive is responsible for ensuring the service is provided in accordance with Health Service Guidelines (HSG (92)8 and HSG (97)43).

4.2 The Executive Chief Nurse

The Executive Chief Nurse has Board level responsibility for Hospital Funerals.

4.3 Divisional Directors/Divisional Nurse/Director of AHP and Healthcare Scientists/Midwifery Directors/Divisional Medical Directors

Divisional Directors/Divisional Nurse/Director of AHP and Healthcare Scientists/Midwifery, Directors/Divisional Medical Directors, are responsible for overseeing the implementation of this Policy within their Divisions.

4.4 Senior Sisters and Senior Charge Nurses

Senior Sisters and Senior Charge Nurses are responsible for implementing this Policy within their work areas; ensuring staff are fully conversant of the procedure to be followed.

Any personal belongings of the deceased should be stored in a secure location, and it is the responsibility of the ward to which patient has died to take these belongings to the agreed location depending on which site the Patient has died Royal Derby Hospital, Queens Hospital Burton, Florence Nightingale Community Hospital, Sir Robert Peel or Samuel Johnson Community Hospital.

4.5 All Staff

All staff should have access to this policy to understand the responsibility of the Trust in the event of a patient dying in hospital where there is no record of traceable next of kin or where nominated representatives consider they are unable to meet funeral costs.

Child deaths at UHDB are managed by a team of Bereavement Midwives, Mortuary and the Hospital Funerals Coordinator, which all staff should be aware of.

4.6 Senior Bereavement Officers

Ensuring all bereavement documentation is completed and the registration of death is made within the designated timescales.

To Liaise with relatives and friends where possible, to gather accurate information about the deceased.

4.7 Bereavement Service Officers

Adhering to the procedures within this policy and other relevant policies and such as Information Governance Policy.

4.8 Hospital Funeral Coordinator

- To provide information and advice to next of kin or nominated representatives of the deceased patient regarding funeral options.
- Liaise with Funeral Directors regarding funeral arrangements.
- Liaising with friends and family and Chaplaincy regarding any additional requests that do not incur extra costs to the Trust. Ensure the correct documents are sent in a timely manner. And will attend Adult Hospital Funerals, where practicable.
- The Hospital Funeral Coordinator will liaise with Bereavement Midwives to develop robust Baby Hospital Funeral pathways across the organisation. The Hospital Funeral Coordinator will attend the Monthly Memorial Service currently being held at Bretby Crematorium.
- The Hospital Funeral Coordinator will implement changes, to align the Hospital Funeral offer at RDH and QHB sites (where practicable).
- The Hospital Funeral Coordinator will be responsible for policy development and implementation, training and education of staff, compliance to policy and governance, monitoring and recording of hospital funerals.

4.9 Head of Patient Experience and insight

Is responsible for the leadership and management of Hospital Funerals including policy development and implementation.

4.10 Trust Chaplaincy Services

Will provide advice regarding the religious practices, faith observances and cultural requirements of the deceased as appropriate.

To be available to conduct Hospital Funerals as requested by Hospital Funeral Coordinator.

Contact any relatives, friends or others who knew the deceased as identified by the Bereavement Services (where practicable). And to lead a funeral that is personal to the deceased (where practicable).

4.11 Bereavement Midwives

Provide sensitive care and support for bereaved families following pregnancy loss, stillbirth, or neonatal death. To raise awareness, understanding and improve the support available to anyone who has experienced loss. Work closely with Hospital Funeral Coordinator, wider Bereavement Service and Chaplaincy. Offer support and advice round clinical procedures and aftercare. Continue to support families throughout the arrangement of a funeral.

Paediatric and Neonatal Bereavement Nurse provide End of Life support and guidance to parents/families who have experienced loss.

5. Bereavement documentation and Policy Implementation

5.1 Adult Hospital Funerals

Hospital Funeral Coordinator must follow the following procedures for arranging Hospital Funerals in the absence of the Hospital Funeral Coordinator, the Bereavement Team will also be required to follow as set out below and accompanying appendices:

- 1) If there has been no, next of kin located or nominated representatives refuse to make funeral arrangements (see appendix one)
- 2) The completion of the Medical Certificate of Cause of Death, agreed and countersigned by the Medical Examiner.
- 3) The completion of Statutory documents for which the Cremation/Burial will take place. Which consists of; 1, 'Application for Cremation'; and 2, 'Particulars of Cremation'.
- 4) Funeral arrangements to be adhered to meet the contractual requirements by the Trust's contracted Funeral Directors (see appendix three).
- 5) Bereavement officers must ensure that the relevant Doctor completes all necessary documentation including Medical Cause of Death Certificate before referring to the Hospital Funeral Coordinator. The Hospital Funeral Coordinator is then responsible for registering the death with the Registrar of Births, Marriages, and Deaths (where practicable). In the event the Hospital Funeral Coordinator is not able to register the death then the Bereavement service officer will undertake this duty. The Bereavement service officers are responsible for Adhering to the procedures within this policy and other relevant policies and such as Information Governance Policy.
- 6) Ward staff should ensure that all relevant clinical and non-clinical information is forwarded to the Bereavement Service as soon as possible (where practicable). In the event the deceased information is not forwarded to the Bereavement Service. The Bereavement Service officers will proactively chase ward staff via email, telephone and messages left on the relevant Wards and will attend the ward to collect this information.

5.2 Baby Hospital Funerals

For individual funeral arrangements the completion of the relevant documentation will depend on the gestation of the baby and whether baby was neonatal or Stillbirth.

Dignified arrangements for babies under 12 weeks:

Documents that need to be completed for application to joint cremation are:

For RDH:

- Dignified Arrangements for Pregnancy Losses Below 12 Weeks Gestation
- Medical Form for Burial or Cremation in Respect of a Baby, or Pregnancy Remains which are less than 24 weeks' gestation
- Application for Cremation of Foetal Remains

Once the documents are completed on the Ward, they delivered to Mortuary to be processed and copies are sent to Markeaton Crematorium.

For QHB:

- NVF2 Form - Certificate from Medical Practitioner in Respect of Non-Viable Foetus/Foetal Tissue
- Dignified Arrangements for Pregnancy Losses below 24 Weeks Gestation
- Application for Cremation of Foetal Remains at Queen's Hospital Monthly Service

Once the documents are completed by the Ward, they are collected by the Hospital Funerals Coordinator to be processed and copies are sent to Bretby Crematorium.

Dignified arrangements for Under 24 weeks:

Bereavement Midwife at QHB needs to ensure the following documents are completed by certified medical practitioners, for gestation 16-24 weeks, and the Bereavement Team at RDH need to ensure that the following three documents have been completed by certified medical practitioners for gestation 12-24 weeks:

- Certificate of Medical Practitioner in Respect of Baby Born Dead Under 24 Weeks - Completed on the Ward and delivered to the Bereavement Office and retained for the funeral arrangements.
- Permission for Burial or Cremation of Baby Born Dead Less Than 24 Weeks - Completed on the Ward and delivered to the Bereavement Office and retained for the funeral arrangements.
- Funeral Arrangements for your Baby - retained by Hospital Funeral Coordinator

The following documents are completed by Hospital Funeral Coordinator and used for funeral arrangements for a cremation:

- Particulars of Cremation
- Crem 1 Form - 'Application for Cremation of the body of a person who has died'.

Dignified arrangements for Over 24 Weeks (Stillborn):

The parents of a stillborn baby over 24 weeks will need to register the death. They will be given a 'Registered Medical Practitioner's Certificate' by the ward. The Registrar will return the 'Certificate for Burial or Cremation (Still-birth)' to the Hospital Funerals Coordinator or the parents and this will be given to the Funeral Directors.

The following documents are completed on the Ward by certified medical practitioners:

- Registered Medical Practitioners Certificate - Completed by the Ward and given to parents.
- Crem 9 Form - 'Certificate of Stillbirth' - Completed by the Ward and delivered to Bereavement Service retained for the funeral arrangements.
- Funeral Arrangements for your Baby - retained by Hospital Funeral Coordinator.

The following documents are completed by Hospital Funeral Coordinator and used for the funeral arrangements for a cremation:

- Particulars of Cremation
- Crem 3 Form - Application for the Cremation of a Stillborn-child

Dignified arrangements for Neonatal Deaths:

Neonatal deaths are dealt with in the same way as adult deaths. The parents of a neonatal baby will be given a 'Registered Medical Practitioner's Certificate' by the ward. The parents have to register the Birth and Death at the Registry Office. They will then be issued a 'Registrar's Certificate for Burial or Cremation (Part B)', which needs to be given to the Funeral Director.

The following documents are completed on the Ward by certified medical practitioners:

- Registered Medical Practitioners Certificate - Completed by the Ward, agreed and countersigned by the Medical Examiner and scanned and sent electronically to the registry office.
- Medical Certificate - Completed by the Ward and delivered to Bereavement Service and retained for funeral arrangements.
- Funeral Arrangements for your Baby - Completed by the Ward retained by Hospital Funeral Coordinator.

The following documents are completed by Hospital Funeral Coordinator and used for the funeral arrangements for a cremation:

- Particulars of Cremation
- Crem 1 Form - 'Application for Cremation of the body of a person who has died'.

If the Hospital Funeral Coordinator is not available to complete and send the relevant documents to the contracted funeral director, then this task will be fulfilled by the Bereavement officers at RDH and the Bereavement Midwife at QHB.

6. Tracing Relatives

Where the nominated representatives or next of kin are unknown, the Bereavement service officers will make all reasonable attempts to locate nominated representative or next of kin by checking electronic medical records and paper patient records and speaking to Ward staff. If unsuccessful these cases will be handled by Hospital Funerals Coordinator to trace relatives (see appendix one).

7. Recouping the cost of Hospital Funerals

Where the next of kin or nominated representatives are unable to meet the cost of the funeral and is not eligible for Social Fund Funeral Payments. The Hospital Funeral Coordinator will make all reasonable enquiries consistent with the sensitivity of the situation before deciding that the relatives are unable to pay (see appendix one). If the deceased has no monies the Trust will not recoup the cost of the funeral.

Where the next of kin or nominated representatives are unwilling to pay for the funeral, but the Trust has good reason to believe they can afford to do so, the local authority in whose area the body lies will be asked to arrange burial or cremation under Section 46(1) of the Public Health (Control of Disease) Act 1984.

Any monies held in the Cashiers office belonging to the deceased will go towards payment of the hospital funeral. Any estate remaining over the sum of £500 after partial reimbursement of funeral costs or where there is no will or no next of kin. The Hospital Funeral Coordinator will contact the Treasury Solicitor's Office "Bona Vacantia" to lodge a claim for reimbursement for partial or full payment of the funeral costs.

In the event Solicitor contacts the Trust after a hospital funeral and informs the Hospital Funeral Coordinator that there are monies to pay for the funeral in full. Invoice of the funeral will be sent to the solicitor along with directions on how to reimburse the Trust.

Some Trust Bereavement Service do property searches (as and when).

The UHDB Bereavement Service does not have the capacity and there are several potential risks. Where practicable, the Trust may refer to third party sources such as Land Registry, or Genealogy tracing. However, for the purposes of data protection any contact made by Genealogy Tracing agencies will need to be referred to the Trusts Information Governance Department.

8. Choice of funeral

8.1 Adult Funerals

- 1) The choice between burial and cremation will be made only after considering any known views of the deceased, including religious and cultural preferences. A simple cremation or burial will be offered.
- 2) Where there is no known preference, and the faith of the deceased does not indicate any preference, the Trust in agreement with contracted the Funeral Director will consider the most cost-effective option (see appendix three)
- 3) The Trust appointed Funeral Director will be responsible for, the burial or cremation and a plaque to record the deceased, considering their faith.
- 4) One of the Hospital Chaplains will be present to conduct a short service (where practicable) or to liaise with the appropriate religious representative of the faith of the deceased where required.
- 5) Where there are specific religious or cultural requirements for the burial or cremation to take place within a time limit, staff should refer to the Handling and Release of Deceased Adults Out of Hours Policy.

8.2 Baby Funeral

Currently parents have the option between burial or cremation to lay their babies to rest. There are currently some differences between QHB and RDH that are being addressed namely.

- At QHB there is the offer of a joint Monthly Memorial Service officiated by the Hospital Chaplains, the Hospital Funeral Coordinator ensures preparation for the service is correct and attends the service. Chaplaincy provides a bespoke service which does not breach confidentiality for attending parents, or individual cremation or burial. For burials parents at QHB pay a fee towards the burial plot for pregnancy loss under 24 weeks gestation, if they opt for the burial to take place at the cemetery not used by Trust's contracted provider.
- RDH provide a monthly joint committal service where preparation is undertaken by Mortuary, and the service coordinated by Chaplaincy and Funeral Directors, with no parents in attendance. Parents are offered individual cremations and burials for their babies.
For burials parents are required to pay for the burial plot for pregnancy loss under 24 weeks gestation before commencing with a funeral. Prices are governed by Local Authorities.

If parents do not contact the funeral directors regarding payment of the burial plot. Hospital Funeral Coordinator will make attempts to reengage with the parents by phone, text, and email. If these steps are unsuccessful the Hospital Funeral Coordinator, as a last resort will send a 28-day notice letter to the respective parents requesting for them to contact UHDB. (see appendix 4) If no contact is made Hospital

Funeral Coordinator may liaise with Trust Legal Department, to seek advice on what next steps may be taken regarding contacting the parents and the burial in the event of parents completely disengaging from the process.

9. Funeral Arrangements

Once all relevant documentation has been completed correctly, checked by Bereavement Officers, Bereavement Midwives and Hospital Funeral Coordinator the Trust appointed Funeral Director will liaise with Chaplaincy Team, Cemetery and Crematorium to arrange the time and date when the funeral will take place. (see appendix three)

Mortuary staff will be notified by the Bereavement Office database when the deceased is clear for the Funeral Director to collect the body.

There are occasions where there are delays registering a death and/or completion of funeral arrangements:

9.1 Adult Funerals

Deceased patient will be referred to the coroner, to establish cause of death, it will be them that decide on whether:

Clear Cause of Death

- They will issue a Certificate to the Registrar stating post-mortem or inquest is not required.
- Hospital Funeral Coordinator will be informed and proceed with registering the death and completing the funeral.

Post-Mortem Required

- A person cannot object to a Post-Mortem as this may be the only way to establish Cause of Death.
- Once completed, the coroner will release the body and send Cremation 6 Form if there is to be a cremation. The Hospital Funeral Coordinator will be informed and proceed with Registering the death and completing the funeral.

Inquest

- Coroner will hold an inquest if; cause of death still not established.
- Due to the length of time inquests can take. An Interim death certificate can be requested if a death certificate is needed namely for burials i.e. Early Release due to religious beliefs, repatriation, official authority etc.

9.2 Baby funerals

Postmortem

Sometimes there is a request for deceased to have a postmortem and depending on the findings can lead to an inquest. The Hospital Funeral cannot proceed until deceased has returned to UHDB.

Histology/Cytogenetics

Sometimes requests are made by parents and medical staff to send foetal remains to Histology, Cytogenetics for testing. There is no set timescale for how long testing will take, parents are informed of this beforehand and given the option of whether they want remains returned and funeral arrangements are made by UHDB, if parents have consented to remains returning and to UHDB facilitating a hospital funeral this will be delayed until they have returned.

The funeral will be carried out in accordance with the terms of the current Trust Hospital Funeral contract.

Relinquish Responsibility of the deceased - Adults and Baby Death

In the event where the nominated representatives have initially agreed to take on the responsibility of registering the death and the funeral arrangements of their loved one, but no action has been taken. Or where the Trust have been unable to contact parents. Mortuary staff will make enquiries to prevent the deceased being a 'Long Stay' the Trust local standard/guidance is 3 months and over. Every attempt is to be made to contact the nominated representatives where practicable, 28-day notice letter can be issued to the nominated representatives if address is known (see appendix 5). Escalation to Manager or depending on the circumstances to the Trust Legal Department for further guidance.

10. Training and Dissemination

Key points of the policy will be delivered as part as wider training delivered by The Senior Bereavement Officers, Bereavement Midwives and Hospital Funeral Coordinator to staff. The Policy needs to be brought to Divisional attention for dissemination and action by individuals identified.

11. Monitoring and Review

11.1 Monitoring Table

Areas to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Monitoring of the Number of Hospital Funerals	Hospital Funerals Coordinator Bereavement Service Chaplaincy Service	Bereavement Service Database	Per Funeral	Trends to be reported to Senior Managers Operational Patient Experience Group
Monitoring of the recouping costs for Hospital Funerals and to ensure that all funeral costs are kept to a minimum	Hospital Funeral Coordinator Bereavement Manager Finance	Spreadsheet	Quarterly and as cases are closed on the Spreadsheet	Reported to senior managers and Operational Patient Experience Group
Feedback from families, parents or friends attending Hospital Funerals	Hospital Funerals Coordinator	Feedback from mourners following funerals and reports to Funeral Directors & Chaplaincy	Per funeral	Feedback collated by Hospital Funerals Coordinator Patient Experience and Intelligence Coordinator

Deceased Adult Patients with no next of kin or where next of kin unwilling to take responsibility due to not having the financial recourse to make funeral arrangements



University Hospitals of
Derby and Burton
NHS Foundation Trust

Appendix 1

These steps should be followed by all Hospital Funeral Coordinator and Bereavement Staff involved in arranging a Hospital Funeral for deceased adult patients.


1. Confirmation of whether the deceased adult has any next of kin

Step 1:	When QHB and RDH Bereavement Team have checked clinical and non-clinical records of the deceased and confirmed there is no next of kin. These cases are referred to Hospital Funeral Coordinator.
Step 2:	<p>If no electronic patient records indicate no next of kin and no family or friends have contacted the Bereavement Team after 5 days from date of death. Investigations should begin by undertaking the following:</p> <ol style="list-style-type: none"> 1) Hospital Funeral Coordinator will read and check any medical notes on the deceased adults' electronic records used by the Trust to check relevant information. 2) Hospital Funeral Coordinator will check with ward staff whether the deceased had any visitors and/or whether they spoke to any next of kin or whether the patient before deceased identified any next of kin. 3) Hospital Funeral Coordinator will contact any agencies and services where the deceased patient was known such as, GP, residential care/nursing home, Housing Officer, Social Services, Liaise with Consult from other Countries 4) Hospital Funeral Coordinator will contact any other persons identified i.e. friends or anyone listed on medical notes. To establish more information on the deceased patient; whether they are aware of any next of kin/nominated representative, occupation, whether the deceased had a will or solicitor. 5) If there has been no contact made any next of kin or nominated representatives the hospital will contact the Contracted Funeral Directors to issue Notice of Death in the local newspaper (local to where deceased resided). If after 14 working days from Notice of Death published the Trust will assume there is no next of kin. 6) All steps to trace next of kin or nominated representatives must be documented and stored as evidence.

2. Next of Kin found or there is evidence of an Executor

Step 1:	1) If a Next of kin or nominated representatives comes forward or details are found the Hospital Funeral Coordinator, or in the absence of the Hospital Funeral Coordinator, then a member of Bereavement Team, will attempt to contact these person/s. The Hospital Funeral Coordinator will discuss with the next of kin or
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	<p>nominated representatives the process regarding paperwork i.e. Medical Certificate of Cause of Death (MCCD), once completed, this will be sent to the registry office to allow them to register the death. Any property left by the deceased patient will need to collect from secure storage, on the relevant hospital site. If the next of kin identify they have financial means to organise the funeral this will be organised by the next of kin.</p> <p>2) In the circumstance where the next of kin or nominated representatives do not have any financial recourse and the deceased has no estate then the hospital will arrange and pay for the funeral.</p> <p>3) If next of kin or nominated representatives is identified but have no financial recourse, and the deceased has left no will but has an estate to recoup costs and executor identified. The hospital will arrange and pay for the funeral, but the executor will be responsible for reimbursing the hospital from the sale of the deceased estate.</p> <p>4) If the next of kin or nominated representatives refuses to arrange and take responsibility for the cost of the funeral. The Trust will arrange and pay for the funeral but the next of kin will be advised that all funeral costs incurred by the Trust will be claimed from the deceased's estate.</p>
<p>3. No next of kin found or will</p>	
<p>Step 1:</p>	<p>If no next of kin or nominated representatives or Will has been located, then the Trust will arrange and pay for a hospital funeral. The contracted funeral service for a hospital funeral will be Cremation unless there is clear evidence that the deceased expressed their wishes for burial. The Trust in agreement with the contracted Funeral Director will provide the most cost-effective option.</p>

Registering a Death	 University Hospitals of Derby and Burton NHS Foundation Trust Appendix 2
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These steps should be followed by the Hospital Funeral Coordinator involved in arranging a Hospital Funeral for deceased adult patients.

1. Registering Adult Patient Death

Step 1:	When all avenues to locate next of kin have been exhausted the Trust will arrange the funeral. Hospital Funeral Coordinator will book an appointment with the local registry office (Derby Registry office - 01332 641680, Burton/Staffordshire Registry office - 0300 111 8001) to register the death and Bereavement Database and patient checklist updated with this information.
Step 2:	The 'Green form' (certificate for burial and cremation) will be issued by the Registrar and sent electronically to the Trust Contracted Funeral Directors so that the deceased can be collected from the hospital mortuary.
Step 3:	At the time of registering the death the Hospital Funeral Coordinator should request a 'Tell us Once' form. This informs the following agencies of the patient death DWP, HMRC, Council Tax, Housing Benefit, Electoral Services, Adult Social Services, WAR pension scheme, Armed Forces Pension Schemes, Civil Service Pension Scheme.

2. Registering Baby Death

Step 1:	Parents of the deceased are required to Register their baby's death. For Neonatal cases parents need to register birth and death. Parents will be issued with 'After Registration Certificate for the burial or cremation. For stillbirths Parents are required to attend registrar to obtain a 'certificate of registration of stillbirth'
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Trust's Contracted Funeral Director	 University Hospitals of Derby and Burton NHS Foundation Trust Appendix 3
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These steps should be followed by Hospital Funeral Coordinator and the Bereavement Service officers, in their absence. When arranging a Hospital Funerals for deceased adult patients.

1. Trust Contracted Funeral Director for Adult Hospital Funerals

Step 1:	<p>Service provided by the contracted Funeral Director:</p> <ul style="list-style-type: none"> Deliver a professional standard when conducting the service. To supply the basic coffin and name plate. To supply hearse and pallbearers. Transfer the deceased from the hospital mortuary to funeral directors and to the service at the Crematorium or Cemetery. The package of service for cremation will be instructed to the funeral directors by the Hospital Funerals Coordinator.
Step 2:	<ol style="list-style-type: none"> 1) Trust Chaplain of the appropriate faith/non-religious will conduct the service. Where appropriate if there is identified connection with local faith group then the deceased own religious leader may be asked to conduct the service. 2) If indicated by the Hospital Funeral Coordinator, Trust Chaplain will contact any next of kin or friends to seek additional information to help structure the service for the funeral i.e. music, some history on the deceased.
Step 3:	At the Crematorium the mourners will meet outside (where practicable)
Step 4:	It is at the discretion of the Trust to offer the most cost effect option.

2. Additional services not included for Adult Hospital Funerals

Step 1:	<ul style="list-style-type: none"> Other cars, horse and carriage, limousines will not be provided, and mourners need to make their own way to the funeral. Flowers are not included for RDH or QHB hospital funeral.
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3. Baby Hospital Funerals

Step 1:	<p>Service provided by the contracted Funeral Director:</p> <p>Individual Cremations/Burials:</p> <ul style="list-style-type: none"> Deliver a professional standard when conducting the service. Supply the basic coffin and name plate. Supply hearse and pallbearers. Transfer the deceased from the hospital mortuary to funeral directors and on to the service at the Crematorium or Cemetery. The package of service for cremation will be instructed to the funeral directors by the Hospital Funerals Coordinator.
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Step 2:	<ol style="list-style-type: none"> 1) Trust Chaplain of the appropriate faith/non-religious will conduct the service. Where appropriate if there is identified connection with local faith group then the deceased own religious leader may be asked to conduct the service. 2) If indicated by the Hospital Funeral Coordinator, Trust Chaplain will contact parents to seek additional information to help structure the service for the funeral i.e. music.
Step 3:	<p>RDH - Joint Monthly Service</p> <ul style="list-style-type: none"> • Deliver a professional standard when conducting the service. • Transfer the deceased from the hospital mortuary to funeral directors and to the service at the Crematorium.
Step 4:	<ul style="list-style-type: none"> • Trust Chaplain conducts a short blessing at the Crematorium
Step 5:	<p>QHB - Monthly Memorial Service (currently not facilitated by Trust Contracted Funeral Director)</p> <ul style="list-style-type: none"> • Small Posy arrangement provided by Trust contracted Florist.
Step 6:	<ul style="list-style-type: none"> • Trust Chaplain conducts a short service at the Crematorium.

Appendix 4

Date:

PRIVATE & CONFIDENTIAL

Name:

Address

Address

Address

Postcode:

Ref:

Dear.....

Please accept my sincere condolences.

I am writing regarding funeral arrangements for (name), and your wish for burial at Nottingham Road Cemetery. To proceed, you will need to make an appointment with the Funeral Director contracted by the hospital to arrange payment and authorisation.

I would be grateful if you could confirm arrangements by (date)

If this is no longer your wish, I will make arrangements for the respectful cremation of (name) and notify you in writing of the date, should you wish to attend.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Appendix 5

Date:

PRIVATE & CONFIDENTIAL

Name:

Address

Address

Address

Postcode:

Dear.....

Please accept my sincere condolences.

I am writing following your telephone conversation with the Bereavement Service at (state which hospital site) on (date) regarding the funeral arrangements for (name).

I believe you are executor for the estate of (name) and therefore would be grateful if you could contact me to confirm arrangements at your earliest convenience.

If no correspondence is received within 28 days, the hospital will respectfully begin making the necessary arrangements and notify you in writing.

If you require any advice or support, please do not hesitate to contact me.

Yours sincerely