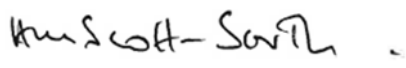


HOSPITAL FUNERAL POLICY

Approved by:	Trust Executive Committee
On:	6 March 2018
Review Date:	March 2021
Corporate / Directorate	Corporate
Clinical / Non Clinical	Non Clinical
Department Responsible for Review:	Spiritual Care Services
Distribution:	
• Essential Reading for:	All Directors, Associate Directors, Senior Managers, Senior Sisters, Bereavement Services staff
• Information for:	All staff
Policy Number:	105
Version Number:	5
Signature:	 Chief Executive
Date:	6 March 2018

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	Hospital Funeral Policy
Original Issue Date:	September 2007
Date of Last Review:	March 2018
Reason for amendment:	Routine review and minor update
Responsibility:	Spiritual Care Services
Stored:	Intranet
Linked Trust Policies:	Standing Orders, Spiritual Healthcare Policy, Equality & Diversity Strategy, Patients' Property Procedure, Handling Lost Property, Guidelines for management of fetal loss of less than 24 weeks gestation, Guidelines for management of stillbirth and early neonatal death, Handling and Release of Deceased Adults Out of Hours Policy.
E & D Impact assessed	EIA 021
Responsible Group / Committee	
Consulted	Directors Associate Directors Matrons And Head Nurses Senior Managers Senior Sisters, Senior Bereavement Officer

Burton Hospitals NHS Foundation Trust

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
4	Review	December 2014	Minor structural and procedural changes
5	Review and update	March 2018	Routine review and minor update

HOSPITAL FUNERAL POLICY

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Burton Hospitals NHS Foundation Trust

Hospital Funeral Policy

1. BACKGROUND

There are occasions where a patient dies in hospital without there being any record of a next of kin or person to contact, or where the bereaved relatives indicate they may have financial difficulties. Under these circumstances, the NHS Trust becomes responsible for the funeral arrangements where:

- a) No relatives can be traced, or
- b) Relatives are not able to afford the cost themselves and do not qualify for social fund payments.

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

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

2. POLICY OBJECTIVE

The objective of this Policy is to ensure staff are aware of the circumstances under which Burton Hospitals NHS Foundation Trust (the Trust) has a responsibility to undertake the funeral arrangements for deceased patients and to ensure the correct procedures are adhered to.

3. ROLES AND RESPONSIBILITIES

3.1 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).

3.2 Directors / Divisional Medical Directors / Associate Directors

Directors, Divisional Medical Directors, Divisional Nurse Directors and Associate Directors are responsible for overseeing the implementation of this Policy within their Divisions.

3.3 Senior Sisters and Department Managers

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

3.4 **All Staff**

All staff should be aware of the responsibility of the Trust in the event of a patient dying in hospital where there may be no record of traceable relatives, or where relatives consider they are unable to meet funeral costs.

3.5 **Bereavement Officer**

The Bereavement Officer is responsible for ensuring all bereavement documentation is completed and the registration of death is made within the designated timescales.

The Bereavement Officer is responsible for co-ordinating the funeral arrangements with the Trust's designated Funeral Director (as specified in the current Trust Hospital Funerals Contract).

3.6 **Head of Chaplaincy Services**

The Head of Chaplaincy Services is responsible for providing advice regarding the religious practices, faith observances and cultural requirements of the deceased as appropriate and to ensure any arrangements are carried out in accordance with these requirements where possible.

4. **BEREAVEMENT DOCUMENTATION**

4.1 Following the death of a patient where there is no recorded next of kin, the ward staff will notify the Bereavement Office at the earliest opportunity to ensure appropriate arrangements are made regarding security of the deceased's property and valuables.

4.2 Clothing and items of limited monetary value will be retained in the Bereavement Office for up to one month before being handled in accordance with the Trust Handling Lost Property Policy.

4.3 Items of potential monetary value must be held in a secure location at all times. The procedure will vary depending on the location of the deceased patient.

The Bereavement Officer will be responsible for ensuring that any items of potential monetary value collected from the wards are forwarded to Treasury Management / General Office

4.4 At each transfer of property, the relevant documentation must be signed by both members of staff.

4.5 Ward staff should ensure that the medical records of the deceased and any relevant non-clinical information held by the ward are forwarded to the Bereavement Office as soon as possible.

4.6 The Bereavement Officer is responsible for ensuring that the relevant doctor completes all necessary documentation, including the Medical Cause of Death

Certificate and Cremation Forms. The Bereavement Officer is then responsible for registering the death with the Registrar of Births, Marriages and Deaths.

- 4.7 The Bereavement Officer must give notification to the Trust's Financial Accountant for all hospital funerals, excluding those of non-viable foetuses, stillbirths or neo-natal losses.

5. TRACING RELATIVES

- 5.1 Where the next of kin is unknown, all reasonable attempts will be made by the Bereavement Officer, on behalf of the Trust, to trace relatives e.g. by asking other patients who knew the deceased; inserting 'In Memoriam' notices in local newspapers where relatives were last known to be living; and checking local telephone directories.

6. FINANCIAL DIFFICULTIES

- 6.1 Where the next of kin is unable to meet the cost of the funeral and is not eligible for Social Fund Funeral Payments, the Bereavement Officer will make all reasonable enquiries consistent with the sensitivity of the situation before deciding that the relatives are unable to pay. This decision should be ratified by their Line Manager or appropriate Trust Director.
- 6.2 Where relatives 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.
- 6.2.1 The Financial Accountant will write to the Treasury Solicitor's Office "Bona Vacantia" to lodge a claim for reimbursement of the Trust's costs should a Will to the estate be found or lodged.

7. CHOICE OF TYPE OF FUNERAL

- 7.1 The choice between burial and cremation will be made only after taking into account any known views of the deceased, including religious and cultural preferences. Views of close relatives will also be considered
- 7.4 Where there is no known preference, and the faith of the deceased does not indicate any preference, the Trust will consider cremation as a preferred choice.
- 7.5 The Trust appointed Funeral Director will be responsible for the service, the burial or cremation and a memorial or plaque to record the deceased, taking into account their faith.

7.6 One of the Hospital Chaplains will be present to conduct the funeral service or to liaise with the appropriate religious representative of the faith of the deceased where required.

7.7 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. FUNERAL ARRANGEMENTS

8.1 Once all necessary documentation has been completed, the Trust appointed Funeral Director will arrange the time and place where the funeral will take place.

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

9. PAYMENT

9.1 Payment for the funeral will be made from the estate of the deceased, or where this is insufficient to cover the cost, the excess may be met by the Trust.

9.2 Any request for payment by the Trust will only be authorised where the Bereavement Officer has obtained signed approval from their Line Manager (or the appropriate Trust Director or their Deputy) prior to requesting the services of the specified Funeral Director in accordance with the existing contractual arrangements.

9.3 Following receipt of the invoice from the Funeral Director, this will also be countersigned by the Line Manager (or appropriate Trust Director or deputy) to confirm that the funeral has taken place.

10. MONITORING AND REVIEW

10.1 Monitoring will be undertaken by the production of data included in an annual report on Spiritual Care Services, which is then reviewed by the Patient Experience Group for any matters which should be escalated to the Quality Review Group.

10.2 This Policy will be reviewed every 3 years or more frequently should legislation require.