

PROCEDURES (checklists)

(MW updating these!)

<p align="center">Part A's</p> <ul style="list-style-type: none"> - Ran the case by the coroner? - Spoken to the family? - Dr is aware they can issue? - Faxed HMC form to HMC office? - If body died in the community and is at the mortuary – release note sent? - Closed the case on the DB? 	<p align="center">PM's (before)</p> <ul style="list-style-type: none"> - Gone through PM procedure with family? - Asked about funeral details? - If community death: Clothing disposal? - Faxed HMC form to HMC office? - Faxed PW & signed form to mortuary? - Updated DB that PM has been authorised (name and date)?
<p align="center">Part B's (natural CoD straight after PM)</p> <ul style="list-style-type: none"> - Is the funeral disposal on the CoD results page? - Does HMC office have the results and funeral disposal? - Inputted CoD on DB? - Informed the family of CoD and how to register? - Informed funeral director? - Sent release note? - Closed the case on the DB? 	<p align="center">Investigation opening</p> <ul style="list-style-type: none"> - Ensured it won't automatically be an inquest after tox (I&S)? - Checked personal details are correct? - If relevant, obtained histology disposal details? - Sent Open Inv form, ID and CoD sheet to the Coroner? - After investigation has been opened, release note sent and Funeral director updated? - If likely to go to inquest, consider requesting reports?
<p align="center">Investigation discontinuance</p> <ul style="list-style-type: none"> - Inputted updated CoD onto database? - Emailed the Coroner the PM report re how to proceed? - Informed family of discontinuance? - Informed family that the death has to be registered? - Informed HMC staff that family have been spoken to? - Updated DB? - If relevant, cancelled any no longer needed reports? - Closed the case and put file away? 	<p align="center">Inquest opening</p> <ul style="list-style-type: none"> - Informed the family purpose of inquest? - Checked personal details are correct? - If relevant, obtained histology disposal details? - Sent Open Inquest form, ID and CoD sheet to HMC? - After Inquest has been opened, release note sent and Funeral director updated? - Completed File Plan and request reports?
<p align="center">Investigation to Inquest</p> <ul style="list-style-type: none"> - If relevant, emailed PM report to HMC for guidance i.e. confirm inquest needed / is pathologist needed etc? - Obtained inq date from Denise? - Explained CoD to NoK and purpose of inquest? - Informed NoK of inquest date and if this date is OK? - Advised death will be registered after the inquest? - Advised file will be completed for the Coroner? - Informed Denise that inquest date is suitable? - Sent Open Inquest form, ID and CoD sheet to HMC? - If not already done, requested reports and completed File Plan? 	<p align="center">Read Only Inquests (i.e DoLS / Fractures)</p> <ul style="list-style-type: none"> - Discussed case with duty HMC? - Sent Drs template to Dr to complete? - If relevant, requested ID from funeral director? - Spoken to the NoK? - Sent all PW to HMC? I.e. CO statement, Inquest opening form, HMC form, ID, GP report, DoLS etc - Attended RO inquest with HMC? - Updated the family of the conclusion and how to obtain final death certificate? - If the body is in the mortuary, release note sent?
<p align="center">Transfers</p> <ul style="list-style-type: none"> - Has Coroner A agreed transfer with Coroner B and the relevant forms have been signed? - ID done? - Is PM needed and which Coroner arranges that? - Family spoken to? 	<p align="center">Deaths abroad</p> <ul style="list-style-type: none"> - Is the body in the country yet? - Where is the funeral taking place? - Had ID been confirmed? - Has a PM taken place? - Ascertained circs from NoK? - Does death certificate give a CoD? - Discussed case with HMC? - If NFA, do FD need a cremation form? - Sent HMC form to HMC office?

PART A PROCEDURE

(i.e Dr issues MCCD, No PM held)

1. Once a death has been reported and a doctor is prepared to issue a MCCD – discuss the case with the duty coroner.
2. Once approved, contact the family to explain why the death was referred to the coroner (i.e. less than 24 hrs, Dr last saw over 14 days ago, surgery within the last year, fractures (non-contributory), chemo within last 30 days, general advice etc).
3. Explain briefly what information the Dr gave you and that he/she is able to issue a medical death certificate. Explain the cause of death to the family.
4. Ask the family if they are satisfied for the Dr to issue and if they were happy with the medical care (and the care in the care home if relevant). If appropriate, explain the coroner does not feel a post mortem examination is required (try to ascertain discretely from the conversation that the family feel the same way, whilst bearing in mind it is ultimately the coroner that decides if a PM is needed or not. If the family say they want a PM as they don't agree with the cause of death offered - seek advice from the coroner - in most cases the coroner will authorise a PM if the family want one).
5. If the family have any concerns that are not related to the cause of death, explain they can take up their concerns with relevant authority (i.e hospital complaints procedure, NHS England complaints procedure or CQC for care homes etc).
6. Explain to the family that they need to collect the medical death certificate from the hospital / GP surgery and that 24 hours from now they need to phone the registrars to make an appointment to register (to give time for the coroner to send his paperwork to the registrars). The registrars will then provide them with a copy of the final death certificate. N.B The hospital usually give a booklet to the family which has the phone number of the General / Bereavement office and the registrars in it. (In some hospitals, the hospital will arrange the registrars directly).
7. Complete the HMC authorisation form and fax to HMC. *Ensure after pressing 'View Form' that all the fields are completed*.
8. Document on the database the time the fax went across to HMC office and then close the case.
9. File the paperwork in numerical order in the filing cabinet (Part As and Bs).
10. For deaths in the community (i.e. where police form 92s have been completed) - send release note to the mortuary and if known, update the funeral director.

PART B PROCEDURE

(i.e. PM carried out, natural cause of death found straight away)

1. Inform NOK what the cause of death is and that it is natural causes. Advise that no further tests were needed (ie no tissue samples were taken).
2. Confirm that because the cause of death is natural, we do not need to have any further involvement, and the funeral can now take place.
3. The coroner will inform the registrars what the official cause of death is, so the family do not need to pick up anything from us or from the hospital (**The coroner can only send the form B to the registrars once we know if the funeral is burial or cremation**)
4. Advise the family that the death needs to be registered and that they will need to call the registrars to make an appointment to register. Explain that the registrars will not give them an appointment until they have received the cause of death from the coroner – so it is best to wait 24 hours before ringing the registrars.
5. Explain that the registrars will then provide the family with the final official death certificate when they go to register.
6. Ask if the family have any other questions?
7. Contact the funeral director and send release note to the mortuary.
8. Make sure the database is updated (i.e. 'family informed of cause of death' is ticked, funeral director details are known and the cause of death section is filled in). Close the case on the database and file the paperwork in the 'awaiting PM' box.

INVESTIGATION OPENING PROCEDURE

(i.e. PM carried out, awaiting histology/toxicology before cause of death is known)

1. Inform NOK what the PM results are, and if any further tests are being done (i.e tox / histology). Confirm histology disposal choice if relevant. (Seek advice from colleague if an organ has been retained).
2. Advise that even though we do not yet know what the cause of death is (and that it could take a several weeks / couple of months before we get the post mortem report through) – the funeral can still go ahead.
3. Advise that for this to happen the coroner will open an investigation (coroner's legal terminology) and this means he will issue paperwork to the funeral director to allow the funeral to take place.
4. Advise that the death cannot be registered whilst the coroner is still involved. Instead the coroner will send temporary (interim) death certificates in the post so that the family can deal with the legal side of things in the meantime. (We normally send 6 out which is usually enough. The coroner will issue up to about 10 if requested by the family).
5. Verify all the personal details of the deceased (i.e full name, DOB, place of birth, marital status, maiden name, home address, occupation, full name of spouse, occupation of spouse and DOB of spouse (if still alive). If child under 16 – will also need full name, occupation and DOB of parents.
6. Advise that you will be back in touch as soon as you receive the post mortem report, at which point we will know if the investigation will be discontinued (if the cause of death is natural) or if we need to proceed to an inquest (i.e. if unnatural).
7. Ask NOK if they have any questions or want you to go through anything again?
8. Prepare investigation opening documents (need the cause of death sheet, ID, and the open investigation page) – fax to HMC. Obtain a folder and write deceased's name and HMC case number on it (write the latter in pencil in case it needs to be updated to an inquest number).
9. Send release note to the mortuary after investigation is opened (update funeral director also).

INVESTIGATION DISCONTINUANCE PROCEDURE

1. When the PM report arrives and the CoD is natural, email the PM report to the coroner asking him how to proceed. Once he confirms the investigation can be discontinued, contact the NOK.
2. Inform NOK that we have now received the post mortem report and have got the cause of death. Explain what the cause of death is (include any toxicology results if relevant) and that it is natural causes.
3. Confirm that because the cause of death is natural, the coroner is discontinuing the investigation. This means we will have no further involvement and there is no requirement for an inquest hearing. The coroner will send a letter to the family advising them of this.
4. The coroner will inform the registrars what the official cause of death is, so the family do not need to pick up anything from us or from the hospital.
5. Advise the family that the death still needs to be registered (it is a legal requirement). It might be best for the family to make the appointment at the registers in 5 days' time (to give HMC office time to do their paperwork). Explain that the registrars will then provide the family with the final official death certificate when they go to register.
6. Ask if the family have any other questions? If they want a copy of the PM report they can have a copy once the coroner gives permission (advise them the written content may cause them distress and that it will be sent in a sealed envelope within an envelope). **For home office cases or cases where there could be criminal charges or sensitive information, the coroner may refuse disclosure**. If the requester is not a family member the coroner may refuse permission for them to have the PM report – ask them to write to the coroner directly in these cases.
7. Ensure you notify all HMC staff via email that you have spoken to the family so they know when to send out the discontinuance letter.
8. If any reports have been requested and are no longer needed (i.e. GP, hospital, police file) – they must be informed and cancelled.
9. Make sure the database is updated (i.e. HMC happy to discontinue the investigation, family informed and that 'family informed of cause of death' is ticked). Close the case on the database and archive the file

INVESTIGATION TO AN INQUEST PROCEDURE

1. When the PM report arrives and the CoD is not natural then an inquest needs to be opened. (If you're unsure if an inquest is needed – email the PM report to the coroner first asking him how to proceed). If relevant, ask HMC if he requires anything else i.e. pathologist to attend, Police or CO to do the file, if specific statements / reports are required etc.
2. Ring Denise (**I&S**) or send her an email to get an inquest date (ensure the date is within 6 months from the date of the death). She will give you one or two possible dates (make sure it is not the deceased's birthday).
3. Inform NOK that we have now received the post mortem report and have got the cause of death. Explain what the cause of death is (include any toxicology results if relevant) and that we need to proceed to an inquest.
4. Advise why an inquest hearing is needed (i.e. an inquest is needed where the cause of death is not natural, and it is a fact-finding enquiry that ascertains who the deceased was, where they died, when they died and how they died. The inquest does not apportion blame nor criticise).
5. Advise that the proposed inquest date will be ***** and if this clashes with any family holidays or birthdays? Advise NOK to pencil this date in their diary.
6. Confirm that the death cannot be registered until after the inquest has been closed and ask the family if they need any more interim death certificates (check there were no errors on the original interims).
7. Advise that a file will be prepared for the coroner and that you will go through the inquest hearing procedure in more detail once the file complete.
8. Ask NOK if they have any questions or want you to go through anything again?
9. Inform Denise that the inquest date is suitable for the family.
10. Prepare inquest opening documents (need the cause of death sheet, ID, and the two inquest opening pages – mark clearly 'investigation → inquest' on the paperwork) – fax to HMC. Write the new inquest number on the folder.

INQUEST OPENING PROCEDURE

1. Ring Denise **I&S** to get an inquest date for about 4-5 months' time. She will give you one or two possible dates (make sure it is not the deceased's birthday).
2. Inform NOK what the PM results are, and if any further tests are being done (i.e. tox / histology). Confirm histology disposal choice if relevant. (Seek advice from colleague if an organ has been retained).
3. Advise that an inquest hearing is needed and why (i.e. an inquest is needed where the cause of death is not natural, and it is a fact-finding enquiry that ascertains who the deceased was, where they died, when they died and how they died. The inquest does not apportion blame nor criticise).
4. Advise that the proposed inquest date will be ***** and if this clashes with any family holidays or birthdays? Advise NOK to pencil this date in their diary.
5. Confirm that the funeral can now take place, but that the death will not yet be registered whilst the coroner is still involved. The death will be registered by the coroner after the inquest has been closed. Because the final death certificate will not be available until then, the coroner will send temporary (interim) death certificates in the post so that the family can deal with the legal side of things whilst waiting for the inquest. (We normally send 6 out which is usually enough. The coroner will issue up to about 10 if requested by the family).
6. Verify all the personal details of the deceased (i.e. full name, DOB, place of birth, marital status, maiden name, home address, occupation, full name of spouse, occupation of spouse and DOB of spouse (if still alive). If child under 16 – will also need full name, occupation and DOB of parents.
7. Advise that you will be back in touch with any updates (i.e. toxicology results) and that a file will be prepared for the coroner. Advise that you will go through the inquest hearing procedure in more detail once the file complete.
8. Ask NOK if they have any questions or want you to go through anything again?
9. Inform Denise that the inquest date is suitable for the family.
10. Prepare inquest opening documents (need the cause of death sheet, ID, and the two inquest opening pages) – fax to HMC. Obtain a folder and write deceased's name and inquest number on it.
11. Send release note to the mortuary after inquest is opened (update funeral director also).

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READ ONLY INQUEST PROCEDURE

1. Once the Dr has reported the death, discuss the case with the coroner.
2. If open and close (with no PM), ask the Dr to complete the 'read only' medical report template – you can email or fax it to the doctor to complete.
3. Obtain ID evidence (i.e. hospital ID, funeral director etc)
4. Contact the family to explain why the death was referred to the coroner and obtain any relevant information from them. Ascertain if they have any concerns with the care. If relevant, obtain any other information from i.e. NH (if a fall / fracture) or DOLS order etc.
5. Explain to the family what the cause of death is and why an inquest is needed (i.e. DOLS, fracture or GP away on holiday etc).
6. Explain that the coroner can do the inquest as a 'Read Only' inquest as we have all the information we need to do that now (rather than wait a few months). There is no requirement for the family to attend (but they can if they wish) - the coroner's officer will attend and give evidence to the coroner on their behalf (try to ascertain if they would rather a full inquest went ahead).
7. Fax all paperwork to HMC office (i.e. CO statement, open inquest form, HMC form, ID, Drs report, DoLS etc)
8. Attend the Read Only inquest give evidence to the coroner. Make a note of the conclusion.
9. Contact the family; explain the conclusion given by the coroner. Advise that the coroner will register the death (allow a few days) and the family can contact the registrars to obtain a copy of the final death certificate.
10. If the body is in the mortuary, send release note to the mortuary, marking on it 'Read Only inquest'.

INQUEST HEARING PROCEDURE (FULL)

1. The witnesses turn up and the inquest officer shows them where to sit in the court room.
2. The inquest officer gives instruction to the witnesses on what will happen. The recording will start and the coroner will enter the room.
3. When the coroner enters the room, everyone stands.
4. The coroner will ask everyone to take a seat and will then start the inquest.
5. The evidence will then be heard – most often a combination of witness testimony and documentary evidence. Each witness starts by taking the oath and confirming full name and address. Next-of-kin and IP's will have the opportunity to ask any of the attending witnesses questions once the coroner has asked his / her questions.
6. Once the coroner has heard all the evidence, he /she will summarise the findings and then come back with a conclusion (this is what was previously known as the 'verdict'). The conclusion can be a short form conclusion (i.e. natural, accident etc) or 'narrative' which is basically a description of the events where a one word conclusion does not fit the case adequately.
7. The inquest will then be closed, and the death will be registered by the coroner. After that, the family can apply for the final death certificate.
8. Also, as the inquest is a public hearing (by law it cannot be held in private), the press may attend.

N.B Legal representation for the family

With regards to legal representation, technically because the inquest is inquisitorial and not adversarial (i.e. no one is on trial), the family do not need to be legally represented. However, for inquest cases like where for example medical care may come into question, the medical witness(es) may be legally represented. This is because the witnesses giving evidence can be questioned by all interested persons in the court room and from a legal standpoint that may make them 'vulnerable'. So some families may choose to appoint their own solicitor to balance things out, and also to ask the clinicians questions on behalf of the family. If the family are thinking about taking civil action against the hospital / authority then it may be more beneficial to have legal representation at the inquest rather than not.

DEATHS ABROAD PROCEDURE

1. Once a funeral director contacts you about a death abroad, ascertain if the body is in the country yet. Find out where the funeral will take place (generally where the funeral takes place is the area that that deals with the death).
2. Ask the funeral director to fax over the relevant documents (i.e. death certificate, passport, any information with the deceased's details and especially anything with the cause of death written on it).
3. Ask the funeral director to see if they can confirm identity i.e. by passport photo. Also ascertain if the person has had a PM abroad.
4. Speak to the NOK to find out the deceased's GP details and the full circumstances of the death.
5. Obtain medical history from the GP and then discuss the case with the coroner.
6. If no PM is required and the cause of death is natural, the case is 'NFA' ('No Further Action'). If the funeral is cremation then the coroner needs to send the cremation form to funeral director (I believe burial forms are obtained from the registrars if burial – double check with Denise).
7. The coroner does not send anything to the registrars, and the family do not register the death in this country (it will have been registered abroad).
8. Fax the paperwork to the coroner and close the case.