

Management of Arrangements where the Deceased has No Relatives or Next of Kin

Reference No:	G_CoG_03
Version	5
Ratified by:	LCHS Trust Board
Date ratified:	13 July 2021
Name of author:	Deputy Director of Corporate Governance
Name of responsible committee:	Audit Committee
Date approved by responsible committee:	16 June 2021
Date issued:	July 2021
Review date:	July 2023
Target audience:	LCHS Ward based staff, Community Hospital Matrons
Distributed via	LCHS website

Management of Arrangements where the Deceased has No Relatives or Next of Kin

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy		
2	Full review		July 2014	Simon Temple
3	All	Policy re-write following transfer of responsibility from NHSPS to LCHS	October 2016	Corporate Assurance Team
4	Full review	Full review and minor updates to organisational posts and structures	April 2019	Head of Corporate Governance
5	Full review	Full review and minor updates to organisational posts and structures	May 2021	Corporate Governance Team
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Copyright © 2021 Lincolnshire Community Health Services NHS Trust, All Rights Reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

Management of Arrangements where the Deceased has no Relatives or Next of Kin

Contents

Version Control Sheet

Policy Statement

Section

	Page
1. Introduction	5
2. Scope	5
3. Roles and Responsibilities	5
3.1 Chief Executive	5
3.2 Directors and Deputy Directors	5
3.3 Trust Board Secretary	6
3.4 Treasury Manager	6
3.5 Matron / Service Leads	6
4. Procedure	6
4.1 Wills	6
4.2 Registering the Death	6
4.3 Cases Referred to the Coroner	7
4.4 Funeral Arrangements	7
4.5 Patient Property	7
4.6 Patient Monies	8
4.7 Valuable Items	9
4.8 Tracing Relatives	9
5. Bona Vacantia	9
6. Associated Documents	9
Appendix 1 List of Registration Offices	10
Appendix 2 Sample Letter of Banks	11
Appendix 3 Trust Notification Form	12
Appendix 4 Collection of deceased patient's personal belongings by relatives/nominated next of kin/carer/friend	15
Appendix 5 Equality Analysis	16
Appendix 6 Monitoring Template	19

Management of Arrangements where the Deceased has no Relatives or Next of Kin

Policy Statement

Background

The purpose of this guidance is to implement a coordinated and uniform approach to management of arrangements for deceased patients where there are no relatives and no next of kin.

Statement

Lincolnshire Community Health Services NHS Trust has an agreed process to ensure that appropriate arrangements are made for deceased patients who have no relatives or next of kin, to be buried or cremated in a timely, coordinated and dignified manner.

Responsibilities

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS staff.

Training

Directors and Service Leads are responsible for making staff aware of the process detailed in this policy which should be followed for deceased patients with no relatives or next of kin.

Dissemination

Website

Resource implication

This policy should act as a useful resource for staff, giving easy access to clear guidance to follow in the management of deceased patients with no relatives or next of kin.

Consultation

This policy has been written in line with internal and external consultation.

1.0 Introduction

From time to time a situation will occur when a patient dies on Trust premises and is identified as having no relatives or next of kin. In these circumstances the Trust assume the responsibility for burial/cremation and funeral arrangements in accordance with the Public Health (Control of Disease) Act 1984, Part III, Section 46 (5).

This guidance document has been written to provide advice and guidance to ensure that staff are aware of the circumstances where the Trust undertakes this responsibility and are aware of the procedure which should be followed.

2.0 Scope:

The purpose of this standard operating procedure (SOP) is to:

- Ensure that, when a patient dies on Trust premises and no next of kin can be identified, appropriate arrangements are made for the deceased to be buried or cremated in a timely, coordinated and dignified manner in line with their religious beliefs, where known.
- Ensure that all the deceased' personal belongings are dealt with and handled in a manner which meets standing financial instruction requirements and any other statutory requirements.
- Ensure cost effectiveness is obtained throughout the procedure and, where possible, funeral costs are recovered from the deceased's estate.

This policy aims to meet the requirements of the Equality Act 2010 and ensure that no employee or patient receives less favourable treatment on the grounds of gender, sexual orientation, transgender, civil partnership/marital status, appearance, race, nationality, ethnic or national origins, religion/belief or no religion/belief, disability, age, carer, pregnancy or maternity, social status or trade union membership.

3. Roles and Responsibilities

3.1 Chief Executive

The Chief Executive is responsible for ensuring that deceased patients who die whilst in the care of Lincolnshire Community Health Services NHS Trust and who have no known next of kin are buried or cremated in a timely, coordinated and dignified manner and in accordance with Public Health (Control of Disease) Act 1984, Part III, Section 46 (5). These duties will be delegated to the Matron or Service Lead in whose area the death occurs and the Deputy Director of Corporate Governance

3.2 Directors and Deputy Directors

Directors and Deputy Directors are responsible for ensuring that staff members working in their areas of responsibility are conversant with and follow the process outlined in this document.

3.3 Deputy Director of Corporate Governance

The Deputy Director of Corporate Governance will retain all original documentation relating to the deceased patient, such as the death certificate and will collate a record of those patients who have died on Trust premises and who have been identified as having no next of kin. Following a two year period from the date of death, should no

next of kin or beneficiaries to the deceased's estate be identified, the Deputy Director of Corporate Governance will, in conjunction with the Treasury Manager, oversee the disposal of the deceased's financial assets as detailed in paragraph 4.6 and 4.7 of this document.

3.4 Treasury Manager

As detailed in paragraph 4.6 and 4.7, the Operational Finance Manager will be responsible for ensuring that all monies belonging to deceased patients with no next of kin, are documented and deposited into an appropriate financial account for a minimum period of two years.

3.5 Matrons / Service Leads

Matrons / Service leads will take the lead to ensure that the process detailed within this document is carried out, when a deceased patient who is identified as having no next of kin, dies within an area of the Trust which falls under their responsibility. They will take the appropriate steps to ensure that the death is registered and that funeral arrangements are made as detailed in paragraph 4 in a timely and sensitive manner. They should ensure that all documentation relating to the patient, together with the Trust Notification Form (Appendix 3) is forwarded to the Deputy Director of Corporate Governance for record purposes as soon as possible.

4.0 Procedure

4.1 Wills

Should the patient's property include a Will, a copy of this should be forwarded to the solicitor who drew up the document (if a solicitor was used), and to each of the Executors listed, who should be advised to contact the Trust as soon as possible.

In these circumstances responsibility for the deceased's funeral arrangements should be transferred to the Executors of the estate.

4.2 Registering the Death

When a patient dies on Trust property and no next of kin or Will have been identified, the ward matron will assume responsibility for ensuring that the death is registered with the relevant Local Authority Registration Officer. Where there is no Coroner involvement, the death **MUST** be registered **within 5 days** of the date of death. If a Will is present within the patient's property, but Executors cannot be immediately contacted, the matron will assume responsibility for registering the patient's death within 5 days in their absence.

In order to register a death you must be in possession of the medical certificate signed by a doctor. When registering the death you will need the following information:

- Your formal identification and Trust address
- Date of admission to hospital
- The date and place of death
- The deceased's full name (and maiden name where applicable)
- The date and place of death (if known)
- The deceased's home address and NHS number
- The deceased's occupation and marital status (including name of spouse if known)

- Religion
- Any other evidence taken from the patient's property relating to pensions, birth certificates, marriage certificates, or any other documentation which may be of help to the Registrar.

A list of Registration Offices is detailed in Appendix 1 to this document.

Once the death has been registered, the Registrar will provide you with a Certificate of Registration of Death (form BD8) and a Certificate for Burial or Cremation (often called the 'Green form').

Whilst registering the death you will be provided with information on how to access the 'Tell Us Once' service. This service informs the Department for Work and Pensions, together with other central and local government departments of the death in one process in order that applicable benefits that the deceased may have received can be halted.

The original death certificate should be forwarded to the Deputy Director of Corporate Governance for retention, together with the Trust Notification Form (Appendix 2).

4.3 Cases referred to the Coroner

Where a death has been referred to the Coroner, responsibility for the registration of death and funeral arrangements will be transferred to the Coroner's Office and no further action will be required by the Trust.

4.4 Funeral Arrangements

Once the death has been registered and the appropriate documentation has been received, the Matron should contact the funeral director to make arrangements for the funeral to take place. The funeral directors will arrange for the body to be removed from the hospital in preparation for the funeral. Nursing staff should try to establish if the deceased expressed a preference for burial or cremation and whether the patient had any known religious beliefs or affiliations. Advice and guidance on religious and cultural considerations will be available from the Trust Chaplaincy who can be contacted through ward matrons.

The funeral service can be arranged via the Co-Op Funeral Director service under the existing contract which has been agreed through Procurement. Costs for the funeral will be paid by the relevant ward in the first instance. If the deceased's bank details are known, a copy of the funeral invoice should be forwarded to the deceased's bank with a request for costs to be reimbursed from the deceased's account should sufficient funds exist. An example letter is attached at Appendix 3. Copies of all relevant documents should be made and forwarded to the Deputy Director of Corporate Governance for retention.

If the ward staff are aware of any friends or neighbours who have been in contact with the deceased, attempts should be made to contact them where possible and inform them of the patients' death and funeral arrangements. Details of who has been notified should be clearly documented on the Trust Notification Form (Appendix 2).

4.5 Patient Property Below the Value of £5,000

The ward matron has the responsibility to collect the deceased's personal belongings together. These should be securely wrapped, marked with the patient's name, date of

birth and NHS number and stored in a safe at the location where the patient died. A list of these items should be detailed on the Trust Notification Form (Appendix 2), which will be sent to the Deputy Director of Corporate Governance once complete. These possessions should be held for two years and available for close relatives or beneficiaries to collect on evidence of their right to inherit. If, after two years, the property remains unclaimed, the property may be disposed of in accordance with the Trust's Treasury Management Policy. Should valuable items be identified, please refer to paragraph 4.7.

Should a close relative or beneficiary make contact with the Trust after the patient's death, arrangements can be made to release the deceased's property into their care on confirmation of identification and legal entitlement. The Deputy Director of Corporate Governance should be notified of this, prior to the collection of personal property, and Appendix 4 should be completed and duly signed.

In case where the value of patient property plus cash exceeds £5,000, please refer to paragraph 5.

4.6 Patient Monies Below the Value of £500

Any monies up to the value of £500 included in the patient's possessions must be recorded and sent to the Trust Operational Finance Manager to be banked. This money will be held in a Trust account for a period of 2 year. After this time, if no approaches have been made to the Trust by a relative or beneficiary to reclaim these monies, monies will be utilised for Trust purposes.

As with patient property, cash can be released to beneficiaries of the estate, subject to confirmation of identity and legal entitlement. The Deputy Director of Corporate Governance and Operational Finance Manager must be informed, prior to any monies being released.

Where funeral costs have not been reclaimed, reimbursement should be sought from any beneficiaries of the deceased's estate.

In case where the value of patient property plus cash exceeds £5,000, please refer to paragraph 5.

4.7 Valuable Items

Where it is believed that personal effects (usually jewellery) may have some value, arrangements can be made to sell these items via a local firm of reputable jewellers / auctioneers, after they have been held by the Trust for 2 years. Proceeds from these items can be paid directly into Trust funds. The Deputy Director of Corporate Governance and Operational Finance Manager should be kept informed of the sale of any property.

4.8 Tracing Relatives

Where no next of kin is known, all reasonable attempts should be made to trace relatives by contacting any visitors the patient may have had, looking through the patient's property for any address books or other contact information, speaking to the deceased's GP, care home or sheltered accommodation provider, or by following any other leads which may be available.

5. **Bona Vacantia**

In circumstances where the deceased has cash within their personal possession amounting to in excess of £500 or where the deceased's estate (including valuable items within their possession) can be confirmed to have a value in excess of £5,000, contact must be made with the Treasury Solicitor's Bona Vacantia Division as soon as possible.

Please refer to: www.bonavacantia.gov.uk or telephone 020 7210 3116 / 3117 for further details.

6. **Associated Documents**

This policy should be read in conjunction with the following Trust Policies and references:

- Standing Financial Instructions – P_CoG_22
- Standards of Business Conduct for NHS staff (Department of Health 2008)
- Code of Conduct for NHS Managers (Department of Health 2002)
- NHS Code of Accountability
- The Code of Practice on Openness in the NHS.
- Public Health (Control of Disease) Act 1984, Part III, Section 46 (5).
- Treasury Solicitor (Bona Vacantia Division) – 'Referring Cases to the Treasury Solicitor (BV)'

Appendix 1

Registration Offices

Boston

Municipal Buildings, West Street, Boston, PE21 8QR

Bourne

3 Abbey Road, Bourne, PE10 9EF

Gainsborough

Richmond House, Morton Terrace, Gainsborough, DN21 2RJ

Grantham

Totemic House, Caunt Road, Grantham, NG31 7FZ

Horncastle

Holmeleigh, Foundry Street, Horncastle, LN9 6AQ

Lincoln

4 Lindum Road, Lincoln, LN2 1NN (Sat Nav: LN2 1LP)

Long Sutton

Swapcoat Lane, Long Sutton, PE12 9HB

Louth

Town Hall, Eastgate, Louth, LN11 9NH

Skegness

Aura Skegness Business Centre, Heath Road, Skegness, PE25 3SJ

Sleaford

NKDC Offices, Kesteven Street, Sleaford, NG34 7EF

Spalding

Linden House, 1 Bath Lane, Spalding, PE11 1XP

Stamford

33 Ryhall Road, Stamford, PE9 1UF

Customer Service Centre – 01522 782244

Email: regist@lincolnshire.gov.uk

Appendix 2

SAMPLE LETTER TO BANK



**Lincolnshire Community
Health Services**
NHS Trust

Our Ref:
Your ref
Please ask for:
Telephone:
E-Mail address:
Date:

Beech House
Witham Park
Waterside South
Lincoln
LN5 7JH

Private and in Confidence

Deceased's Bank Details

Fax:

Website: www.lincolnshirecommunityhealthservices.nhs.uk

Dear Sir / Madam,

Re: (Name of Deceased) / (Address of Deceased) / (Bank Account Number and Sort Code)

I write to inform you of the death of the above patient who had no identified next of kin and who we understand had an account with your bank.

Under Part III, Section 46 of the Public Health (Control of Disease) Act 1984, the Trust have arranged the funeral for the deceased as no other person, able or available to do so, was identified. This legislation allows the Trust to recover costs for funeral and any other reasonable expenses incurred whilst carrying out this duty, from the deceased's estate should sufficient funds be available.

As such I enclosure a copy of the deceased's death certificate, together with a copy of the invoice for the deceased's funeral expenses which the Trust has now paid and would be grateful if these costs could now be reimbursed and a cheque made payable to:

Lincolnshire Community Health Services NHS Trust
Beech House, Witham Park,
Waterside South
Lincoln. LN5 7JH

If you require any further information, or wish to discuss this further please feel free to contact me using the details above.

Yours sincerely

Appendix 3

Deceased Patients with no known Next of Kin Notification Form

(To be completed by the Matron/Service Lead and sent to the Deputy Director of Corporate Governance as soon as possible)

Deceased's Name	
Deceased's NHS Number	
Date of Birth	
Date of Death	
Place of Death	
Home Address	
Religion	
Occupation / Retired	
Marital Status	
Place of Birth	
Maiden Name (and/or previous names used)	
Partner/Spouses Name and Occupation	

Medical Certificate of Cause of Death Obtained	
Death referred to Coroner? (if 'Yes', date referred)	
Date and Location where Death Registered and Certificate of Registration of Death (BD8) obtained	
Certificate of Burial/Cremation (Green Form) obtained from Registrar	
'Tell Us Once' service notified?	
Funeral Directors Name and Contact details	
Funeral details (including burial/cremation, type of ceremony, place and date, cost etc)	
Date letter sent to Bank for reimbursement of funeral costs (if appropriate)	
Date and amount of reimbursement received	
Names/contact details of any persons notified of death (friends, neighbours, relatives etc)	
List of documents in patient property (ensuring copies taken)	
Details and location of deceased's property	
Details of deceased's cash and valuable items	

Completed by:.....(Signature)

Name (in block capitals)..... Position.....

Date sent to Deputy Director of Corporate Governance:.....

Property Disposal:

Following a period of two years from the date of death:

- Any cash deposits can be moved into Trust funds for Trust use
- Any valuable items of the deceased's property can be sold and funds used for Trust purposes
- Any other patient property can be disposed of
- Original documentation should be retained by the Deputy Director of Corporate Governance

Date and Value of cash deposited for Trust purposes	
Details of the sale of valuable items (including description, date items sold and cash value obtained)	
List of other property disposed of	

Disposal completed by:.....(Signature)

Name (in block capitals)..... Position.....

Collection of deceased patient's personal belongings by relatives/nominated next of kin/carer/friend

Name of Deceased	
Date of Death	
Name of Relative / next of kin / Beneficiary	
Address of Relative / Next of Kin / Beneficiary	
Contact Telephone Number	
Relationship to Deceased	
Details of Identification and proof of legal entitlement provided – e.g. Will, Marriage Certificate, Grant of Probate etc (Please ensure copies of all documents provided are retained and forwarded to the Deputy Director of Corporate Governance)	
Date of Collection	
Signature of Relative / next of kin / Beneficiary collecting Property	
Manager's Signature	

Appendix 5

Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Management of Arrangements where the Deceased has no Relatives or Next of Kin		
Date form completed	07.05.2021	Name of lead for this activity	Catherine Leggett

Analysis undertaken by:		
Name(s)	Job role	Department
Catherine Leggett	Deputy Director of Corporate Governance	Chief Executive's Office

What is the aim or objective of this activity?	NHS Trusts are required by law to make arrangements for deceased patients who do not have a next of kin.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Unlikely to impact.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts (what other groups might this activity impact on? Carers, homeless, travelling communities etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		
N/A		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
N/A
How will you monitor this impact or planned actions?
N/A
Future review date: July 2023

Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Collation of Record of Deceased Patient's with no Next of Kin	Audit Committee	Audit Committee	Annual Exception Reporting	Audit Committee	Audit Committee	Audit Committee
Review of risks, controls and assurance of policy	Audit Committee	Audit Committee	Every two years	Audit Committee	Audit Committee	Trust Board