



**Internal Investigation into the Working Procedures
for Infant Cremations
at Hull Crematorium**

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Background Documents

Report into Infant Cremations at the Emstrey Crematorium Shrewsbury May 2015.

Mortonhall Investigation Report

Hull City Council response to the Consultation on cremation following recent inquiries into infant cremations

1. Purpose of this report

- 1.1 To inform the Chief Executive of the findings following an internal investigation into the working practices and procedures of infant cremations at the Chanterlands Avenue Crematorium.
- 1.2 To highlight the information obtained, following an analysis of 57 enquiries from mothers who have come forward to request information in relation to their babies' deaths. The period in question relates mainly to infant deaths during the 1990s and early 2000s, later from 2013 onwards, but also as early as 1968.
- 1.3 To provide information on the work the Council's Bereavement Services have already done to improve the processes and procedures, including communications with other key stakeholders and recommendations put to the National Working Party following this investigation.

2. Background Information

- 2.1 In June 2015, a report was published by David Jenkins into the way infant cremations were carried out at Emstrey Crematorium in Shropshire between 1996 and 2012. The report established that during this period Emstrey Crematorium failed to obtain ashes to return to parents following infant cremations.
- 2.2 Scotland had experienced similar problems. In June 2014, Lord Bony's Infant Cremation Commission (ICC) reported that in some Scottish cases parents had been incorrectly told that there had been, or would be, no ashes from their babies' cremations. The Scottish Government has already carried out a number of improvements and changes to legislation in response to the ICC report.
- 2.3 Following national news coverage of these cases, a number of mothers who had experienced an infant death or pregnancy loss in Hull approached the Hull Crematorium for information regarding their babies' cremations. It is understood that these parents were told at the time of the death of their baby that a cremation could be arranged through the Children's Hospital, but there would be no ashes as a result of the cremation.
- 2.4 Hull Crematorium has handled 775 stillborn cremations since 1997, an average of 14 per year in the 1990s, rising to 38 per year in the 2000s, and averaging 44 per year since 2010.

- 2.5 In 1997, a computer system was installed at the Crematorium to convert the manually recorded Cremation Register into an electronic register. Only still births (babies of over 24 weeks gestation) are recorded in the Cremation Register as required under the National Cremation Regulations of 2008.
- 2.6 Hull Crematorium manual records show that it has also handled an average of 47 shared cremations each year since 2005, and individual cremations due to a pregnancy loss (less than 24 weeks gestation) from 1992 at an average of 29 per year.

3. Findings of the Investigation

- 3.1 57 parents have approached The Council's Bereavement Services for information relating to their babies' cremations. The requests from parents were received between November 2014 and January 2017. 55 approaches related to cremations and 2 related to burials.
- 3.2 The enquiries in most cases have been brought forward with the support of the Action for Ashes Group. The requests have been received in the form of a letter from the parent, asking for all of the paperwork held by the Crematorium in relation to their baby's cremation.
- 3.3 The records held by Bereavement Services, and information given to each parent, is different depending on the date of loss, the age and the circumstances of the baby death. On each occasion, the Council has offered to meet the parents on a one to one basis to explain the information provided.
- 3.4 7 mothers requested a further meeting with Bereavement Services staff on a one to one basis. The meetings were helpful for Bereavement Services to understand the context of why they believed there were no ashes and confirmed that some of the answers they were seeking were a matter for other key stakeholders in the bereavement process, such as the local NHS Trust and funeral directors.

The findings of this investigation are divided into the following sections:

- a) An analysis of the infant cremations of the babies whose parents have come forward for information;
- b) Information about the mothers' experiences from one to one meetings;
- c) Cremation legislation;
- d) Cremation Register and paperwork;
- e) Hull Crematorium cremation techniques;
- f) Information from Bereavement Services staff; and
- g) Communications with the local NHS Trust and funeral directors.

a) Analysis of Infant Cremations

Appendix A shows a detailed breakdown of the circumstances of each infant cremation request that has come forward, broken down into 10 year bands of when the death of the baby occurred. A summary of the analysis is below:

Cases prior to 1980

The earliest request for information related to a baby death in 1968; this case related to a burial. The Bereavement Service was able to inform the mother where her baby was buried from the Burial Register. However, due to the length of time since the death occurred, no further paperwork was held in relation to the burial application. There is no national statutory requirement to retain burial application paperwork for a certain length of time but good practice is to retain them for a minimum of seven years.

Two further enquiries relating to baby deaths from 1973 and 1977 were received. Bereavement Services were unable to find any records for these two cases and the parents were advised to contact the hospital to see if they held further information. It was understood that that babies died at the now demolished Westwood Hospital, in the East Riding of Yorkshire.

Cases Between 1980 and 1989

Bereavement Services has received 8 requests relating to baby deaths in the 1980s. Three cases relate to stillborn deaths and one case of a baby death after birth. All cases were recorded in the manual Cremation Register, which also confirms how the ashes were dealt with following the cremation. All of these four cases have

a record of the ashes being scattered within the grounds of the Crematorium.

One further enquiry provided very little information but records confirmed that a baby of these details was buried in the grounds of the Northern Cemetery.

No records were found for the remaining three cases and, therefore, contact has been made with the hospital to obtain more information. However, they confirmed that, due to the length of time since the death, the paper records were no longer held.

Cases Between 1990 and 1999

Bereavement Services has received 27 enquiries relating to baby deaths in the 1990s. Four cases relate to a stillborn or baby death in the early 1990s of which, due to the time the deaths occurred, no detailed paperwork has been retained and so could not be provided. However, the Cremation Register confirmed the date of the cremation, that ashes were produced as a result of cremation, and that they were scattered in the grounds of the Baby Cemetery. The records also show that funeral services were handled by three different funeral directors in these cases.

19 cases were individual cremations for pregnancy losses under 24 weeks' gestation. These cases were not recorded in the Cremation Register, as this is not required under the current legislation; however, the Crematorium has kept a separate log of all individual cases since 1992, except in two cases where no records were found. Therefore, information about the date of the cremation, that ashes were produced in all cases but one and how the ashes were dealt with have been obtained from the Technicians' Log. In the 16 cases that a record showed that ashes were produced, the information confirmed that the ashes were scattered by Crematorium staff within the grounds of the Baby Cemetery.

13 of the 19 cases above of babies of less than 24 weeks gestation relate to the later 1990s, and the Crematorium was able to provide more information in these cases, as the original paperwork was retrieved from the Service archives. This included paperwork received from the funeral director, and Medical Certificates from the hospital. These cases highlighted that, in all 13 cases, the Co-operative Funeral Service handled the funeral service. However, Bereavement Services are unable to establish whether this was

done with the families' consent, or if the arrangements were made without the parents' involvement.

It was also not clear whether the cremations were arranged as part of a contractual arrangement between the hospital and the funeral director.

The preliminary application form, which is the form that instructs the Crematorium what to do with the ashes, was incomplete in most cases. In some cases, the section which asks for detail in relation to the intention for disposal of the ashes, is left blank. In other cases 'none' is written next to this section, or 'N/A'. The Crematorium is unable to determine whether this was an indication of whether the funeral director was acknowledging there were 'no ashes' or whether there were 'no instructions' regarding the ashes' disposal.

Two cases relate to shared cremations in 1991 for which, due to the time elapsed, limited paperwork is available and the ashes were scattered by Bereavement staff, noting where the scattering took place.

A shared cremation is an option available to parents who have experienced a pregnancy loss (under 24 weeks gestation) The fetus is prepared by the hospital and a maximum of 22 fetuses are sensitively cremated at the crematorium. The cremated remains are respectfully scattered within the grounds of the baby cemetery at Northern Cemetery.

The Crematorium was unable to find any information for three cases during this period. In these cases, it was confirmed in writing to the parents that Bereavement Services held no documentation and they were advised to contact the hospital for more information and, at any point, to come back to the Service if they felt we may be able to help further.

Bereavement Services records were computerised in 1997. Therefore, a copy of the computerised record has also been provided to parents where it is available.

In the case of an individual cremation in 1999, following a pregnancy loss at than 24 weeks, the records show a note which states "No ashes?" However there are no further notes to clarify why, on this one occasion, ashes were not produced as a result of the baby cremation.

Cases Between 2000 and 2009

There have been 9 cases received relating to baby deaths during this period.

Four cases of individual infant cremations for pregnancy losses of less than 24 weeks and one still birth case have paperwork showing that the ashes were collected by the funeral director. Parents have received copies of the Medical Certificates provided by the hospital and of the paperwork received from the funeral director.

One case shows a baby death where an instruction was received via the funeral director and signed by the parent to scatter the ashes without an appointment for the parents to be present.

For two cases, the Crematorium was unable to find any details about their enquiries. In these cases, the parents were referred to the hospital to seek further information.

One case related to the parent requesting paperwork for an ashes interment into an existing grave, which was provided.

Cases Between 2011 and 2016

10 cases have been received for this period.

In one case, no details were found and, therefore, the parents were advised to contact the hospital for more information.

All of the other 9 cases relate to shared cremations for pregnancy losses of less than 24 weeks. Although the cremations were recent, the paperwork held for a shared cremation is very limited. No information is received from the hospital in relation to the mothers' names and addresses and only the NHS number of the mother is provided. On these occasions, the Crematorium staff have liaised with the hospital to determine the date of the cremation in order to give parents any information held. The Crematorium holds a separate Technicians' Log for all shared cremations since 2005. This also confirms that the ashes were scattered by the Crematorium staff in all cases.

b) Information from One to One Meetings with Bereaved Parents.

In response to all requests made for information about their babies' cremations, Bereavement Services offered to meet the parents to discuss the paperwork held and try to answer any further questions they have.

One to one meetings have taken place with 7 mothers and various telephone conversations were conducted with other mothers as they contacted us having received the information we provided in response to their request. At times, the meetings were, understandably, very stressful and upsetting for the mothers; one mother saying that it just brings it all back to the time when she lost her baby.

One mother was supported at a meeting by a representative from Action for Ashes and another mother was supported by the SANDS charity (Stillborn and Neonatal Deaths Charity).

Feedback from some mothers is that they have found it helpful to understand the process of cremation and find out where their baby ashes have been scattered.

The meetings were also helpful for Bereavement Services to understand the reason why mothers believed there were no ashes as a result of their babies' cremations.

The points highlighted below were captured by Officers during discussions with mothers; but these are not formal statements taken from mothers, as they were simply providing a recollection of their experience at the time of their loss.

On occasions, the Bereavement Officers of the Council have been unable to answer some questions raised by mothers and, in these cases, they were referred to the hospital or the funeral director.

The issues raised by the bereaved parents are listed below:

- Some mothers explained that, at the time of their baby loss, the hospital advised that the hospital could take care of the funeral arrangements for the baby. However, they were also told that there would be no ashes as a result of the baby cremation;
- Following receipt of copies of any paperwork held by Bereavement Services, 5 mothers explained they were not involved in any arrangements for their babies' funerals, did not complete any paperwork nor had any discussions about the instruction for the ashes;

- Some families attended the funeral service at the Crematorium, but were not told about the baby ashes following the funeral service;
- Some mothers who chose a shared cremation for their pregnancy loss of less than 24 weeks were not told they could have an individual cremation;
- Mothers whose babies had a shared cremation had questions about where their babies were cared for following the loss until the cremation occurred. There was also a lack of knowledge with respect to what a shared cremation entailed;
- Some mothers were not aware of the shared cremation process, and details such as whether a service is conducted at the time of the cremation;
- Mothers asked on what instruction the ashes were scattered by Crematorium staff, and why no contact was made with the parents; and
- Some mothers were disappointed that the Crematorium did not have a more exact location of where their baby's ashes were scattered.

The above points raised by parents prompted immediate action by Bereavement Services to make changes to working practices and it was reiterated to the Trust that ashes are produced as a result of the cremation. Bereavement Services also sought to review and contribute to the literature provided to bereaved parents by the Trust and to offer further training to their staff.

c) **Cremation Legislation**

The Council is a Cremation Authority and currently works to the Cremation Regulations of 2008. These came into force in January 2009 and represent the current legal requirements for implementation of the original Cremations Act of 1902.

The provisions of the 2008 Regulations which are of particular relevance to this investigation are:

The application for cremation – Regulation 15 states the applicant must be an executor of the deceased, a near relative over 16 years old, or someone who the Medical Referee is satisfied is a “proper person”. Regulations in force prior to 2008 set out the same requirements. In some cases in the early 1990s, the applicant for

the cremation was the hospital on behalf of the parent and it appears that the parents were not involved in decisions relating to the disposal of the ashes. The Council is required to keep cremation paperwork relating to stillborn babies (over 24 week gestation) for 15 years. Current legislation does not stipulate a time for how long the paperwork relating to a pregnancy loss (less than 24 weeks gestation) is to be retained. Working practices at this time appear to indicate that the Medical Referee deemed the hospital as a 'proper person' for the stillborn cases and, therefore, was permitted to apply for the cremation.

Paperwork required for a stillborn child – Regulation 20 requires the Cremation Authority to receive a statutory application form under Regulation 15 and a Medical Certificate signed by a medical practitioner or midwife and authorisation has been given by the medical referee. The Stillbirth Definition Act 1992 states a stillborn child is a fetus of over 24 weeks gestation. Regulation 20 does not apply to babies of less than 24 weeks gestation.

The disposal of ashes – Regulation 30 states that the Cremation Authority must give the ashes to the applicant or a person nominated by the applicant. If the applicant does not wish to collect the ashes, or there is no nominee and no other special arrangements have been made, the ashes must be decently interred in a burial ground or in part of the Crematorium reserved for the burial of ashes, or scattered there. This provision applied prior to the 2008 Regulations as well.

Retention of documents relating to cremation – Regulation 34 states a Cremation Authority must keep the application for cremation and any certificates or other documents relating to a cremation for 15 years from the date of the cremation. In Hull's case, records from 1996 onwards (21 years) have been retained in all but 2 cases raised by parents.

Pregnancy losses (less than 24 weeks gestation) are not subject to the provisions of the Cremation Act of 1902, nor the Regulations made under it. There is also no requirement to register the death.

The Cremation Register and Paperwork.

Hull Crematorium installed a computer case management system in 1997. From this date forward every burial and cremation was input into the system and an electronic cremation number was created for

each case. In terms of baby cremations, if the infant was over 24 weeks' gestation and, therefore, classed as a stillborn child in law, this was logged into the electronic Cremation Register. Individual cremations of infants less than 24 weeks' gestation are not logged into the electronic register but are recorded on the computer system and referenced separately. There is no facility to record shared cremations electronically but a manual record of all shared cremations undertaken has been maintained since 2004, although there is no written record of any agreement to this effect held by either the Council or the Acute Trust. However, there are records of requests for shared cremations from the hospital listing the NHS number of each pregnancy loss. In addition, a Technicians' log book of all pregnancy loss cremations (of less than 24 weeks gestation) has been recorded from 1992 when these cremations commenced.

The electronic system was replaced in 2009. Infant cremations were recorded in the same way on the new system, and cross-referencing with paper records has been undertaken with information relating to those families who have contacted us.

Prior to 1997, stillborn cremations were recorded in the hand written Cremation Register, in date order, and given a cremation number. The Council, as a Cremation Authority, has retained a Cremation Register for all cremations since the Chanterlands Crematorium opened in 1961, and since 1901 from the previous Crematorium at Hedon Road Cemetery.

Parents who have requested copies of the paperwork relating to the cremation of their babies have received any and all of the paperwork held by Bereavement Services.

The hand written Cremation Register also contains a record of how the ashes were dealt with. The Technicians' Log indicates where the ashes have been placed but it is inconsistent in its detail.

There is only one entry made in the Technicians' Log that stipulates that 'no ashes' were produced following the cremation of an infant or pregnancy loss but there are no details on the reason for this, and this issue is covered in more detail in Section E below.

Appendix A shows a table of all the enquiries handled by the Council and confirms the copies of paperwork each parent has received. This will differ depending on whether the situation was a pregnancy loss of less than 24 week gestation, if the infant was a still birth or a baby death.

There is limited information for those deaths or pregnancy losses prior to 1996, and some paperwork not found for cases in 1998. Bereavement Services are not required to retain records for longer than 15 years; however, we do have some records for longer than this period for cremations of infants less than 24 weeks gestation, but these are not comprehensive. The Service cannot provide a historic reason as to why some records appear to have been kept and others not.

For individual cremations later than 1996, in all cases apart from two in 1998, all of the original applications have been found, and copies provided to those parents that have requested them.

The application for a cremation in the 1990s differs from the current statutory application, which came into force in 2008. Bereavement Services, for many years, has also devised a further form to complement the statutory cremation application to capture details of the funeral arrangements and what arrangements are to be made in relation to the handling of ashes. This information is not statutorily required by the 1930 legislation and application process, nor the current version of 2008. This is called the preliminary form. This form is non-statutory and has also changed over time, and requests details from the applicant of their intentions for ashes. In most cases referred to in this investigation, this was signed by the funeral director.

The paperwork analysed from those cases in the later 1990s has identified that the preliminary form, particularly the section regarding the handling of ashes, in most cases, is incomplete. In all of these cases the Technicians' Log shows that the ashes have been scattered by Bereavement Services staff.

Anecdotally, Bereavement Services officers recall that it was known in those days that the Co-Operative funeral directors had a direct contract with the hospital to deal with most of the baby deaths and pregnancy losses and that the instruction from the funeral director was to scatter the ashes. Some staff said, if they were unsure of an instruction, they would have checked via a telephone call with the Co-Operative but there are no records of telephone conversations for these cases.

A general observation is the lack of fully completed cremation application and/or preliminary forms that were accepted by Bereavement staff in the 1990s. This is not the current practice and would not be acceptable today.

In terms of individual or shared cremations as a result of pregnancy loss, there is no statutory requirement to keep a register of details. However, at the Hull Crematorium, the Technicians have kept a brief record of individual cremations since 1992 and of shared cremations since 2005. The information is recorded in the Technicians' Log and, although brief, has been vital in some cases to families who have come forward, as it has given confirmation that ashes were produced as a result of the cremation, and where these ashes have been scattered. However, some of the records are inconsistent. For example, some records show the funeral director who handled the funeral service but some do not. Some entries only show that the ashes were scattered in the Baby Cemetery, and some have more detail to which part (e.g. Lawn D')

d) **The Cremation Technique at Hull Crematorium.**

The Crematorium cremates stillborn and infant children and also babies of less than 24 weeks gestation as a result of pregnancy loss, which can be as early as 10 weeks. The records kept by the Cremation Technicians from 1992 show that, whatever the age of the baby, ashes have been present as the result of the cremation. Other reports from the Emstrey and Bonomy inquiries cover in more detail the definition of 'ashes, or cremated remains'. In Hull, ashes or cremated remains were produced and were a result of the remains of the infant/pregnancy loss and the associated residue from the casket/coffin in which the infant was placed.

Hull Crematorium developed, and has for many years continued to use, a technique to ensure ashes are captured as a result of an infant or pregnancy loss cremation. Medical Referee Dr James Dunlop, who was the Medical Referee at the Hull Crematorium for over 40 years, acknowledged this technique in an article produced by the Institute of Crematoria and Cemetery Management (ICCM). A copy of the article is at Appendix B.

The article, produced in 2004, confirms that the technique used at the Hull Crematorium ensured that ashes were produced following infant cremations but it does not confirm how long this has been the case. Staff currently in the Service suggest that the technique described in the article was definitely in place in 1996, and possibly

commenced in the early 1990s. The technique was a skill adopted to adjust the heat, air flow and position within the cremator, in order to produce ashes.

A 'baby tray' was introduced to improve the process further in 2000, in conjunction with a new approach to provide a more ambient heat and place the infants in the cremator overnight. This achieved increased results in terms of cremated remains, and some Bereavement Services staff recall HEY Trust staff visiting the Crematorium to witness the technique, enabling hospital staff to understand the process and confirm to parents that ashes would be produced.

During this investigation, a review has taken place in relation to the requirements of the Environmental Permit and how emissions are currently controlled. The Emstrey Inquiry also acknowledged the legal requirements in relation to the cremation process.

The Environmental Permit is controlled by the Council's Environmental Health Department. Following clarification from the Institute of Cremation and Cemetery Management (ICCM), and further discussions with the Environmental Health Officer in June 2016, the technique relating to the cremation of infant cremations was changed. The cremation of infants can no longer be carried out overnight, due to the restrictions of the permit, but is now carried out at the end of the working day.

Due to the type of existing cremators, the emissions need to be monitored with Technicians in attendance at all times. Following a controlled, slower rate of cool-down of the machines prior to the infant cremation, ashes continue to be produced in all cases. The technique is to be reviewed when replacement cremators are installed in early 2018.

The current cremator machines have a 'baby mode' facility in place which automatically adjusts the heat of the cremator machines. However, the Technicians, who are very experienced, feel that the procedure is too aggressive and that more ashes remain using the manual technique, so this remains our current practice, with Technicians in attendance at all times.

Since the recommendations of the Bonomy Report were published, the Institute of Crematoria and Cemetery Management (ICCM) have devised a Baby and Infant Accreditation Scheme. The scheme will certify a Senior Technician and the Service Manager that good

working practices are in place, and that the cremation techniques used at the crematorium maximise the recovery of ashes.

The Institute aims to create a network of accredited crematoria, to act as 'good practice reference sites'. Hull Crematorium is very keen to seek the accreditation by progressing the course attendance with the ICCM.

e) Information from Current Bereavement Services Staff

This investigation has included discussions with staff within Bereavement Services to determine the current practice relating to infant cremations and also, if possible, information about the working practices during the 1990s and onwards. There is one member of staff, a Cremation Technician, who remains employed within Bereavement Services who has worked in the service from 1996. Their many years of experience have been helpful, particularly to determine the cremation techniques used in earlier years, as described in Section E. The Cremation Technicians deal sensitively and compassionately with infant cremations, and believe that Hull was probably one of the first crematoria in the country to establish a technique, prior to the adoption of baby trays, of producing ashes from the youngest infants. The Technicians also found it difficult to understand why parents would have been told otherwise, given the relationship between the Council's Medical Referee and senior medical staff at the Trust. The Technicians recall that Dr Dunlop, the Medical Referee at the time, referred to the techniques used at the crematorium to enable the production of ashes.

Staff within the Administration team, who process the paperwork, bookings and are the point of contact for funeral directors, are mostly new to the team and joined within the last 10 years, apart from one staff member who commenced employment in 2002. Managers of the Service during the years of the 1990s and 2000s no longer work for Bereavement Services.

As a consequence, we can only make assumptions in relation to the administrative process of the completion of paperwork for those cases prior to and during the 1990s. However, for those cases during the 2000s, which are mainly enquiries into shared cremations, staff followed the correct procedure at the time, accepting a shared cremation from the hospital as per the agreement made with the hospital in 2004 referred to at D.

f) Communications with the Local Hospital Trust and Funeral Directors.

The Hull and East Yorkshire NHS Hospital Trust (HEY Trust).

11 requests from parents relate to shared cremations which took place from 2013 onwards, and on two occasions in 1991. The Crematorium received limited information about the mothers' details following the receipt of a shared cremation request from the local hospital Trust and the only details are an HNS number relating to the mother.

In order to respond to the requests of the 11 families who requested information about shared cremations, Bereavement Services requested they contact the hospital themselves, either to find out information regarding the shared cremation number, or the date on which the cremation request took place. The Council would not have any names or family details for shared cremations, only the NHS number of the mothers. On occasions, the Service contacted the Pathology Section of the Hull Royal Infirmary on the families' behalf. Contact with the hospital was not necessary in all cases, as often the family could provide enough information to identify the date of the cremation.

It was clear from the requests made by the families, and particularly those who made face to face contact and telephone contact with the Service, that they were unclear about a number of issues:

- What had happened to their baby's ashes following the shared cremation?
- Where was their baby retained until the cremation?
- Was a funeral service conducted?
- Parents did not realise they could have had an individual cremation.

Following the initial requests from parents, the Council has asked the HEY Trust to consider the following collective actions to ensure that, moving forward, all parents who suffer from a baby loss or pregnancy loss are provided with the correct information and that the Council receives assurance from the hospital that consent has been given by the parent for the cremation to take place:

- The Council proposed a Memorandum of Understanding (MoU) between the HEY Trust and the Council, relating to shared

cremations. This is also deemed as good practice by the ICCM, as the current legislation does not cover the consent and choices for families for this process. A copy of the suggested MoU is in Appendix C, and clarifies the roles and responsibilities of the Crematorium and the Children's Hospital staff when a pregnancy loss occurs;

- The Council has also proposed to the HEY Trust that midwives would benefit from training provided by the Bereavement Services Team, to gain a better understanding into the cremation process. Following the welcome appointment of the Bereavement Midwife, training sessions with midwives have started to take place; and
- The Council suggested that a review of the literature given to parents is required and that input from all stakeholders in the bereavement process should take place, particularly bereaved parents, suggesting the Action for Ashes Group may wish to be involved.

Local Funeral Directors. The Crematorium has regular communications with local funeral directors and also holds a forum three times every year to discuss future changes and operational matters relating to funeral services.

Following the receipt of requests relating to baby ashes and discussions with parents, the preliminary form, which confirms the Crematorium of the intention of the disposal of ashes, was changed to include the parents' consent. This is not a statutory form but gives confirmation of the funeral arrangements and ashes handling. The change was communicated to the local funeral directors along with a reminder of the importance that all sections of every form require completion before it will be accepted by the Crematorium. This was communicated to all local funeral directors in February 2015.

Regular communications have been sought with the local Co-operative Funeral Service, as a result of the information provided by the Council to parents. It is understood that they have received a number of requests from bereaved parents, to ascertain if the ashes have been retained by them. Bereavement Services has offered help and assistance, which has been taken up, to the Co-operative Funeral Service in relation to these cases, including help confirming the correct identity of any retained ashes.

4. Remedial Action Taken by the Council

4.1 It was recognised that immediate action was required locally to ensure that the cremation application process is as robust as possible and bereaved families receive the correct information. Each action undertaken by the Council is detailed in Appendix D and the main points are listed below:

- The Council immediately confirmed, once again, to the Hull Women and Children's Hospital of the HEY Trust that ashes are produced in all cases following an infant cremation and offered further awareness training for hospital staff;
- The Council advised the Hull Women and Children's Hospital to review all literature currently given to bereaved parents to ensure they are given the correct information. It was advised by the Council that this should be done in conjunction with the Action for Ashes Group and the Council's Bereavement Services;
- Bereavement staff were instructed that all applications must be fully completed and applications for an infant cremation will only be accepted if the applicant is a parent of the infant. If this is not the case, further information is to be requested and will be required in writing, explaining why the applicant is not the parent;
- Immediate changes have been made to the preliminary form, to give assurance that the applicant has given the instruction in relation to the ashes;
- Communications took place with local funeral directors in relation to the importance of the completed forms, changes to the preliminary form and assistance was given to them in relation to any individual cases where the parents had contacted funeral directors directly, seeking information about their baby's ashes;
- A draft MoU was produced as a joint agreement between the Council and the Women and Children's Hospital to provide clarity of roles and responsibilities of both parties during the event of a pregnancy loss and a request for a shared cremation. This MoU provides assurance to the Council that bereaved parents have been informed of all the choices available at the time of the bereavement and consent has been given by the parent to sensitively dispose of the baby through a shared cremation. The draft MoU is currently with the Trust for approval and signing.

In addition, the Council has undertaken the following actions nationally:

- Responded to the National consultation on Infant Cremations in November 2015;

- Assisted the Local Government Association in guidance to Elected Members with responsibility for Bereavement Services; and
- Played an active role on the National Working Party looking at necessary changes to legislation and amendments to the cremations application forms. This has given the Council the opportunity to feed in the findings of this investigation nationally.

5. Conclusions

- 5.1 Whilst the Council's Bereavement Services staff provided a professional and caring service, and complied within the legal requirements, it is recognised that there has been a number of historical inconsistencies regarding the checking of instructions and record keeping, in the past. From the Council's perspective these mostly relate to the cremation application process, a lack of clarity of appropriate consent for the cremation to take place and incorrect or incomplete information being given to parents at the time of the death of their baby.
- 5.2 An analysis of the requests that have come forward from bereaved parents shows that some record has been obtained in almost all cases, from either the Cremation Register or the Technicians' Log; that in all cremations, apart from one occasion, ashes were produced as a result of the infant cremation. This is a result of the technique used by the Cremation Technicians throughout this period, to ensure that ashes were produced, even for the earliest of pregnancy loss.
- 5.3 The outcome of this investigation, therefore, differs from other related Public Inquiries, such as the Emstrey Inquiry, as in all cases but one the Crematorium has produced ashes as a result of the cremation, using techniques acknowledged nationally by the ICCM in 2004 and later in 2014. The investigation has revealed that parents believed that there would be no ashes when, in fact, they were produced, as documented within the records Bereavement Services have retained.
- 5.4 Some of the issues identified raise queries about the adequacy of cremation legislation nationally and also highlight the need for closer working relationships with the local NHS Trust. It is, therefore, appropriate that the Council contributes to the work of the National Working Party set up by Government to look at these issues and make recommendations to Government in relation to current cremation legislation.

- 5.5 The investigation has established that, in total, the Crematorium has carried out approximately 1,900 infant cremations since 1997 which includes stillborn, pregnancy loss and shared cremations. In comparison to the number of cases analysed in this investigation, this equates to approximately 2% of the number of cremations carried out. This is a small sample, however, it is felt that the quantitative and qualitative information obtained from these cases has identified the key issues in the working practices at that time.
- 5.6 It is clear that some mothers who have been involved in this process have, understandably, found it very upsetting and stressful and have explained that it is like reliving the experience all over again, so, for this reason, only those mothers who have come forward for information have been included in this investigation. The potential to approach all parents of babies or pregnancy losses that Bereavement Services could identify from its records was considered. However, given the local and national profile in relation to the disposal of cremated remains of infants which has prompted parents to contact Bereavement Services, it was considered that, on balance, the Service did not wish to cause any distress to other bereaved parents who may already have the information they wish to have or who, indeed, may not be ready to find out more detail about their babies' cremations.
- 5.7 The staff currently in the Service who were in the Service during the 1990s and 2000s, understood that the Women and Children's Hospital of the HEY Trust had a contract with a local funeral director to handle infant cremations and that the arrangement was to scatter those remains within the grounds of the Crematorium, unless otherwise requested. The staff would have been unaware of the conversations that took place with the bereaved parents and the hospital staff at the time of the infant death. The working practices were, at that time, and still are today, to follow the instructions of the funeral director.
- 5.8 In terms of shared cremations, an agreement with the hospital was established in 2004. The agreement related only to the process of receipt of a request from the hospital for a shared cremation and contained no information about the mother nor circumstances of the infant death. Bereavement Services staff were not aware of the conversations between the hospital and the bereaved parents, what information was given about the cremation service nor what choices were discussed with the parents at the time. Through those discussions between the hospital and parents, Bereavement Services assumed consent had been given by the parents in these cases.

5.9 This investigation has highlighted different practices across the three Cremation Authorities represented by the three investigations at Mortonhall, Emstrey and Hull. It is the Council's view that such difference in cremation practice would be reflected across English and Welsh Cremation Authorities and welcomes, therefore, the national approach being taken by the Ministry of Justice.

6. Recommendations

6.1 The Council has already undertaken a number of remedial actions as outlined in this report to address the issues identified in this investigation. However, the following points are still to be progressed:

- Bereavement Services continues to offer a programme of training for current staff at the Hull Women and Children's Hospital, and any new staff on a regular basis. The training includes an understanding of the infant cremation process and the requirements of the application form process in order to ensure that midwives, in particular, have the knowledge to inform bereaved parents of the correct information and the choices available to them. With the appointment of a Lead Midwife for Bereaved Families by the Women and Children's Hospital, the HEY Trust needs to re-engage with this training;
- The Council continues to work with the Hull Women and Children's Hospital to finalise the Memorandum of Understanding, to ensure both parties understand their roles and responsibilities relating to shared cremations;
- The Hull Women and Children's Hospital and Bereavement Services work together to review the current literature given to parents, and invite the Action for Ashes Group to also participate; and
- The Council continues to work with the National Working Group, to feed in our experience and views into future changes to national cremation legislation.
- Bereavement Services undertake the Baby and Infant Cremation training with ICCM, to become an accredited good practice reference site.

Andy Brown

City Customer Services
and Transformational Change Manager

A table of the enquiries handled in relation to infant cremations

Appendix A

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1968	19.10.15	17	√				burial - location of grave	N/A	N/A	
1973	3.6.15	49	√							no records found
1977	6.6.15	50	√							no records found
1981	13.3.16	42		√			burial - location of grave	N/A	N/A	
1984	26.11.15	25	√				cremation register	paperwork unavailable	scattered by staff	
1985	16.10.15	19	√				technicians log	paperwork unavailable	scattered by staff	
1986	27.11.16	59				√	cremation register, technicians log	paperwork unavailable	scattered by staff	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1988	25.2.16	35,36	√							no records found, 2 infants
1989	14.10.15	15	√				cremation register, technicians log	paperwork unavailable	scattered by staff	
1989	25.10.15	24	√							no records found
1989	7.1.16	27		√						no records found
1990	30.11.16	62		√						no records found
1991	4.7.16	46			√		cremation register, technicians log	paperwork unavailable	scattered by staff	
1991	25.7.16	53			√		cremation register, technicians log	paperwork unavailable	scattered by staff	
1991	12.10.16	57								no records found

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1993	15.10.15	11		√			application, medical certificate, technicians log	paperwork unavailable	scattered by staff	
1993	28.10.15	23		√			application, medical certificate, technicians log	paperwork unavailable	scattered by staff	
1993	16.3.16	41	√				register page, technicians log	paperwork unavailable	scattered by staff	
1994	10.7.15	14	√				cremation register, technicians log	paperwork unavailable	scattered by staff	
1994	6.11.14	43	√				cremation register, technicians log, funeral director instruction	strew	scattered by staff	
1995	20.4.16	45		√			cremation application, technicians log	paperwork unavailable	scattered by staff	
1996	24.2.16	4		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1996	12.8.15	6		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1996	14.10.15	12		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1996	19.1.16	30		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1996	18.2.16	32		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1996	18.2.16	33		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1996	6.6.16	48		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1996	30.11.16	60	√				register page, technicians log, funeral director instruction	incomplete funeral director instruction	scattered by staff	
1996	30.11.16	58		√						no records found
1997	25.1.16	29		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1997	13.3.16	39		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1997	11.7.16	51,52		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	twin infants
1998	10.7.15	8		√			technicians log	paperwork unavailable	scattered by staff	
1998	25.2.16	34	√				technicians log	paperwork unavailable	scattered by staff	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
1998	17.3.16	40		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1999	15.10.15	22		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	scattered by staff	
1999	8.4.16	3, 44		√			application, medical certificate, technicians log preliminary form,	incomplete preliminary form	records state 'no ashes'	2 enquiries for same loss
2000	1.10.15	10		√			application, medical certificate, technicians log preliminary form, computerised register copy, authorisation of collection by funeral director	form states collect by family	collected by funeral director	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
2000	3.11.15	18		√			application, medical certificate, technicians log preliminary form, computerised register copy, authorisation of collection by funeral director	form states collect by family	collected by funeral director	
2000	26.11.15	26	√							no records found
2003	3.2.15	1		√			application, medical certificate, technicians log preliminary form, computerised register copy, authorisation of collection by funeral director	form states to be collected by the funeral director	collected by funeral director	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
2003	19.2.15	5				√	application, medical certificate, technicians log preliminary form, computerised register copy, authorisation of collection by funeral director	form states to be collected by the funeral director	collected by funeral director	
2003	21.9.15	16		√						no records found
2005	4.3.16	38				√	application, medical certificate, technicians log preliminary form, computerised register copy,	signed by applicant to scatter with no appointment	scattered by staff	
2006	25.7.16	54,55,56		√			computer entry of cremation, technicians log	to collect by funeral director	collected by funeral director	triplet infants
2008		20,21		√			application, medical certificate, preliminary form, disposal instruction	to inter into existing grave	interred into existing grave	two enquiries for same loss

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
2011	29.2.16	37		√						no records found
2013	25.2.15	2			√		technicians log	to scatter per agreement with hospital	scattered by staff	
2013	21.9.15	7			√		technicians log	to scatter per agreement with hospital	scattered by staff	
2014	12.7.15	9			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	
2014	10.2.16	28			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	
2014	16.1.16	31			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	

Year of Infant Death	Date of Request	Case Reference	>24 weeks gestation - stillborn	<24 weeks gestation - pregnancy loss	Shared Cremation	Baby Death	Copies of Paperwork Provided	Intention for Ashes	Record of Ashes Disposal	Comments
2015	19.10.15	13			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	
2015	10.5.16	47			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	
2016	19.1.17	61			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	
2016	19.1.17	63			√		technicians log, shared cremation paperwork	to scatter per agreement with hospital	scattered by staff	

APPENDIX B

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cremation of body parts and fetuses

This article written by Dr James M Dunlop, Medical Referee at Hull Crematorium, was first reproduced in the *Journal of Obstetrics and Gynaecology* (Vol. 24, No. 4, 341-342) in June 2004. However, it is as relevant today as it was then. Dr Dunlop kindly added a postscript almost ten years later.

Summary

Crematoria are occasionally asked to cremate non-viable fetuses. Many doctors, especially those associated with crematoria believe that there will be no cremated residue. However, if the cremation technique is modified, cremated remains are produced. These remains can form a focal point for the parent's grief. Crematoria are urged to ensure their technique yields a residue.

Introduction

Since 14 February 2000, under 'The Cremation (Amendment) Regulations 2000', crematoria in England and Wales have been permitted to cremate body parts provided certain legal requirements (concerning prescribed certificates) have been met. Body parts are defined as 'organs or tissues removed' from a deceased person during the course of a post-mortem examination'. The cremation of these need not take place at the same crematorium where the cremation of the original body was undertaken. The cremation of body parts may also take place if the body was buried. The cremation of organs and body parts without a skeletal structure is normally unlikely to result in recoverable cremated remains. However, as they are frequently cremated in a small wooden container, wood ash containing minute traces of human remains is present. For this reason all residue following any form of cremation is treated as human remains. Organs and other body parts removed in the course of a postmortem examination are disposed of as clinical waste if they cannot be returned to the body before the deceased's burial or cremation. Currently there is a movement away from postmortem clinical waste disposal towards disposal using facilities provided by burial and cremation authorities.

Methods

For the cremation of a human body the coffin is 'charged' into a preheated furnace. The temperature level before charging depends upon the furnace manufacturer's recommendations. In the Hull Crematorium there are four Evans furnaces which are pre-heated to around 750°C. Most crematoria use gas jets, but

electricity may be used to generate the recommended temperature. Normally air is introduced under pressure to aid combustion which has started spontaneously as soon as the coffin is 'charged' into the furnace. After most of the coffin has burnt (usually within 10-15 minutes) the body tissues burn and the temperature in the furnace rises to 1000°C or more. Thirty to 40 minutes later, when most of the body fat and much of the other tissue has been consumed, the gas jets are turned on in addition to the air, for the remainder of the cremation. The whole cremation process takes up to 90 minutes on average (where the deceased has died from a wasting disease, e.g. cancer, so that there is very little body fat, the gas jets may have to be turned on much earlier). The whole procedure is governed by regulations which are designed to burn the non-bony tissues with the minimum products of combustion being discharged into the atmosphere through the chimney. At the end of the cremation process there are normally between 2 and 4 kg of calcinated body residue.

On more and more occasions now crematoria are being asked to cremate non-viable fetuses, i.e. embryo or fetus prior to 24 weeks gestation which has at no time, since delivery, shown any visible sign of life. Currently fetal remains of less than 24 weeks' gestation are not defined in law as human remains. They are therefore outside current burial and cremation legislation. Crematoria are licensed for the cremation of human remains only. However, following extensive discussion between relevant authorities it is now considered reasonable for non-viable fetuses to be buried or cremated. Indeed, an embryo of any gestation period, such as stillborn children, may now be submitted for cremation (provided certain prescribed certificates are completed). Often the disposal forms are accompanied by a request that the parents or the undertakers be given the cremated remains. But are there any cremated remains?

Many obstetricians, other doctors, midwives, health-care workers and crematoria referees are adamant that there are no ashes following the cremation of a fetus (whether viable or not). However, it all depends on how the cremation is carried out as to whether or not there are any obvious human remains.

Results

At the Hull Crematorium if a very young child, stillborn or fetus (whether viable or not) is to be cremated, the coffin is not placed directly into the furnace. A metal tray measuring approximately 1 x 0.5 m With sides of 100 cm is used. The base of the tray has 2.5 cm high corrugations and the infant's/fetus' coffin is placed on these. The tray is then placed in the preheated furnace, which is at a lower temperature (700°C) than for a normal cremation.

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No forced air is turned on and the gas is controlled at a very low volume to maintain the temperature around 700°C. The whole cremation process in these cases only takes 40-60 minutes and any discharges into the atmosphere via the chimney comply with the Regulations laid down in the Environment Protection Act 1990. At the end of this cremation the outline of a fetal skeleton (it has been described as resembling the skeleton of a bird) can be discerned quite clearly on the base of the tray amid the ashes of the coffin.

Discussion

These remains are of negligible weight but when given to the relatives can provide a great source of comfort. Many parents do not recognise their loss at the time, but months or even years later find the remains (or their disposal site) a focal point for their grief. It must be appreciated that bereaved relatives may be in a highly emotional state at the time of the loss. To allow for this, hospitals and crematoria are advised there should be a 2-week period before a final decision on whether the fetus is to be disposed of by burial or cremation. In Hull, following a child/fetus cremation, if neither the relatives nor the undertakers have collected the cremated remains after 14 days, they are scattered in the baby cemetery. In a similar fashion to the ruling by the Secretary of State under Section 26 of the Human Fertilisation and Embryology Act 1990 that embryos kept by *in vitro* fertilisation units must be destroyed after 5 years, there should be a ruling made as to how long unclaimed ashes containing human remains should be stored at crematoria before being scattered in a garden of remembrance.

Crematoria, other than those carrying out child/fetus cremations in a similar fashion to Hull, might care to modify their current technique, which in the majority of cases yields no residue for the relatives. In particular, I would suggest that the Institute of Burial and Cremation Administration [ICCM] should amend its policy document for the disposal of fetal remains (latest edition 2001) to take the foregoing into account.

Acknowledgements

My thanks are due to Mr D Hay (retired consultant obstetrician) and the staff of the Hull Crematorium for their help and advice on earlier drafts of this paper.

Postscript from Dr James Dunlop, January 2014

More recently the staff at Hull Crematorium have developed a different method of dealing with the cremation of fetuses. This method is more gentle but takes longer.

The casket containing the fetus is placed as previously on the metal tray. The tray is then placed in a furnace which has finished for the day i.e. usually at the end of the working day and left in the furnace overnight.

Twelve or more hours later the cremation of the fetus is complete with better results to those described in the article reproduced above.

Invitation

Bereavement Services Manager for Hull City Council, Nikki Hewitt, adds "We would be more than honoured to show anyone around our facility and to meet the team and Dr Dunlop. If anyone is interested in coordinating their visit to coincide with future baby funerals, please advise so that this can be taken in to account."

Nikki.Hewitt@hullcc.gov.uk



APPENDIX C

Dated _____ 2017

MEMORANDUM OF UNDERSTANDING

Between

Hull City Council, Bereavement Services

And

Hull and East Yorkshire Hospitals NHS Trust,

Hull Women and Children's Hospital

In Relation To

The Sensitive Disposal of Fetal Remains

CONTENTS

1. Introduction
2. Responsibilities of the Hull and East Yorkshire Hospitals NHS Trust
Women and Children's Hospital
3. Responsibilities of the Hull Crematorium
4. Agreement and Charges
5. Application for shared cremation
6. Authorisation for cremation
7. Certificate of Fetal Remains

THIS AGREEMENT is made on the xx day of _____ 2017 between Kingston upon Hull City Council of the Guildhall Hull HU1 2AA (the Council) and the Hull and East Yorkshire Hospitals NHS Trust Women's and Children's Hospital of Anlaby Road Hull (HEY NHS Trust)

1. Introduction

- 1.1 The following document sets out agreed working arrangements and responsibilities for both parties named above to ensure the disposal of fetal cremated remains (definition of a human fetus of less than 24 weeks gestation) are handled with dignity and respect, and sensitively disposed of in accordance with the guidelines of the Institute of Cremation and Cemetery Management (ICCM) as may be amended from time to time.

The Terms and Conditions of the Agreement are set out below;

2. Responsibilities of the HEY NHS Trust;

- 2.1 The parent(s) shall be given a choice about what happens to their baby. Parents need to be informed clearly and sensitively, by trained hospital staff from the HEY NHS Trust, about the choices available to them. This choice shall be given to the parents in an appropriate manner by trained hospital staff from the HEY NHS Trust.

The trained hospital staff from the HEY NHS Trust will advise parents of the following choices;

- A shared cremation (no funeral service)
 - A private cremation arranged by a funeral director
 - A private cremation arranged directly with the Crematorium.
- 2.2 The HEY NHS Trust will give written confirmation that the parent has been given the choices set out at 2.1 above. The HEY NHS Trust will advise the parents of the process and ensure that the relevant paperwork is provided (Certificate of Fetal remains) if the parents decide to arrange a private funeral.
- 2.3 The HEY NHS Trust shall confirm that it has obtained written consent from the parent/parents, authorising the means of disposal.
- 2.4 The HEY NHS Trust is required to maintain a register (paper or electronic) for the disposal of fetal remains. In the event that the HEY NHS Trust does not continue in its present form it shall ensure that the requirement to maintain a register is passed on to the replacement organisation responsible for the

Women and Children's Hospital, who must confirm agreement to maintaining the register. The HEY NHS Trust must provide to the Council written details as to their succeeded organisation immediately upon completion of the documentation which transfers responsibility for the HEY NHS Trust to the succeeded organisation. This and all other documentation relating to the disposal of fetus shall be kept for a minimum of 50 years by the hospital in order that parents wishing to trace the disposal of their fetus may do so in the future.

- 2.5 Where a shared funeral is to take place the HEY NHS Trust may choose to provide case numbers only to the burial/cremation authority. This action will protect the identity of parents whose cases are subject to confidentiality under the Abortion Act 1967. All parents who may wish to trace a disposal in the future can do so via the register detailed in 2.4 above, which will indicate the place of disposal. Tracing back to a cemetery or crematorium by using only the case number issued to the parents by the HEY NHS Trust will ensure that confidentiality and accuracy is maintained and equal treatment will be provided.
- 2.6 The Council accepts that it cannot investigate the details surrounding the fetal death or the details of the parent(s) in a similar manner to other cremations. In this regard, the HEY NHS Trust must be satisfied that the fetal remains can be released for cremation and that no further enquiry is required.
- 2.7 Where a shared cremation is arranged, each pregnancy loss should be separately wrapped and separately identified and shall be placed, together with other fetus, in a single coffin.
- 2.8 Each coffin may contain multiple pregnancy losses, up to a maximum of 22 and shall be delivered to Hull Crematoria at Chanterlands Avenue, with paperwork showing case numbers included in the container clearly identified.
- 2.9 The completed cremation application form and authorisation at point 6 and 7 of this document, must be duly signed by the laboratory manager or other authorised designated person and delivered to the Crematorium at the time and date arranged with bereavement officers at the Crematorium at Chanterlands Avenue.
- 2.10 The HEY NHS Trust will advise the parent(s) that a funeral director will not be accepted as the applicant for a funeral service, unless written documentation can be evidenced by the lawful next of kin.

Where cremation is to take place, the wrappings and container shall comprise of materials suitable for cremation, preferably cardboard or wood, or plastics suitable for cremation i.e. non-chlorinated plastic, as required by the Secretary of State's Guidance – Crematoria PG5/2 (latest version) or any subsequent legislation. No PVC Melamine, zinc, lead or glass shall be used.

- 2.11 The HEY NHS Trust must inform parent(s) that on occasion, ashes might not be recovered from individual cremation (however users of this policy and guidance are strongly advised to review local policy, practice and technique in order to maximise the recovery of ashes)
- 2.12 The HEY NHS Trust must inform parents that ashes from shared cremations, where a number of babies are placed in a single container are not individually identifiable and that they will be scattered or buried within the Baby Cemetery at the Northern Cemetery. The HEY NHS Trust must further advise parents that they can view the location where ashes have been scattered and can arrange a memorial at the Northern Cemetery.

3. Responsibilities of the Council as the Cremation Authority

- 3.1 Hull Crematorium, at Chanterlands Avenue, on receipt of the delivery of a shared cremation and attached relevant paperwork, will make arrangements for the shared cremation to take place. Hull Crematorium will not provide a public service facility for a shared cremation; however arrangements can be made for any parents who wish to attend the short service. The shared coffin will be cared for with dignity and respect, as any other cremation. The cremated remains from the shared cremation will be scattered at the Baby Cemetery in Northern Cemetery.
- 3.2 Hull Crematorium will assist any parents/family that come forward to help support/arrange a private funeral service, assisting with the application process and relevant paperwork.
- 3.3 The Council will maintain a non-statutory register of cremation of fetal remains containing all appropriate information, including whether it is a shared or private cremation and the final resting place for ashes. All instructions regarding the resting place following a private cremation will be received from the parents, including a signature for collection or any changes to the resting place following the original application.

4. Agreement for the Disposal of Fetal Remains

This Agreement is made on day of20.....,

Between Hull City Council Bereavement Services. (Cremation authority)

For the disposal of any fetal remains provided by Hull and East Yorkshire Hospitals NHS Trust Women and Children's Hospital.

This agreement shall remain in force for a period of 12 months from the date shown above. The charges for the disposal of fetal remains shall be as follows:

Shared/Communal Cremation (per shared/communal cremation) £ 75.00

I hereby agree to the charges and terms and conditions detailed on the reverse of this agreement.

Signed for and on behalf of

.....Council

Position and Address.....

Signed for and on behalf of

.....HEY NHS TRUST

Position and Address

5. Application for Shared/Communal Cremation of Fetal Remains at Hull Crematorium

This application must be signed by the person authorised by the Medical Director of the NHS Board to make an application for cremation/burial. The fetal remains may be identified by the hospital/clinic case number in cases subject to confidentiality e.g. under the Abortion Act 1967.

This form must be completed fully. Please note that the application will not be processed until all of the information has been provided.

I (name of applicant).....

Address.....

Position.....

NHS Board.....

as the authorised and designated person, declare that I hold paperwork relating to each of the fetal remains listed below, signed by the medical practitioner/registered nurse/registered midwife whose name is shown, and that the paperwork includes a declaration that the Fetal remains was of a gestation up to and including 23 weeks and 6 days and that the Fetal remains showed no signs of life.

I hereby apply to Hull Crematorium to dispose of the following fetal remains:

Identifying Number HEY Number	Pathology Accession Number

I DECLARE that all the information given in this application is correct, that no material particular has been omitted and that authorisation/consent for the disposal has been obtained.

Signature of Applicant.....Date.....

Designation of

Signatory.....

NHS Board:

.....

Address:

.....

.....

DRAFT

6. Authorisation for the Cremation of Fetal Remains.

COFFIN NUMBER

Hull Women and Children's Hospital

Address:

This form is to be completed by an officer delegated by the Hospital.

I.....(name).....(designation) hereby authorise for the cremation of the fetal remains that have been applied for cremation from the Hull Women and Children's Hospital.

I hereby confirm that the disposal of non viable fetus is not covered by the Cremation Acts 1902, 1952, 2000 and 2008 as amended; Disposal of the non viable fetus will be carried out in the accordance with the ICCM policy document on the disposal of fetal remains.

I am satisfied that the application for cremation has been made by an authorised person of the hospital and that I can see of no reason for the cremation not to be carried out.

Please refer to the attached application form for the details of the fetus. The fetus are to be referred to as unit numbers and pathology accession numbers. There are to be no more than 22 fetal remains to be held in one coffin at a time. As per agreement with the hospital, an authorised medical representative has explained about the disposal method chosen by the hospital for the remains to the parent(s). All remains after cremation are to be scattered one month after cremation, at the , Baby Cemetery in Northern Cemetery. .

Signed on behalf of the Hull and East Yorkshire Hospitals NHS Trust Women and Children's Hospital

.....

Designation:

On this day of:

Hull Crematorium Use only :-

Date of Cremation:

Date scattered..... scattered by:-.....

7. Certificate of Fetal remains for the use where a private funeral is arranged by the parent (s)

Certificate of Fetal Remains

Name of
Hospital.....

I.....hereby certify that the fetus of

(Name of Parent(s).....delivered on20.....

Was of a gestation up to and no more than 24 weeks and that the Fetal remains showed no signs of life.

Name.....Signed.....

Number.....Date.....

(The above signatory must be either the medical practitioner, registered midwife who delivered the baby or the head of the clinical unit)

Appendix D – Table of Issues Identified and Remedial Action taken

Issues raised by parents	Remedial action taken
In some cases the parents were not the applicant for the cremation, for stillborn babies handled by the hospital	Changes to the procedure, applicants accepted as parents only, written confirmation required if this is not possible.
The funeral director completed the preliminary form, confirming the wishes about the ashes. No indication that the parents made this decision.	Immediate changes to the form made, the parents sign to confirm arrangements for the ashes.
Parents have stated they were told there would be no ashes as a result of their baby cremation	Council immediately confirmed to parents and the HEY Trust that there are ashes in most cases. Hull Crematorium has been commended in previous years by the ICCM regarding the technique used, to ensure ashes are produced as a result of the cremation. Further awareness training has been offered to the HEY Trust for maternity staff.
Applications for cremation were accepted when incomplete, they may have confirmed arrangements by telephone but there is no record of this.	Changes to procedure and quality assurance that all applications to be fully completed, or returned to the funeral director for further completion with the family. All telephone confirmations recorded on the case management system. Any changes to the application to be received in writing from the applicant.
Parents have received different paperwork, depending on the circumstances of the baby loss.	Babies less than 24 weeks gestation are not covered by the Cremation Regulations 2008, therefore a different process applies and no application is required. Also the cremation application forms have changed over the years and therefore differ, this is a national issue.
Some parents have received more information than others.	We have provided all of the information currently held for each individual enquiry. The amount of detail depends on the time of the baby loss, and if gestation was 24 weeks or more.
Some parents have received their ashes back, some haven't	Locally we liaised with local funerals directors to support them to identify retained ashes, to ensure as many parents have been reunited with their baby's ashes as possible.
Some mothers have stated they were not given a choice about their baby funeral arrangements	Immediate dialogue took place with the local HEY Trust, to seek assurance on the information given to parents about choices available, The Trust no longer offer a direct service through a funeral director for single cremations. A MOU has been created to include confirmation of consent for shared cremations, from the parent.
Some mothers have received more detail than others about where their ashes were scattered in the cemetery	Information held relating to where ashes have been scattered is inconsistent, depending how long ago the infant cremation took place, therefore some parents have more information than others. Now this information is recorded in detail on the case management system.
Ashes have been scattered without the parents' consent	In some cases we are unable to determine whether the instruction to scatter was received by

	<p>the funeral director, as these cases relate to infant cremations that occurred over 15 years ago. Immediate action has been taken to include the parents' consent on the preliminary form.</p>
<p>Parents do not understand the process of a shared cremation.</p>	<p>Immediate dialogue with the HEY Trust took place to determine what information is given to the parents and new literature has been created. The HEY Trust now have a senior midwife responsible for dealing with bereavement cases. This roles will ensure that the correct information is given to bereaved parents and staff receive training on how to deal with this sensitive situation. Bereavement Services have also commenced training sessions for midwives in relation to infant and shared cremations</p>