

TRUST BOARD

Date of Meeting: 11/01/2011		Enclosure: Enc 9
		Agenda Item No: 10.1
Title of Report: Redfern Inquiry Report		
Aims: This report aims to update the Trust Board regarding the actions being taken in order to respond to the recommendations which were published in the Redfern Inquiry Report for NHS organisations.		
Summary: The Inquiry Report into human tissue analysis in UK nuclear facilities which was led by Mr Michael Redfern QC was published in November 2010. The full report and the specific chapter relating to West Cumberland Hospital has been circulated to key clinical leaders and managers to ensure that the findings from this important inquiry are shared across the organisation. This report informs the Board of the key recommendations which were included in the report for all NHS organisations and how they are being implemented across the Trust.		
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):		
Financial	No specific implications	
Workforce/E&D	No specific implications	
Other	To ensure the Trust reviews national inquiry reports and recommendations as part of the overall governance framework	
Recommendations: The Trust Board is asked to note the contents of this report.		
Document previously approved by: Not applicable. Report directly to the Trust Board.		
Prepared by: Ramona Duguid Company Secretary	Presented by: Kevin Clarkson Chief Operating Officer/Deputy Chief Executive	

**TRUST BOARD
REDFERN INQUIRY REPORT
JANUARY 2011**

1. INTRODUCTION

In November 2010, the final report into the inquiry into human tissue analysis in UK nuclear facilities was published. The inquiry commenced in 2007 and was led by Michael Redfern QC.

In relation to the provisions of the Human Tissue Act 1961, the Coroners' Rules 1984, the Coroners' Act 1988 and predecessor legislation, terms of reference were approved to extensively review the circumstances in which, between 1961 and 1992, organs/tissue were allegedly removed from deceased individuals for the purpose of analysis and testing at Sellafield. It is important to highlight that the terms of reference also included the reviewing of other UK Atomic Energy Authority (UKAEA) sites.

As part of the inquiry the management of the pathology department at West Cumberland Hospital and those responsible for organ retention were also reviewed.

This report informs the Board of the recommendations which have been included in the report for all NHS organisations and how these are being progressed within the Trust.

2. KEY FINDINGS AND RECOMMENDATIONS FOR NHS ORGANISATIONS

The findings in the report highlight that research involving the use of human tissue has been of fundamental importance in the development of medical knowledge and remains integral to the understanding and treatment of disease. It should continue; but it must be founded on consent.

In addition the report highlights that since the events considered by the Inquiry, there have been several changes in the legislative provisions governing post mortem examination and the use of human tissue taken at such examinations, including:

- The Human Tissue Act 2004 and the creation of the Human Tissue Authority.
- The Coroners (Amendment) Rules 2005.
- The Coroners and Justice Act 2009.

These fundamental changes in the law have addressed many of the Inquiry's concerns and should prevent recurrence of the events which led to its establishment.

In total the Inquiry report concludes with 34 recommendations covering a range of areas and professional bodies, including:

- Coroners
- NHS and Trust management
- Research involving human tissue
- Consent
- Education
- Post mortem examinations

The specific recommendations for 'NHS and Trust Management' are outlined below:

- Trusts should ensure that mortuary and post mortem practice is subject to appropriate audit.
- Trusts should be able to account for all activities undertaken in pathology departments which involve the handling, storage, examination or disposal of human tissue.
- Those responsible for the management of pathology departments should receive training in relevant legislative provisions.
- Protocols relating to post mortem examination and practice and the retention and use of human material should be available to all staff working in pathology departments.
- Trusts should ensure that mortuaries are maintained in an appropriate condition.
- Trusts should ensure that unauthorised persons are not permitted to enter the mortuary or attend post mortem examinations.

In addition to the above specific recommendations for NHS organisations, other recommendations in the report have also been reviewed in terms of whether they are applicable to the Trust. A copy of the Trust's position against the action plan is attached at Appendix 1 of the report. This will be monitored as part of the Family Services and Clinical Support Divisional reporting to the Governance and Quality Committee.

3. RECOMMENDATION

That the Trust Board notes the review of recommendations which have been undertaken following the publication of the Redfern Inquiry Report.

Kevin Clarkson
CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE

UPDATE ON TRUST POSITION AGAINST RECOMMENDATIONS MADE IN THE REDFERN INQUIRY REPORT

REF	RECOMMENDATION	TRUST POSITION	EVIDENCE
KEY AREA: POST MORTEM EXAMINATIONS			
20	The report prepared by the pathologist following post mortem examination should record the names of those who were present.	<ul style="list-style-type: none"> The Trust routinely records that 'staff' are present during the post mortem examination and this includes any additional personnel such as Police. Often staff are named individually. An audit into the above has been completed and highlighted that this is not 100% complete in all cases. From December 2010 individual names of all those present at the post mortem examination will be recorded on the post mortem report. This will continue to be audited as part of the ongoing audit programme in the pathology department. 	<ul style="list-style-type: none"> Post mortem reports Outcome of audit

KEY AREA: EDUCATION

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Pathologists undertaking or being trained to undertake post mortem examination and other healthcare professionals involved with such examination, should be trained in the relevant law.

The training should include the provisions of the Human Tissue Act 2004, the Coroners Act 1988, the Coroners Rules 1984 and the Coroners (Amendment) Rules 2005. It should be updated to include the provisions of the Coroners and Justice Act 2009 and any secondary legislation introduced under that Act.

- This Trust does not employ trainee pathologists, therefore training in post mortem examination does not take place within the Trust.
- Two pathologists currently undertake post mortem examinations who have many years experience in post mortem examination and associated practices. Practice is reviewed as part of their appraisal and continuing professional development.
- Guidance from the the Human Tissue Act 2004, the Coroners Act 1988, the Coroners (Amendment) Rules 2005, and the Coroners and Justice Act 2009 have been re-issued within the department as a matter of good practice, following the publication of the Redfern Report.
- Any new pathologists are also part of a local induction programme to ensure they understand the systems in place within this Trust to ensure compliance with the legislation.
- All staff who assist pathologists at post mortem examination either already hold, or are training towards the Royal Society for Public Health Certificate in Anatomical Pathology Technology.

- Consultant Appraisal and CPD information
- Local Induction procedure
- Certificates available for qualified mortuary technicians

KEY AREA: NHS AND TRUST MANAGEMENT			
26	Trusts should ensure that mortuary and post mortem practice is subject to appropriate audit.	<ul style="list-style-type: none"> • This Trust participates in the HTA annual self-assessment and audit programme. • A calendar of regular audits run throughout the year which includes one vertical audit, two examination audits and at least one safety audit per year in each mortuary. • The results of the audits will be included in the Divisions Quarterly Governance Report from 2011. 	<ul style="list-style-type: none"> • HTA 2010 self assessment • Examples of internal audits
27	Trusts should be able to account for all activities undertaken in pathology departments which involve the handling, storage, examination or disposal of human tissue.	<ul style="list-style-type: none"> • The Trusts self assessment ensures that the handling, storage, examination and disposal of human tissue is in accordance with the licence arrangements set out by the HTA. 	<ul style="list-style-type: none"> • HTA Licence • HTA self assessment
28	Those responsible for the management of pathology departments should receive training in relevant legislative provisions.	<ul style="list-style-type: none"> • Personnel responsible for management of mortuary services are trained to the standard of HTA Designated Individual and are nominated as 'Person's Designated' within the terms of the licence. • One individual is due to undertake this training programme. 	<ul style="list-style-type: none"> • HTA Certificates of participation available
29	Protocols relating to post mortem examination and practice and the retention and use of human material should be available to all staff working in pathology departments.	<ul style="list-style-type: none"> • Standard Operating Procedures (SOPs) are available for all activities within the mortuary. These are compliant with the CPA document control standards. 	<ul style="list-style-type: none"> • SOPs available

30	Trusts should ensure that mortuaries are maintained in an appropriate condition.	<ul style="list-style-type: none"> • Both mortuaries are CPA compliant, as well as being licensed by the HTA. Audits take place within both mortuaries as part of an ongoing audit calendar. • Outcomes from the audits are to be included in the Divisions Quarterly Governance report from 2011. 	<ul style="list-style-type: none"> • Examples of cleaning and disinfection audits • Examples of standard audit checklists to support the annual audit calendar • Safety audits
31	Trusts should ensure that unauthorised persons are not permitted to enter the mortuary or attend post mortem examinations.	<ul style="list-style-type: none"> • Both mortuaries are secure environments where access by external personnel is by invitation of authorised mortuary staff only. • Access to the post mortem room whilst an examination is taking place is authorised by the pathologist. 	<ul style="list-style-type: none"> • Mortuary records and PM records
32	The Inquiry endorses the Human Tissue Authority's Code of Practice on Consent, and in particular paragraphs 54, 99, 102 and 105	<ul style="list-style-type: none"> • An e-learning package is under development, which all doctors will need to complete before they can request a hospital post mortem examination. It covers the process of consent. • A new 'Hospital Post Mortem Policy' is in draft form awaiting finalisation of the detail prior to submission through the Trust's policy approval process. This includes information relating to seeking consent for a hospital post mortem, through to attendance at the actual examination and receipt of the report. 	<ul style="list-style-type: none"> • Draft Hospital Post Mortem Policy • Development of the E-learning Package