Western Health and Social Care Trust

we are west
Caring together.
Committed to better.

June 2026

Verification of Life Extinct Policy

Medical Directorate and

Nursing, Midwifery & AHP Directorate

Western Health and Social Care Trust

Title:	**WHSCT Verification of Life Extinct Policy 2.0**		
Authors:	Kathy Mackey, Acting Interim Assistant Director for Professional Nursing Governance, Safe & Effective Care Kathy.mackey@westerntrust.hscni.net Carole McKeeman, Trust Bereavement Coordinator, WHSCT Carole.mckeeman@westerntrust.hscni.net		
Ownership:	Dr Brendan Lavery, Medical Director Professor Donna Keenan, Executive Director of Nursing, Midwifery & AHP's		
Approval by:	Policy Group Medical Directorate Senior Management Team; Trust Nursing & Midwifery Governance Committee; Nursing, Midwifery & AHP Senior Management Team.	**Approval date:**	07 / 07 / 2026 03 / 06 /2026 26 / 06 / 2026 11 / 05 / 2026
Operational Date:	July 2026	**Next Review**:	July 2029
Version no:	**2.0**	**Supersedes:** Verification of Life Extinct Policy 1.1 WHSCT, October 2017	
Reference no:	COR/MEDI/012/V2		
Links to other policies, procedures, guidelines or protocols:	• **DoH (January 2019),** Guidance surrounding Death | Department of Health • **RCN (August 2019), Confirmation or verification of death by registered nurses** Confirmation of death | Advice guides |Royal College of Nursing • **Registered Nurse Verification of Expected Adult Death RNVoEAD,(April 2024)** Care After Death guidance | Hospice UK • **HSS (MD) 8/2008 (March 2008),** Verifying and recording life extinct by appropriate professionals • **NMC (October 2023),** The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council • **Academy of Medical Royal Colleges (2025),** 2025 Code of Practice for the diagnosis and confirmation of death - AOMRC • **PHA (2025),** NI Infection Control Manual • **Patient & Client identification Policy ,** Patient Client Identification Policy 2017.pdf		

Western Health and Social Care Trust

CONTENT PAGE

Western Health and Social Care Trust

1.0 INTRODUCTION

While death could be considered to occur at the moment life ends, for a human body this is actually a process where cessation of all biological functions stop at different times. Health care staff must determine at what time along this process it becomes irreversible and death can be declared. This determination must be absolutely certain death has definitely occurred and is irreversible. Society also demands, if circumstances permit, that the determination is carried out without delay and the given time of death is accurate. When death occurs, the consequences include:

- Cessation of medical or legal requirements to continue with resuscitation;
- The opportunity for organ donation and autopsy proceedings;
- The formal registration of the death, to obtain a Death Certificate;
- Religious or social ceremonies to mark the end of a life;
- Final disposition of the body by burial or cremation;
- Loss of personhood, and most individual rights;
- Execution of the deceased's legal will;
- Estate and property transfer;
- Payment of life insurance.

Clearly, with such a wide range of important repercussions, it is important that there is certainty regarding the details surrounding death; its definition, diagnosis, causes and timings.

Defining death is difficult but there is medical consensus that it involves the:

'Irreversible loss of the capacity for consciousness, combined with the irreversible loss of capacity to breathe.' [1]

Verification of Life Extinct (VLE) has traditionally been carried out by medical staff however an appropriately trained registered nurse may confirm or verify life extinct, providing there is an explicit local protocol in place to allow such an action, which includes guidance about when other authorities such as the Police Service of

Northern Ireland (PSNI) or the Coroner must be informed prior to removal of the body. This policy has been developed to outline the procedures that must be followed by appropriately trained registered nurses for verification of life extinct when a patient dies.

Registered nurses undertaking the responsibility of verifying life extinct **must only do so** providing they have attended the Clinical Education Consortium (CEC) Verification of Life Extinct Course and have been assessed as competent to undertake this role using the competency assessment document (see Appendices). They must also be aware of their accountability when performing this role (NMC 2018).

Verifying Life Extinct (VLE) is the process of confirming that death has occurred. It has no formal legal standing and there is no legal requirement for a doctor to verify death.

Certifying a death involves signing a Medical Certificate of Cause of Death (MCCD), which can only be completed by a doctor.
Doctors are required by law to issue a Medical Certificate of Cause of Death (MCCD), unless the death is referred to the Coroner.

1.1 Background

1.1.1 In March 2008 the Chief Medical Officer and Chief Nursing Officer issued the circular Verifying and Recording life Extinct by Appropriate Professionals to HSC to clarify the legal position, professional requirements, principles for practice, training and competence requirements for health care staff. This guidance was issued in response to recommendations contained in the Shipman Inquiry Reports 3, 4 & 5.

1.1.2 In January 2019 the Department of Health issued Guidance surrounding Death | Department of Health which replaced Guidance on Death, Stillbirth and Cremation Certification 2008 and includes Guidelines for Verifying Life Extinct (VLE).

1.1.3 Organisations must have in place an overarching policy, written protocol and staff training for dealing with the process following a death.

The information contained in this policy is based on Guidance surrounding Death | Department of Health and focuses on the first step in this process, verification of life extinct.

1.1.4 When a person dies in a hospital or community setting, a number of steps must be completed to allow legal registration of the death and for a funeral to take place. These steps are:

- **Verifying life extinct**: This first step has no formal legal term and is referred to in a number of ways including Recognition of life extinct (ROLE), verification of death, Verification of Life Extinct (VLE), pronouncing death, confirming death.
- **Certifying the medical cause of death or referral to the Coroner**: A doctor who had treated the patient in the last 28 days for a natural illness that caused their death will complete a Medical Certificate of Cause of Death (MCCD). If a doctor cannot complete an MCCD, either because the cause of death was not natural or because the deceased was not treated in the final 28 days of life, then the death must be referred to the Coroner.
- **Registering the death**: When the doctor has completed the MCCD, it is sent electronically to the General Register Office (GRO) in Belfast. The GRO then forwards the MCCD to the local Register Office within the Council area where the patient has died. The local Registrar's Office will contact the next of kin (NOK) by telephone to register the death and will issue the Death Certificate, which will be posted to the NOK. This will allow arrangements to be made for the funeral, except when the matter has been referred to the Coroner.
- **Obtaining a burial or cremation order:** The Registrar or Coroner can issue a burial or cremation order. Cremation requires the completion of a cremation certificate by two doctors in addition to the MCCD or Coroners' forms.

1.1.5 Appropriately trained registered nurses can only verify life extinct for expected adult (>18years of age) death.

1.2 Purpose

The purpose of this document is to provide guidance to all Western Health and Social Care Trust (WHSCT – hereafter referred to as the "Trust") doctors and registered nurses on verifying life extinct. This task can be undertaken by all doctors and by appropriately trained registered nurses supported by organisational policy and protocols.

1.2.1 This policy must be read in conjunction with the following documents:

- DoH (January 2019), Guidance surrounding Death | Department of Health
- RCN (August 2019), Confirmation or verification of death by registered nurses Confirmation of death | Advice guides |Royal College of Nursing
- Registered Nurse Verification of Expected Adult Death (RNVoEAD), Care After Death guidance | Hospice UK
- HSS (MD) 8/2008 (March 2008), Verifying and recording life extinct by appropriate professionals
- NMC (October 2023), The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council
- Academy of Medical Royal Colleges (2025), 2025 Code of Practice for the diagnosis and confirmation of death - AOMRC
- PHA (2025), NI Infection Control Manual

1.3 Objectives

- To provide clear guidance and support for medical and nursing staff in relation to verification of life extinct within Trust hospital and community settings.
- To achieve a consistent and standardised approach to verification of life extinct.

- To achieve delivery of high quality, safe, effective and compassionate care for patients at the end of life and for their bereaved families.
- To contribute to multi-disciplinary team working when providing end of life and bereavement care.
- To fulfill the requirements of *HSS (MD) 8-2008* Verifying and Recording Life Extinct by Appropriate Professionals and the DoH Guidance Surrounding Death January 2019.

2.0 SCOPE OF THE POLICY

This policy applies to all doctors and appropriately trained registered nurses, working in a hospital or a community setting employed by the Trust, with a responsibility to verify life extinct. This policy outlines and differentiates between the role and responsibilities of doctors and appropriately trained registered nurses in undertaking Verification of Life Extinct (VLE). All staff must operate within the scope of this policy to remain accountable for their practice.

Please note that while doctors can verify most deaths a registered nurse can only verify expected adult death (>18 years of age) - refer to section 2.1.

2.1 Registered nurses must not verify death in the following circumstances:

- Sudden or unexpected death (this includes in the presence of a DNACPR order) that does not correspond with the reason for DNACPR order
- When the cause of death is unsure
- When the death may be suspicious
- Death as a result of untoward incident, fall or drug error
- Death associated with active resuscitation
- If the deceased is to undergo a Coroner's post mortem examination
- If the deceased is to undergo a Consented Hospital post mortem examination
- If the deceased is under 18 years of age
- If the deceased is a potential organ donor.

In these circumstances the responsible medical practitioner must be informed of the death and it is their responsibility to refer the death to the Coroner as necessary.

2.2 Where the death is unexpected, the registered nurse has the responsibility to initiate resuscitative measures, unless a valid DNACPR order authorised by the Consultant / General Practitioner (GP) has been made.

2.3 Registered nursing staff who verify life extinct should check the patient's digital health record (Northern Ireland Electronic Care Record (NIECR) / encompass) to establish that the death is expected and to establish that there are no contra indications for the verification of life extinct.

3.0 ROLES AND RESPONSIBILITIES

It is the responsibility of all Western Trust doctors and appropriately trained registered nurses to adhere to this policy and codes of professional conduct when verifying life extinct. All doctors and appropriately trained registered nurses who perform verification of life extinct must document this in the patient's digital health care record under the "Discharged as Deceased Tab" on the Discharge Navigator in the Hospital setting (Appendix One). In the Community setting this is documented in the Verification section of "Home Assessments" on the Assessments tab (Appendix Two).

After verification of life extinct has occurred and been documented in the patient's digital health care record nursing staff must complete the remaining actions to be taken after verification of life extinct (Appendix One, section two / Appendix Two). If they have any issues or concerns at this stage they must note these in the comments section in the digital health care record.

3.1 Doctor

All doctors registered with the General Medical Council (GMC) can verify life extinct. They must be professional and compassionate when confirming and pronouncing

death and must follow the law and statutory codes of practice governing completion of death and cremation certificates.

3.2 Registered Nurse

Verification of Life Extinct (VLE) can also be undertaken by appropriately trained registered nurses who have completed a programme of education, supervised practice and are competent i.e. Clinical Education Consortium (CEC) Verification of Life Extinct Course and have been assessed as competent to undertake this role by a doctor or registered nurse who currently Verifies Life Extinct. However, employers must have policies and associated protocols in place, detailing local workplace agreements about the circumstances in which this can be done. These should contain specific details applicable to the workplace in question (particularly in the case of unexpected deaths).

3.2.1 Appropriately trained registered nurses, can verify an expected death / life extinct in the circumstances outlined in this policy. This can be defined as an acute or gradual deterioration in a patient's health status that is usually due to an advanced progressive incurable disease. The death is "anticipated, expected and predicted" (Gold Standards Framework, 2006 updated 2025).

3.2.2 When a patient dies, the registered nurse has a duty to inform the doctor so that the death can be certified. In the event of an expected death the doctor may pre-arrange to be informed at another time. For example, when expected deaths occur at night, the doctor may be informed the following morning.

3.3.3 When discussion has taken place between the doctor and nursing staff and it has been agreed that further intervention would be inappropriate and, death is expected to be imminent appropriately trained registered nurses can verify the death providing that:

- The death is expected and not accompanied by any suspicious circumstances;

- When there is a signed *'Do not attempt cardio-pulmonary resuscitation" (DNACPR)* order in place it follows current policy and the death corresponds with the reason for DNACPR order (see point 2.1);
- The death does not require reporting to the Coroner's service.

3.3.4 Verification should be timely – ideally within one hour in a hospital setting and within four hours in a community setting. This is an important stage in the grieving process for relatives and carers and also a key time for support.

3.3.5 The appropriately trained registered nurse can refuse to verify life extinct and to request the attendance of the responsible doctor / GP if there is any unusual circumstances concerning the death.

4.0 KEY PRINCIPLES

4.1 This policy is based on the following principles:

- All deaths must be managed in a dignified manner.
- Those important to the deceased must be communicated with sensitively at all times throughout the process of care after death. Their feelings and preferences must be explored and respected, ensuring the religious beliefs and customs of patients and those important to them are respected.
- If there are additional support needs required to aid effective communication, these must be provided e.g. interpreting services, signing interpreting or information in different formats. VLE is an important stage in the process of grief; until this has been performed, no further action can be taken with regard to the deceased. A delay in verification may add to the distress of relatives, friends and carers.
- All staff employed by the Trust whose duties involve coming into contact with and / or caring for dying people and those important to them should perform their duties with sensitivity, compassion and respect. Staff have a responsibility to consider any training or learning required in order to provide the best care.

4.2 In an acute hospital setting the doctor or appropriately trained registered nurse completes the Verification of Life Extinct (VLE) section on the patient's digital health care record (Appendix One).

4.2.1 The appropriately trained registered nurse completes the VLE section on the patient's digital health care record under the "Discharged as Deceased" Navigator (Appendix One) in the hospital setting. In addition, they must complete the actions to be taken after verification of life extinct. If they have any issues or concerns, they must note these in the comments section on the digital health care record and communicate these issues / concerns with the nurse in charge and doctor.

4.2.2 When a death occurs within a community hospital setting, the Body Transfer paper Form (Appendix Seven) must be completed to allow the body to be moved to the mortuary or by the funeral Director as appropriate. The completed VLE record on the patient's digital health care record can be viewed by the Doctor completing the Medical Certificate Cause of Death (MCCD).

4.3 In a non –hospital community setting when an appropriately trained registered nurse verifies life extinct, they must complete the Verification section of "Home Assessments" on the Assessments tab (Appendix Two) in the patient's digital health care record. In addition, they must complete the actions to be taken after verification of life extinct. If they have any issues or concerns, they must note these in the comments section on the digital health care record and communicate these issues / concerns with the nurse in charge and doctor.

4.3.1 The appropriately trained registered nurse must also complete two paper copies of the Verification of Life Extinct (Appendix Three) -one for the GP, and one for the Funeral Director to allow them to transfer the body.

4.4 In a non-hospital community setting when the GP verifies life extinct, they will not have access to the digital health care record to complete the Verification of Life

Extinct (VLE) record and therefore they must complete a paper copy of the Verification of Life Extinct to allow the body to be transferred by the Funeral Director-

- For adult / child older than two months (Appendix Two)
- For a neonate / child up to two months (Appendix Three).

The GP will either issue a Medical Certificate Cause of Death (MCCD) or refer the case to the Coroner.

5.0 CLINICAL PROCEDURES TO VERIFY LIFE EXTINCT

5.1 Department of Health (DOH) guidelines state that:

'The first step required after death is to make the formal diagnosis; that the irreversible losses of the capacity for consciousness and to breathe have occurred.'

Any one of three sets of criteria can be used to make the diagnosis, depending on the circumstances:

i. Somatic;
ii. Cardiorespiratory and
iii. Neurological.

Each of them can demonstrate the irreversible loss of the capacity for consciousness, combined with the irreversible loss of the capacity to breathe. Detailed information on the diagnosis of death from the DoH Guidelines for Verifying Life Extinct (VLE).

5.1.1 In order to verify life extinct, a permanent cessation of circulatory and respiratory systems and cerebral function must be confirmed and documented in the patient's digital health care record.

Please note: This applies in all cases whether it is a doctor or an appropriately trained registered nurse who undertakes the task. (In the community setting a Paramedic can verify life extinct).

The deceased patient should be observed by the person responsible for verifying life extinct for a minimum of five minutes[2] to establish that irreversible cardiorespiratory arrest has occurred.

5.1.2 Certain situations can make the clinical confirmation of life extinct more difficult, in particular drowning, hypothermia, drug overdose, effects of depressant drugs, certain metabolic / endocrine disturbances and pregnancy. In these situations, active resuscitation should continue until an experienced doctor has verified life extinct.

5.1.3 There are some special circumstances, including brain-stem death in ventilated patients, where medical Consultants will be involved in verifying life extinct under more detailed protocols designed because cardiorespiratory activity is being maintained by the continued mechanical ventilation.

5.1.4 Critical Care, Emergency Departments and other such acute settings present further issues related to verification of life extinct; senior nursing and medical should be consulted before commencing verification of life extinct.

5.1.5 In hospital settings, the patient's identity band must be checked against the digital health care record to ensure correct identification as per Patient Client Identification Policy.pdf

5.1.6 Parenteral drug administration or any life prolonging equipment must not be removed prior to verification of life extinct. For expected death, subcutaneous parenteral drug(s) are to be discontinued and discarded, as per Trust policy and documented in the patient's digital health care record.

5.1.7 For a potentially suspicious death do not proceed with verification; do not discontinue or remove any tubes or devices for example the syringe pump, and if in use turn it off

/ remove battery. Infusions can be turned off but must remain attached to the patient. Ensure the environment is not disturbed.

5.1.8 Should the need for deactivation of Implantable Cardiac Defibrillator (ICD) after death arise, staff should refer to the Trust policy on ICD End of Life Deactivation April 2015.

5.2 Life extinct must always* be verified by examining all of the following systems:

**Excluding neonates and children less than two months old*

1. Cessation of circulatory system-

- No central pulses on palpation
- No heart sounds (verified by listening for heart sounds or asystole on an ECG tracing)

2. Cessation of respiratory system

- No respiratory effort observed
- No breath sounds (verified by listening for breath sounds)

Establish that cardiorespiratory arrest has occurred for minimum of 5 minutes.

3. Cessation of cerebral function

- Pupils dilated and not reacting to light
- No corneal reflexes
- No motor response to painful central stimulus e.g. supra-orbital pressure, trapezius squeeze.

5.2.1 The time of death is recorded as the time at which these criteria are fulfilled**.**

Please note: If unable to check the carotid pulse due to a patient's medical condition, please check another pulse and document which one was used on the verification record form.

The patient must show no response in **all** of the above tests. If there is any doubt the practitioner must not verify life extinct but must consult an appropriate medical practitioner.

5.2.2 The verification time of death is the actual time that life has been pronounced extinct by doctors and appropriately trained registered nurses.

5.2.3 The exact time of death must be recorded and **must be established as closely as possible** for the accuracy of the legal record and for the benefit of relatives.

5.2.4 In the Hospital setting the Verification of Life Extinct (VLE) section within the "Discharge as Deceased" Navigator must be completed on the patient's digital health care record. Where an appropriately trained registered nurse has verified life extinct, they must contact the doctor to inform them of the end-of-life event and record the doctor's details to include name, grade and GMC number. In addition, they must include the date and time that they informed the doctor on the Verification of Life Extinct digital health care record**.**

5.3 Neonates and children up to two months post term:

Please note*: Verification of Life Extinct for this age group is only completed by medical staff*.

Life extinct must always be verified by examining all of the following systems-

1. Cessation of circulatory system
   - No heart sounds (verified by listening for heart sounds or asystole on an ECG tracing)

2. Cessation of respiratory system
   - No respiratory effort observed.
   - No breath sounds (verified by listening for breath sounds).

Establish that cardiorespiratory arrest has occurred for minimum of 5 minutes.

3. Cessation of cerebral function
    - Absence of spontaneous movement or response to stimulation

5.4 Additional Key Points Specific to Community Settings

5.4.1 Registered nurses who have completed the appropriate training and assessment of competence can confirm VLE, for those patients on their caseload and known to be at end of life. Appropriately trained registered nurses may be asked to verify patients out of hours, unknown to them, out of their normal working area.

5.4.2 To confirm the patient's identity their official full name, date of birth and / or address must be confirmed with the next of kin (where present) as per Patient Client Identification Policy and cross referenced with the patient's digital health care record and their ID Band.

5.4.3 After the appropriately trained registered nurse has verified life extinct, they should complete the Verification of Life Extinct and the Action to be Taken After Verification of Life Extinct sections. These are located within the "Home Assessments" record in the Assessments tab on the patient's digital health care record.

5.4.4 For patients identified as inappropriate for VLE by appropriately trained registered nurses, the opinion of the Dr in the hospital setting / GP in the community setting should be sought and this information must be documented in the patient's digital health care record (encompass / NIECR).

5.4.5 For a death that must be reported to the Coroner, the patients' doctor / GP must also be contacted in addition to the PSNI.

5.4.6 VLE should take place ideally within one hour in a hospital setting and within four hours in a community setting. This is an important stage in the grieving process for

relatives / carers and also a key time for support. Every effort should be taken to verify death before midnight on the day the person dies.

5.4.7 The registered nurse should sensitively inform relatives / carers of the patient's death and inform the patient's GP.

5.4.8 The registered nurse must inform the GP who will then inform relatives / carers that the MCCD will be electronically forwarded by the doctor to the GRO in Belfast who will then contact the local Registrar. The GP should advise relatives / carers that the local Registrar will contact them to obtain information so that the death can be registered and a Death Certificate issued.

5.5 Time and Date of Death

5.5.1 The official time and date of death are taken to be, and recorded as, the time of completion of the VLE record on the digital health care record. This is the date and time that is recorded on the MCCD and the formal Death Certificate issued by the GRO. The date of death may be different to the date of completion of the MCCD.

5.5.2 When using cardiorespiratory criteria, the VLE should always be performed as soon as possible after death becomes obvious or is first considered. This is primarily a humane and compassionate response to family members following their bereavement. Whilst recognising the need to attend to acutely unwell patients as a priority, if waiting for the verification of life extinct takes an extended period, then it can cause distress to family and if, in a communal setting, to other patients. Also, with the consequences of death including the execution of the deceased's legal will, transfer of estate and property and payment of life insurance, the precise time (and therefore date) of death can be extremely important.

5.5.3 In any health care setting, there is a duty of healthcare staff to ensure that death is verified as soon as possible after the actual death. This is particularly relevant at or

around midnight when actual death may occur before midnight but verification of life extinct (and therefore the legal time and date of death) occurs after midnight. In these circumstances, staff should make every effort to ensure that verification occurs on the 'correct' day i.e. on the day of actual death. This applies to staff responsible for verification of life extinct or for requesting a staff member to attend to verify life extinct.

5.5.4 It is recommended that all healthcare settings should ensure that there are staff trained to verify expected death of patients in and out of hours.

5.6 Actions to be taken after Verification of Life Extinct

5.6.1 After verifying life extinct, the doctor or appropriately trained registered nurse must consider the next step, which will depend on the circumstances of the death.

5.6.2 Although most deaths, even sudden deaths, are not suspicious, it is important that the doctor or appropriately trained registered nurse who has verified life extinct considers the general circumstances of the death. If there are concerns about the death, the body and the area around it should be secured and not disturbed, the PSNI should be contacted and they will direct how the death should be handled.
In acute and non- acute hospitals, the mortuary team should also be contacted for assistance (in and out of hours).

5.6.3 If not present at the death, those important to the deceased patient / the next of kin must be informed immediately. The communication needs of those important to the deceased patient / the next of kin must be taken into account to identify any communication support needed.

5.6.4 The deceased patient, following care after death, may be transferred to the Mortuary, unless those important to the deceased patient / the next of kin have arranged to visit the ward.

5.6.5 On call chaplaincy should be contacted for the hospital patient and in a community setting, the relevant faith representative, as appropriate.

5.6.6 The deceased person's GP **must be informed of the death as soon as possible.**

5.6.7 Assess any known / disclosed infection prevention and control risk and inform relevant parties. Monitor, in accordance with Trust guidelines, if a death is associated with Clostridium Difficile, Methicillin-Resistant Staphylococcus Aureus, Methicillin- Susceptible Staphylococcus Aureus or any high consequence infectious disease (HICD).

5.6.8 Advise on removal of the deceased patient to the family funeral director, as appropriate.

5.6.9 Provide the relatives with the '*When someone close to you dies'* HSC Bereavement Booklet.

5.6.10 Ensure communication with the other members of the team (including the Consultant responsible for the patient's care or the doctor responsible for completing the MCCD) that the death has occurred.

Please refer to Appendix Four for the summary Flowsheet of actions to be taken after a death and Appendix Five the Protocol of actions to be taken after a death.

5.7 Documentation

The examination undertaken and VLE must be completed on the patient's digital health care record. The date and time of verification must be recorded and this applies whether a doctor or appropriately trained registered nurse verifies life extinct. See Appendix One for Verification of Life Extinct on the digital health care record.

5.7.1 Doctor's responsibility (Appendix One, Section 1)

- Enter the Patient's chart and click on the Discharge Navigator.
- Select the "Discharge as Deceased Tab".
- Document the date and time of death.
- Send Notification of Death letter to the GP.

5.7.2 Ward / Department Registered Nurse responsibility (Appendix One, section 2)

- Access the "Patient Deceased" Navigator from the More Menu drop down list in the Patient's chart.
- Appropriately trained registered nurse completes Verification of Life Extinct section or this may already have been completed by a doctor.
- Fill out all relevant documentation in the "Family" section.
- Fill out the relevant documentation in the "Patient Belongings" section.
- Fill out the relevant documentation in the "Donor Status" section.
- Fill out all relevant documentation in the "Deceased patient Checklist" section.
- Fill out all relevant documentation in the "Care After Death" section.

5.7.3 Community Registered Nurse responsibility (Appendix Two)

- Inform the GP of the death.
- Access the "Assessments" tab within the (patient) encounter in the patient's digital health care record.
- From the list of Home Assessments (scroll down) and select "Verification".
- Complete Verification of Life Extinct section.
- Complete all relevant documentation in "Action to be Taken After Verification of Life Extinct".
- Create a post mortem encounter and close off all care plans and visit sets that have been planned.
- Complete two paper copies of the Verification of Life Extinct form (Appendix Three) - one to be given to the GP and one to be left in the

home for the Funeral Director to allow them to remove the body and prepare for the funeral.

The GP will be required to update their own systems.

5.7.4 Hospital deaths only:

Body Transfer Form 1A (Children and Adults) Section A of this form must be completed by nursing staff before the body is moved from the place of death. Section B of this form must be completed at time of transfer from place of death. Body transfer form triplicate books are available on all wards (Appendix Six)**.**

Please note: Trusts will still use paper copies of the Body Transfer Forms until the build for this has been completed on the (encompass) digital health care record. The forms will then be available on the "Discharge as Deceased" Navigator on the digital health care record.

5.8 Completion of the Medical Certificate Cause of Death (MCCD)

This occurs after all the steps detailed above in the verification of life extinct procedure have been taken and, death certification can only be completed by medical staff.

The legal position for certifying a death is that:

> *"Where any person dies as a result of any natural illness for which he has been treated by a registered medical practitioner within 28 days prior to the date of his death, that practitioner shall sign and give forthwith to a qualified informant a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death, together with such other particulars as may be prescribed"*
>
> **General Register Office (1976)**

5.8.1 The law **expects** a doctor to issue a certificate detailing the cause of death, unless the death is referred to the Coroner. However, the law **does not** require a doctor to:

- confirm death has occurred or that life is extinct
- view the body of a deceased person or
- report that a death has occurred

5.8.2 In all circumstances, the doctor to whom the death has been reported must**:**

- Issue a MCCD without delay

OR

- Give that responsibility directly to a colleague who can legally complete the MCCD

OR

- If circumstances of the death require that referral to the Coroner is necessary, a resident doctor (includes a Trust employed doctor) must consult a more senior colleague before reporting the death.

5.8.3 Although most deaths, even sudden deaths, are not suspicious, it is important that the professional who has verified life extinct considers the general circumstances of the death and is completely satisfied that it is not accompanied by any suspicious circumstances.

5.9 Referral to the Coroner

'If the death is unexpected or unexplained, but non-suspicious, the death should be reported to the Coroner, who will consider the need for Coronial Post Mortem Examination and police involvement; if there are any suspicious circumstances or the death is thought to be due to violence, trauma (including road traffic collisions) negligence, misuse of drugs or suspected suicide, the PSNI should be contacted immediately. If the circumstances are unclear, advice can be sought directly from the Coroner's office during normal working hours or PSNI out of hours'.

Coroner's Service for Northern Ireland

5.9.1 In the event of a Coroner's post mortem examination being sought medical staff must:

- Document all contact / discussion with the Coroner in the patient's digital health care record
- Inform the PSNI that a Coroner's post mortem examination has been ordered
- Communicate sensitively with those important to the deceased patient / next of kin, explaining clearly the reasons for the referral. For further information please click here.
- Inform relevant nursing and mortuary staff about referral to the Coroner as this will affect the performance of care after death procedures.

5.9.2 For *unexpected deaths, or if it is unknown* whether the death will require reporting to the Coroner, best practice is to leave all medical devices in situ until a direction from the Coroners Service or the PSNI.

5.9.3 Invasive devices such as endotracheal tubes and central lines **must** remain in situ for a Coroner's unconsented Post Mortem Examination.

5.9.4 For ***suspicious*** *deaths,* for example suspected murder or where a PSNI investigation may otherwise occur (RTC; gross negligence) **ALL** medical devices should remain in situ and be carefully documented with respect to insertion and position. The PSNI should be informed of the death immediately and can provide further direction on removal of devices.

5.9.5 With respect to ***non-suspicious*** *deaths*, e.g. the cause of death is thought to be natural, albeit sudden and unexpected, if a direction from the coroner is not immediately available (i.e. out of office hours), a pragmatic approach may be taken in relation to removal of devices to facilitate needs of the bereaved family. However, details regarding insertion and positioning of any medical devices removed should be carefully recorded in the medical records.

5.9.6 In the event of a death where there are **concerns or uncertainty about a medical device contributing to the death**, **no** device or equipment should be removed until instructions have been provided by the PSNI or Coroner. Details regarding the insertion, position and monitoring of any devices should be carefully recorded in the clinical record. If it is a device outside the body-e.g. pump device; syringe pump; ventilation equipment, Intra-Aortic Balloon Pump etc. these should be carefully detached and quarantined to allow for further investigation. A note should be made of any concerns and / or observations regarding the device and its detachment.

5.9.7 The Trust is responsible for arranging for any medical equipment to be examined and investigated, unless there is a PSNI investigation (in which case the PSNI will seize the device at the scene).

5.9.8 Trust staff should not take a photograph of the deceased or any medical equipment on behalf of another organisation such as the PSNI. Please refer to the regional and Trust policies on the Recording of Images.

5.9.9 If there are concerns about the death, the body and the area around it **must be secured and not disturbed.** The PSNI must be contacted and they will direct next steps.

5.9.10 Any patient found deceased **after a suspected fall** must **not be moved** until a doctor has verified life extinct and the coroner has been contacted for guidance.

5.9.11 For deaths occurring in the community setting, the patients' GP and named community registered nurse **must** be contacted on as soon as possible but no longer than the next working day. **For matters relating to the Coroner please** click here**.**

5.9.12 VLE details must be recorded in the patient's digital health care record:

- That death has occurred
- Date and time of death

- Actions taken and guidance given to family / carers
- Name and designation of registered nurse recording the details

6.0 TRAINING AND COMPETENCY REQUIREMENTS

6.1 All staff whose role it is to verify life extinct should have education and training in this area and be able to demonstrate the procedure for verifying death. This will be through supervised practice by an appropriately trained registered nurse or doctor using the competency checklist until they feel competent and confident to do so independently. In addition, following VLE training registered nurses should confirm and agree competency arrangements with their line manager regarding their knowledge and skills.

A competency assessment tool **Appendix Eight** accompanies the guidance 6th Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoED) 2024 for appropriately trained registered nurses and should be used by the registered nurse and assessor to demonstrate practical skills, knowledge and understanding for verifying an expected adult death. The appropriately trained registered nurse should demonstrate reflection on their role in VLE yearly at appraisal.

6.2 Training for VLE can be accessed at the Clinical Education Centre via the following link https://cec.hscni.net/programmes/. Further guidance and information for registered nurses can be accessed in the 6th Edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoED) 2024

6.3 When registered nursing staff complete this programme, they will be expected to practice verification of life extinct whenever it has been deemed medically appropriate that a registered nurse with the competency, knowledge and skills can undertake this role.

6.4 Education and training for verification of life extinct must include:

- Aspects of accountability
- Ethics
- Current legislation
- Role of other agencies / personnel
- Skills and knowledge to determine the physiological signs of death
- Process for verification of life extinct, including documentation
- Completion of documentation
- Professional responsibilities
- Awareness of different cultural sensitivities and requirements
- Awareness of different communication support needs
- Awareness of the roles of Health and Social Care, the PSNI and the Coroner's Office in the process of dealing with a death.

7.0 IMPLEMENTATION

This policy must be adhered to by all Trust medical and nursing staff involved in VLE. It will be the responsibility of the Directorates and Divisions to ensure the implementation of this policy in their areas.

7.1 DISSEMINATION

Dissemination of this policy will be the responsibility of the Directorates to include Acute and Primary Care / Community nursing teams. This policy will be placed on the Trust's intranet.

8.0 MONITORING

This policy will be subject to review every three years or sooner as guidance / legislation changes. Policy compliance will be monitored at Directorate level.

9.0 REFERENCES

1. **HSS (MD) 8/2008** Verifying and recording life extinct by appropriate professionals March 2008
2. **DoH** Guidance surrounding Death January 2019
3. **RCN Confirmation or verification of death by registered nurses** Confirmation of death | Advice guides |Royal College of Nursing August 2019
4. **Registered Nurse Verification of Expected Adult Death RNVoEAD** Care After Death guidance | Hospice UK April 2024
5. **NMC** The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council October 2023
6. **Academy of Medical Royal Colleges** 2025 Code of Practice for the diagnosis and confirmation of death - AOMRC 2025
7. **PHA (2025),** NI Infection Control Manual 2025
8. **The Gold Standards Framework** Examples of Good Practice - Resource Guide 8 Verification of Death 2025
9. **HMSO** Births and Deaths Registration (Northern Ireland) Order 1976 para 25 (2) legislation.gov.uk 1976
10. **DHSSPS** Improving Patient Safety: Building Patient Confidence
    A response by the DHSSPS to the recommendations contained in the Shipman Inquiry Reports 3, 4 & 5. 2006
11. **Department of Justice** Coroners Service for Northern Ireland 2019
12. **D. Gardiner, S. Shemie, A. Manara and H. Opdam.** International perspective on the diagnosis of death. British Journal of Anaesthesia 108 (S1): i14–i28 (2012).

10.0 CONSULTATION PROCESS

The following have been consulted with regard to this policy:

- Trust Nursing and Midwifery Governance Committee
- Donna Keenan, Executive Director of Nursing, WHSCT
- Dr Brendan Lavery, Medical Director, WHSCT
- Medical Staff, WHSCT
- Western Trust Palliative Care Locality Board
- Emma King, Macmillan Specialist Palliative Care Team Manager WHSCT
- Marie Donnelly, Palliative Care Facilitator WHSCT
- Martina Donaghey, District Nurse WHSCT
- Nicola Herron, GP Associate Director
- General Practitioners, WHSCT area
- Western Urgent Care, GP Out of Hours Service
- Dr Gemma Andrew, Coroner's Medical Advisor

11.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

Rural Needs Impact Assessment:
The Rural Needs (NI) Act 2016 came into effect in June 2018 for the Trust. Under this legislation we have a responsibility to have due regard to the social and economic needs of people in rural areas when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.

A rural needs impact assessment was considered for this policy and deemed not to be required as it has no impact, no likely impact and no potential to impact on people in rural areas or their social and economic needs.

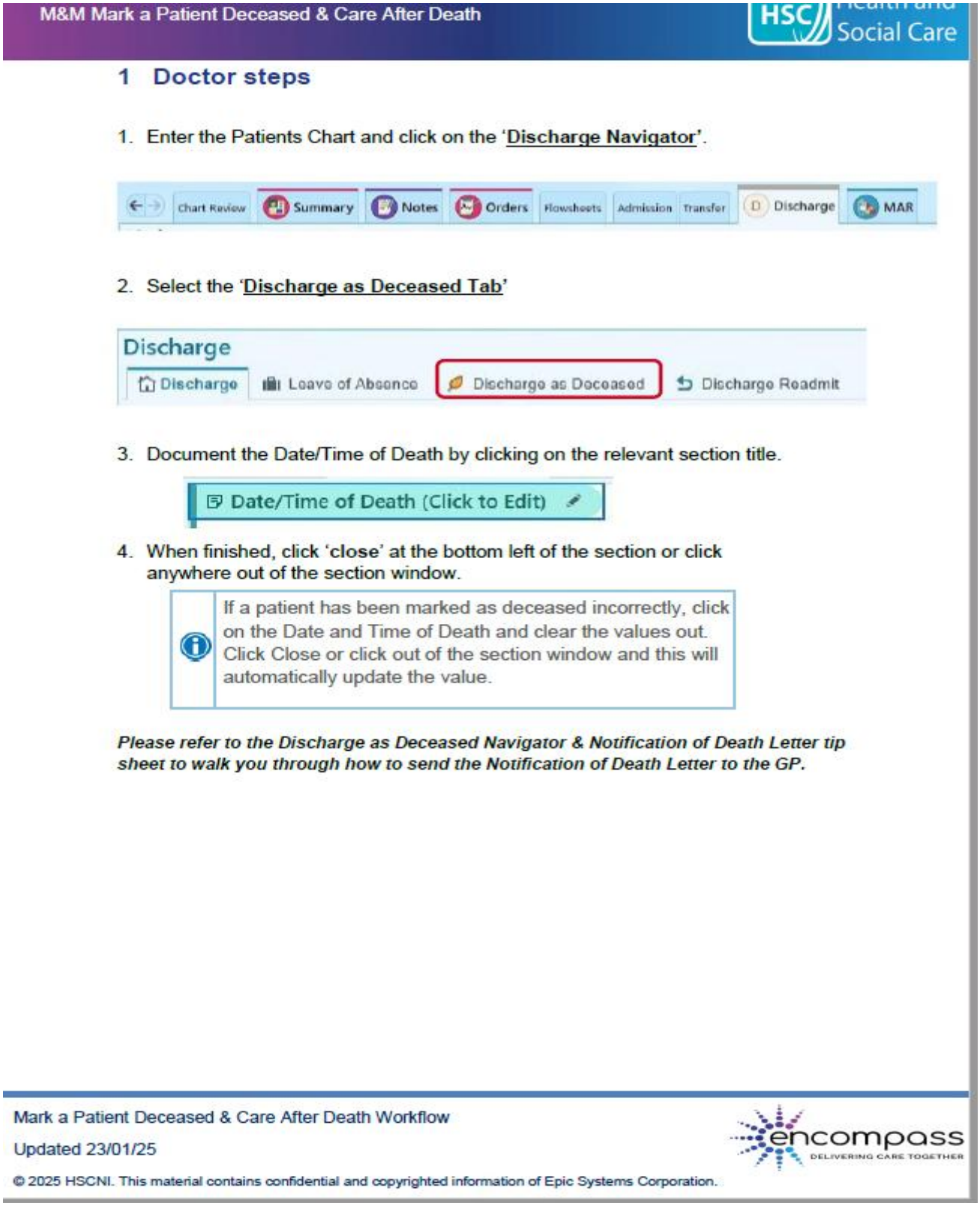
Western Health and Social Care Trust

The outcome of the equality screening for this policy, procedure, guideline or protocol is:

Major impact □ **Minor impact** □ **No impact** √

12.0 APPENDICES

Appendix One: Marking a Patient Deceased & Care After Death TIP Sheet for completing the digital health care record in a Hospital Setting.



M&M Mark a Patient Deceased & Care After Death

HSC Social Care

1 Doctor steps

1. Enter the Patients Chart and click on the '**Discharge Navigator**'.

Chart Review | Summary | Notes | Orders | Flowsheets | Admission | Transfer | Discharge | MAR

2. Select the '**Discharge as Deceased Tab**'

Discharge

Discharge | Leave of Absence | Discharge as Deceased | Discharge Readmit

3. Document the Date/Time of Death by clicking on the relevant section title.

Date/Time of Death (Click to Edit)

4. When finished, click 'close' at the bottom left of the section or click anywhere out of the section window.

If a patient has been marked as deceased incorrectly, click on the Date and Time of Death and clear the values out. Click Close or click out of the section window and this will automatically update the value.

Please refer to the Discharge as Deceased Navigator & Notification of Death Letter tip sheet to walk you through how to send the Notification of Death Letter to the GP.

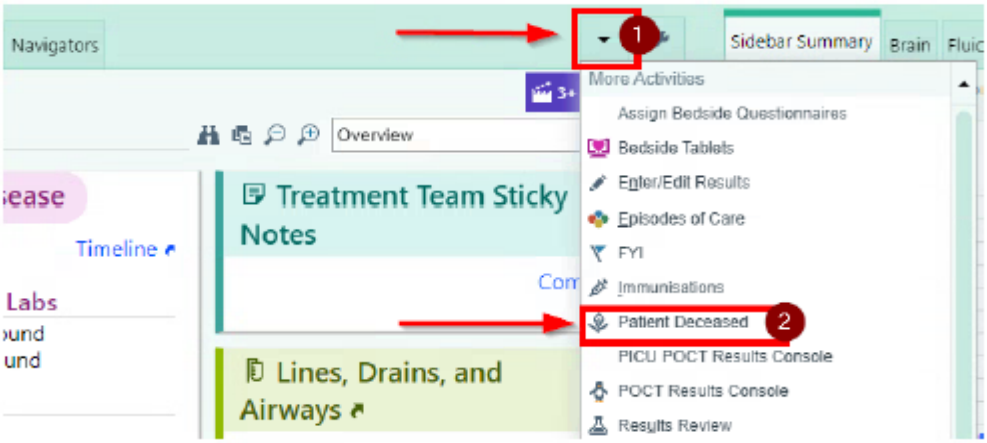
Mark a Patient Deceased & Care After Death Workflow

Updated 23/01/25

encompass DELIVERING CARE TOGETHER

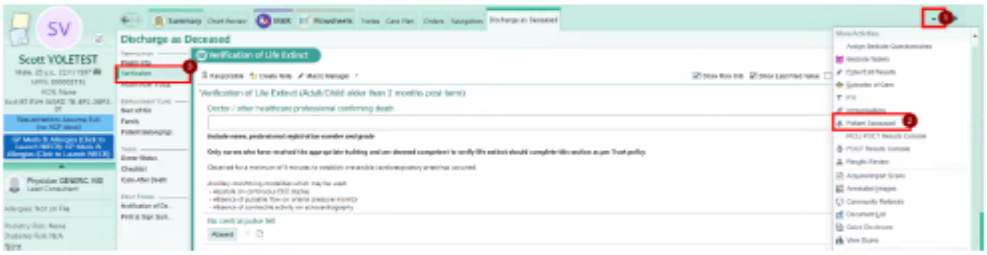
2 Nurse steps & Care After Death

Access the '**Patient Deceased**' Navigator from the More Menu drop down list in the Patient's Chart.



2.1 Verification of Life Extinct

1. Open the "**More Activities**" menu from the top right of the tool bar.
2. Find "**Patient Deceased**"
3. Open the "**Verification of Life Extinct**" from the table of contents on the left-hand side.
4. Fill in relevant documentation

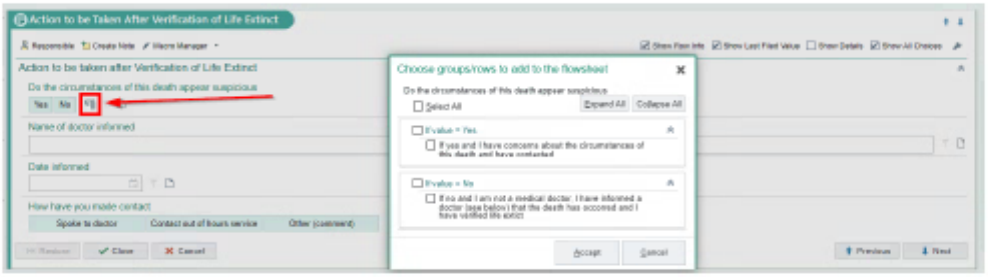


#Please Note: only nurses that have received the appropriate training should complete this if a medical doctor is unavailable #

2.2 Action to be Verification of Life Extinct

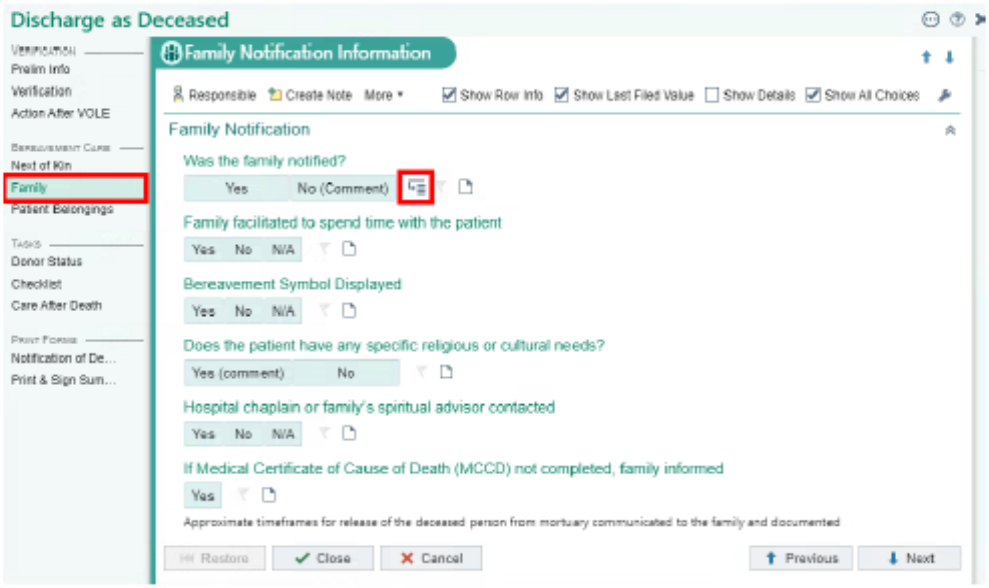
1. In the next section "Action to be Taken After Verification of Life Extinct" answer all relevant documentation.

   Note the highlighted Icon means it's a cascading row, this means depending on your answer you'll get additional information to document related to your response.



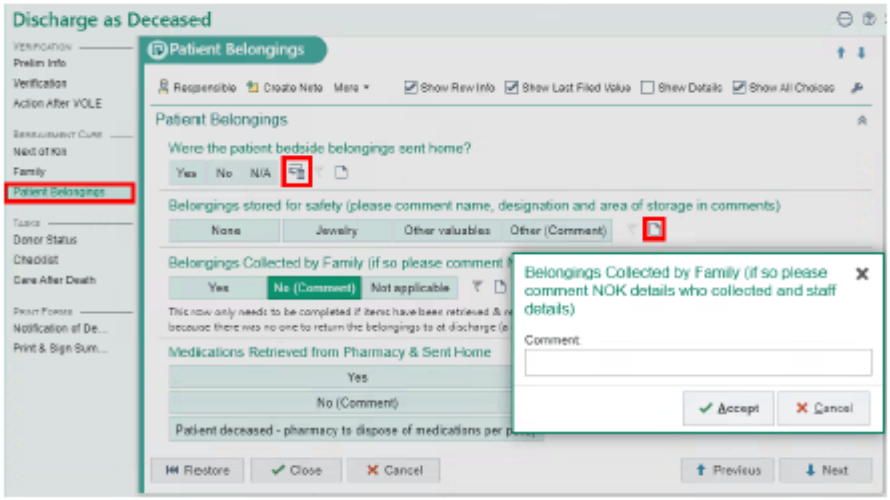
2.3 Family Notification Information

1. Fill out all relevant documentation in "Family" section. Take note of the cascading rows options and if an option contains (Comment) you can click the highlighted paper icon to enter your comment.



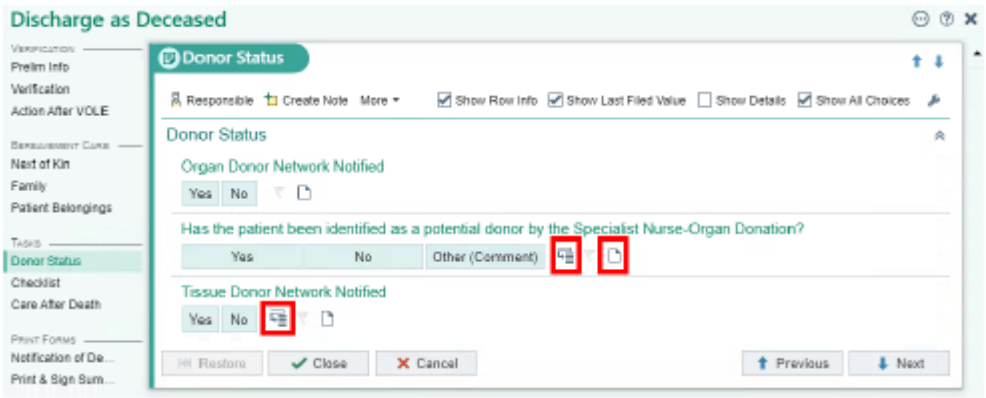
2.4 Patient Belongings

1. Fill out the relevant documentation in the "**Patient Belongings**" section of the navigator. Take note of the cascading rows options and if an option contains (Comment) you can click the highlighted paper icon to enter your comment.



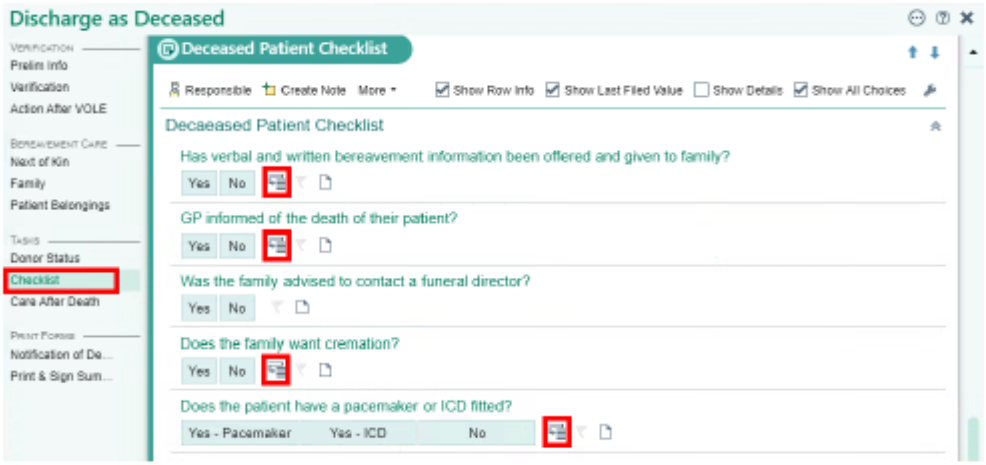
2.5 Donor Status

1. Fill out the relevant documentation in the "**Donor Status**" section of the navigator. Take note of the cascading rows options and if an option contains (Comment) you can click the highlighted paper icon to enter your comment.



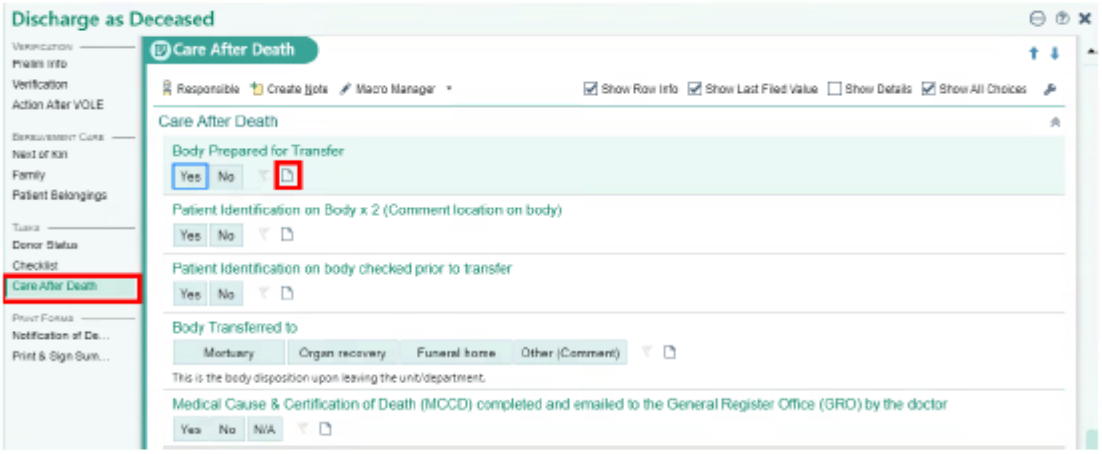
2.6 Deceased Patient Checklist

1. Fill out all relevant documentation in the "**Deceased Patient Checklist**" section of the navigator. Take note of the cascading rows options and if an option contains (Comment) you can click the highlighted paper icon to enter your comment.



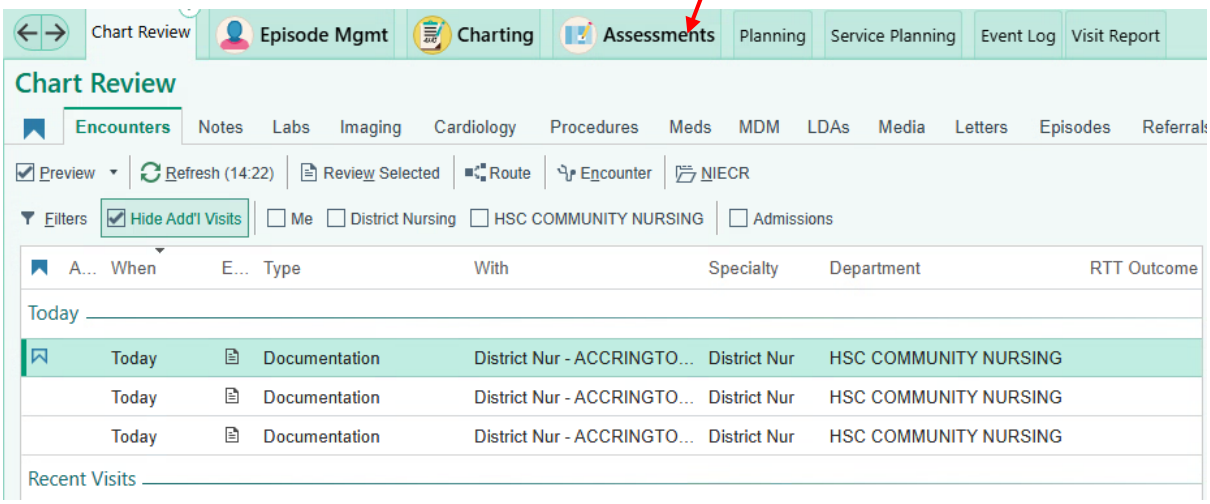
2.7 Care After Death

1. Fill out all relevant documentation in the "**Care After Death**" section of the navigator. You can click the highlighted paper icon to enter additional comments.

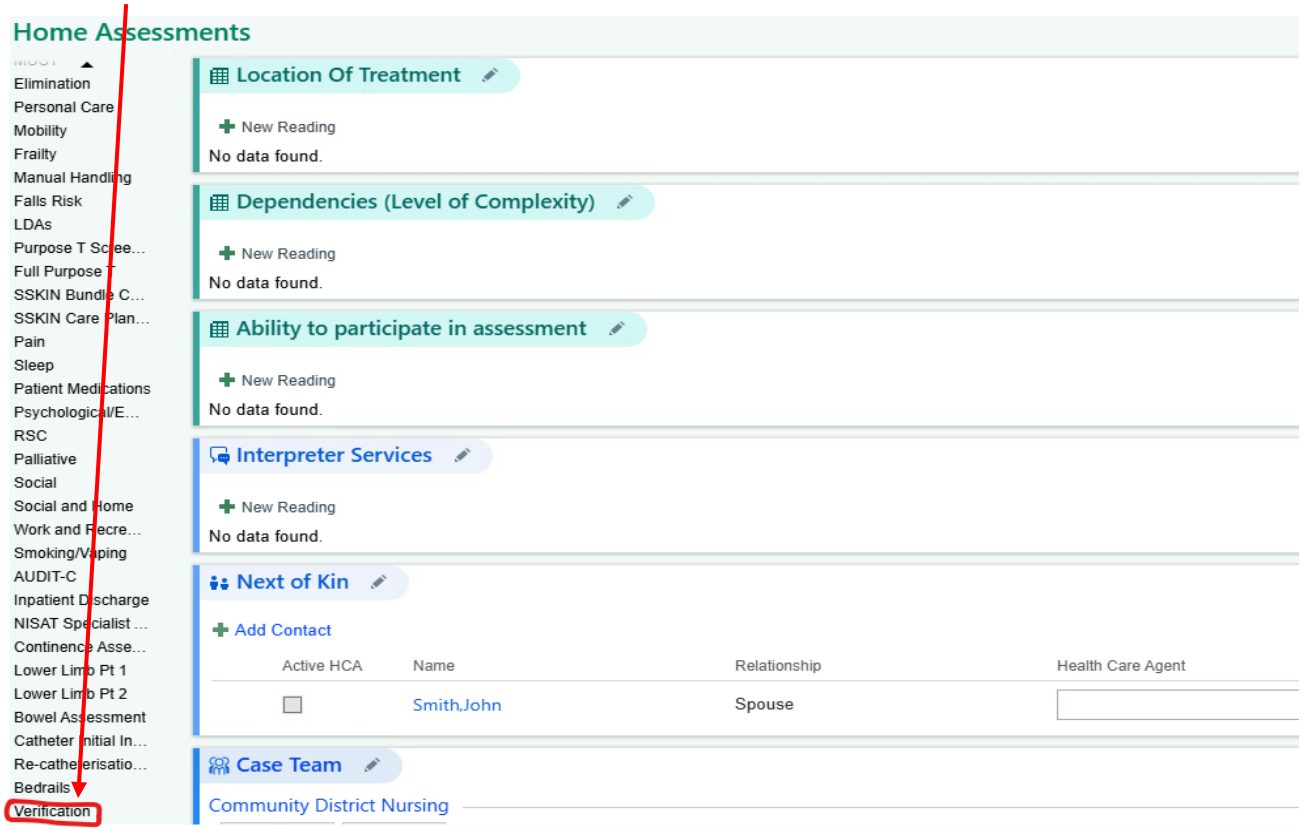


Appendix Two: Marking a Patient Deceased on the digital health care record in a Community Setting (Taken from the Playground-patient details are not real).

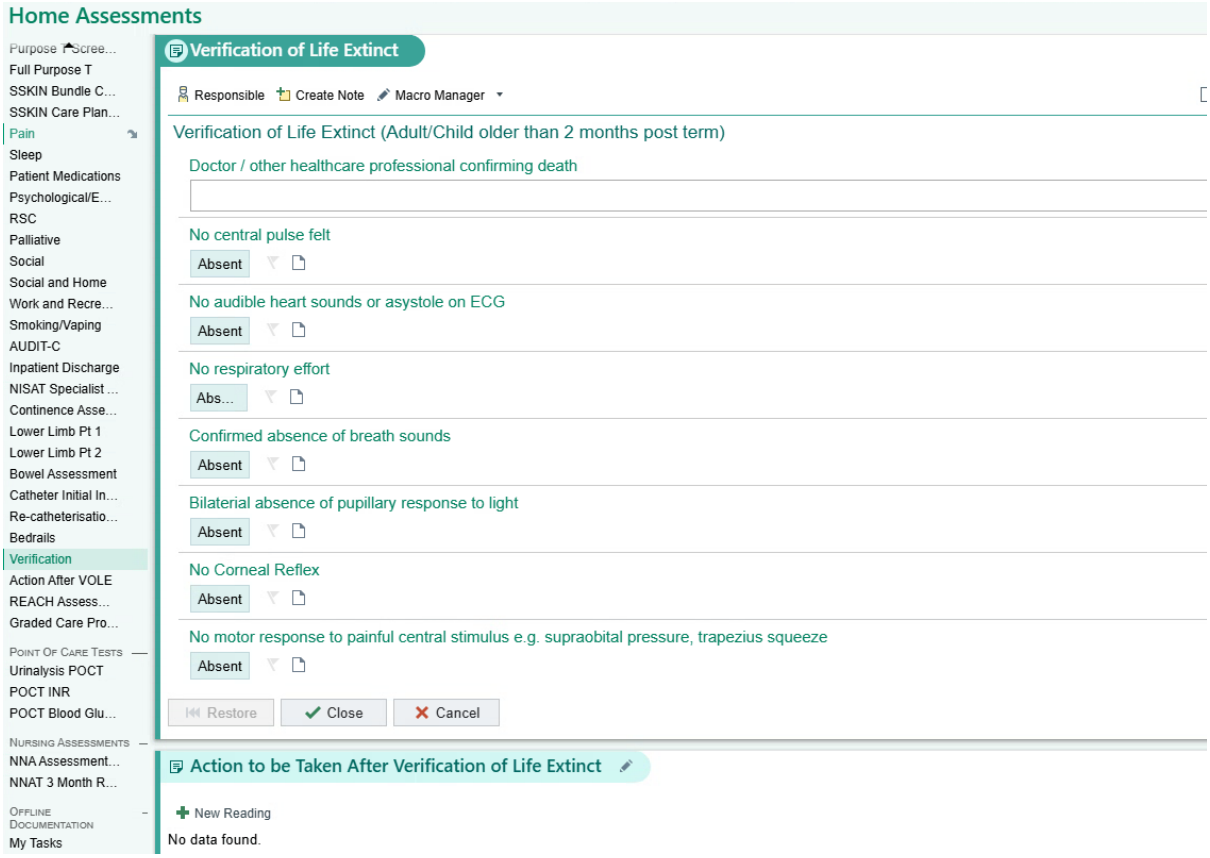
1. Enter the Patient's Chart and click on the Assessments tab.



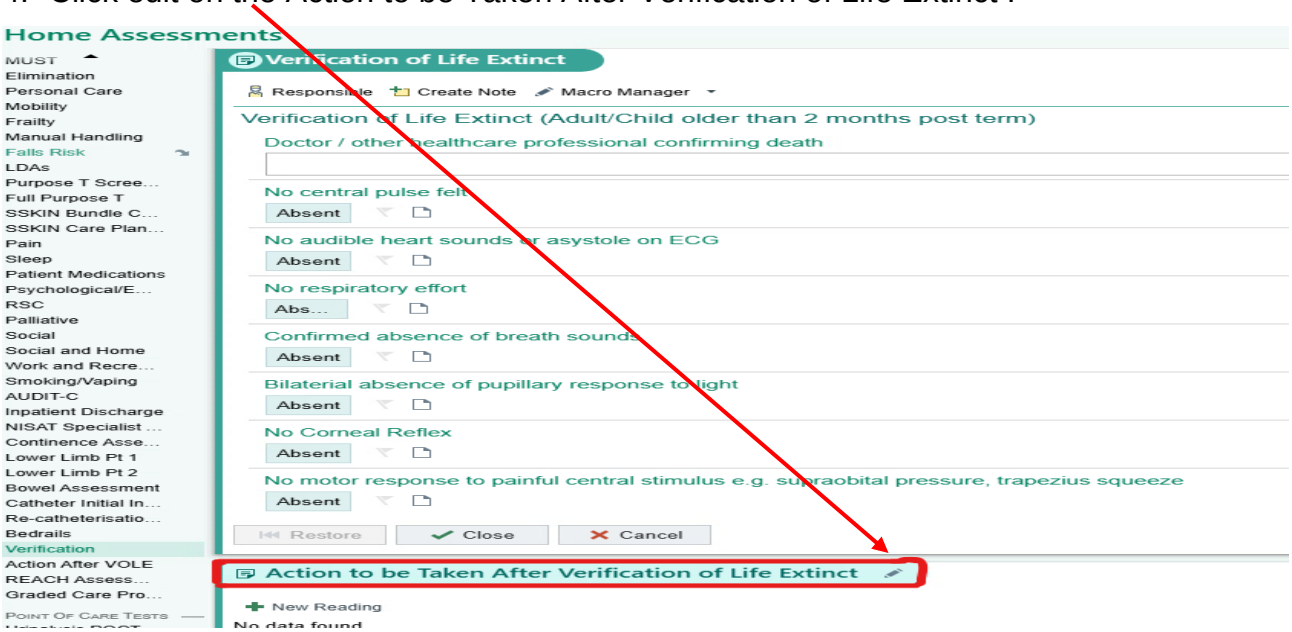
2. This will take you to the Home Assessments section, scroll down and click on "Verification" tab.



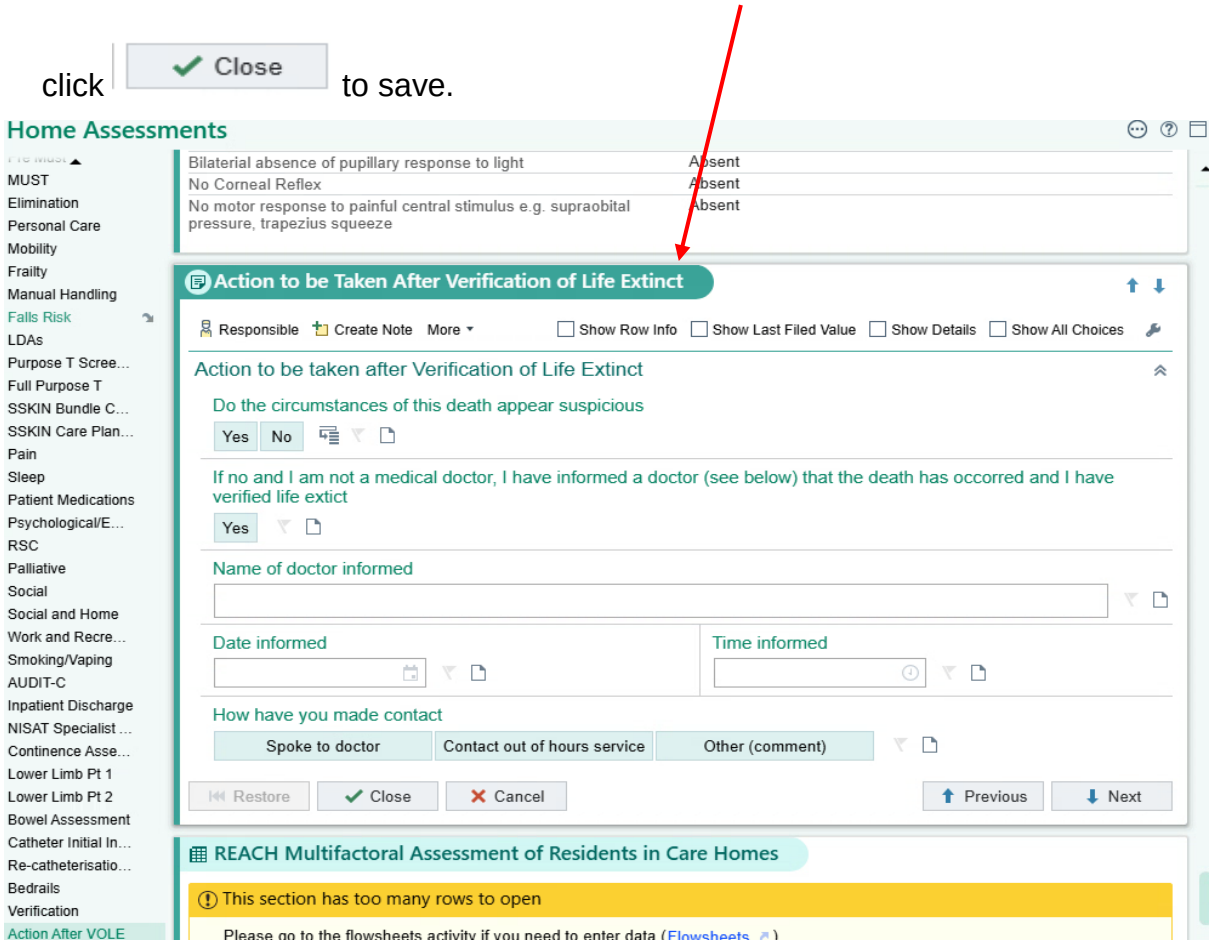
3. Complete Verification of Life Extinct section. Click  to save.



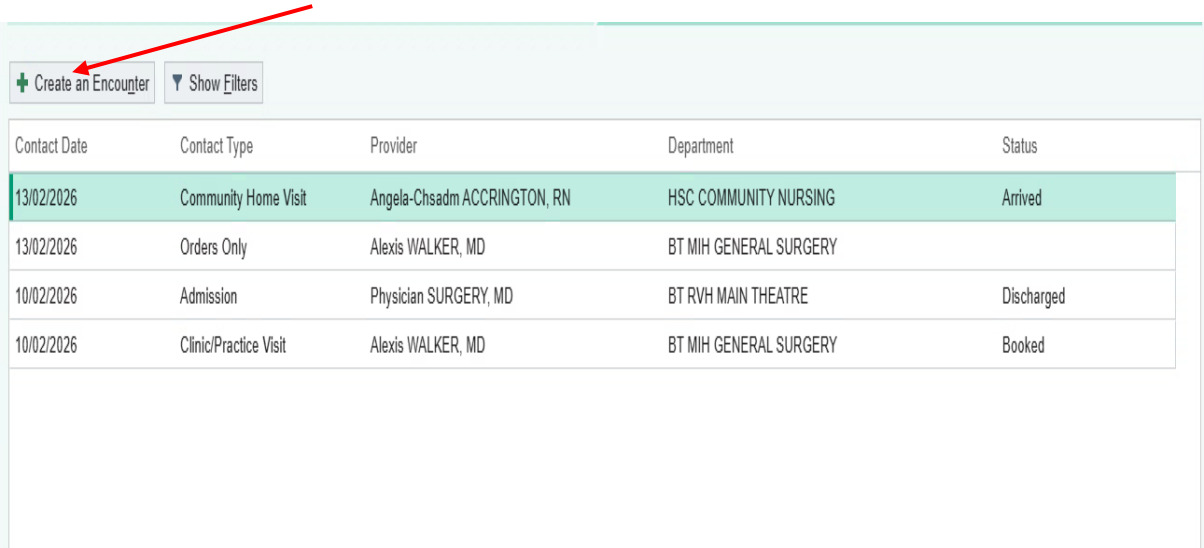
4. Click edit on the Action to be Taken After Verification of Life Extinct .



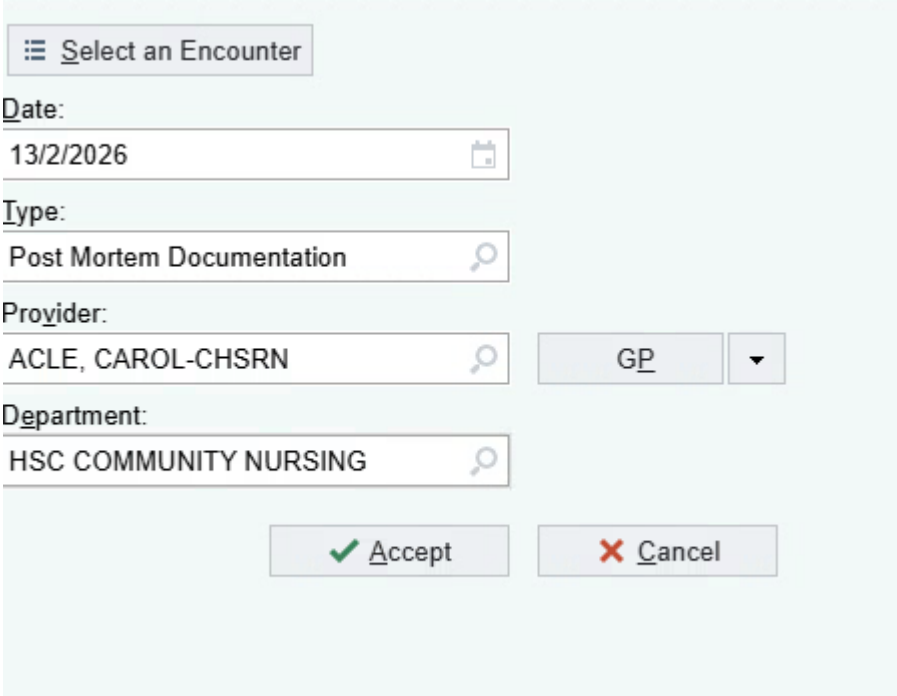
5. Complete the section on Action to be Taken After Verification of Life Extinct and click Close to save.



6. Click on the Encounter tab and select the patient and it will take you to the view below. Click on Create an Encounter.



7. Complete the date , select "*Post Mortem Documentation*" from the drop down menu in the Type box and click Accept.



8. Close off all care plans and visit sets that have been planned .

Western Health and Social Care Trust

Appendix Three: DoH VERIFICATION OF LIFE EXTINCT RECORD SHEET (Adult / Child*)

MODEL - VERIFICATION LIFE EXTINCT RECORD SHEET (Adult/Child*)

*Child (older than 2 months post term)

Deceased's name		H&C number	

I have checked for cessation of:

CIRCULATORY	✓	RESPIRATORY	✓	CEREBRAL	✓
No central pulse felt	☐	No respiratory effort	☐	Pupils dilated and not responding to light.	☐
				No Corneal Reflex	☐
No audible heart sounds or asystole on ECG	☐	No breath sounds	☐	No motor response to painful central stimulus e.g. supraorbital pressure, trapezius squeeze	☐

I have verified life extinct of the patient named above.

Signature _____ **Date** _____

Print name _____ **Time** _____

Position and Contact details _____

Action to be taken after Verification of Life Extinct

Either	
☐	The circumstances of this death do not appear suspicious. If I am not a medical doctor, I have informed a doctor (see below) that the death has occurred and I have verified life extinct.
Or	
☐	I have concerns about the circumstances of this death and have contacted a Doctor (see below), ☐ the Coroner, ☐ or the Police. ☐

Name of doctor informed _____

Date informed _____ **Time informed** _____

How have you made contact?

Spoke to doctor ☐

Contacted Out of Hours Service ☐

Other _____

Western Health and Social Care Trust

Appendix Four: DoH VERIFICATION OF LIFE EXTINCT RECORD SHEET (Neonate*)

MODEL - VERIFICATION LIFE EXTINCT RECORD SHEET (Neonate*)

* Neonate and Child (up to 2 months post term)

Deceased's name		**H&C number**	

I have checked for cessation of:

CIRCULATORY	✓	**RESPIRATORY**	✓	**CEREBRAL**	✓
No audible heart sounds	☐	No respiratory effort	☐	Absence of spontaneous movement	☐
		No breath sounds	☐	Absence of response to stimulation	☐

I have verified life extinct of the patient named above.

Signature _____ **Date** _____

Print name _____ **Time** _____

Position and Contact details _____

Action to be taken after Verification of Life Extinct

Either	
☐	The circumstances of this death do not appear suspicious. If I am not a medical doctor, I have informed a doctor (see below) that the death has occurred and I have verified life extinct.
Or	
☐	I have concerns about the circumstances of this death and have contacted a Doctor (see below), ☐ the Coroner, ☐ or the Police. ☐

Name of doctor informed _____

Date informed _____ **Time informed** _____

How have you made contact?

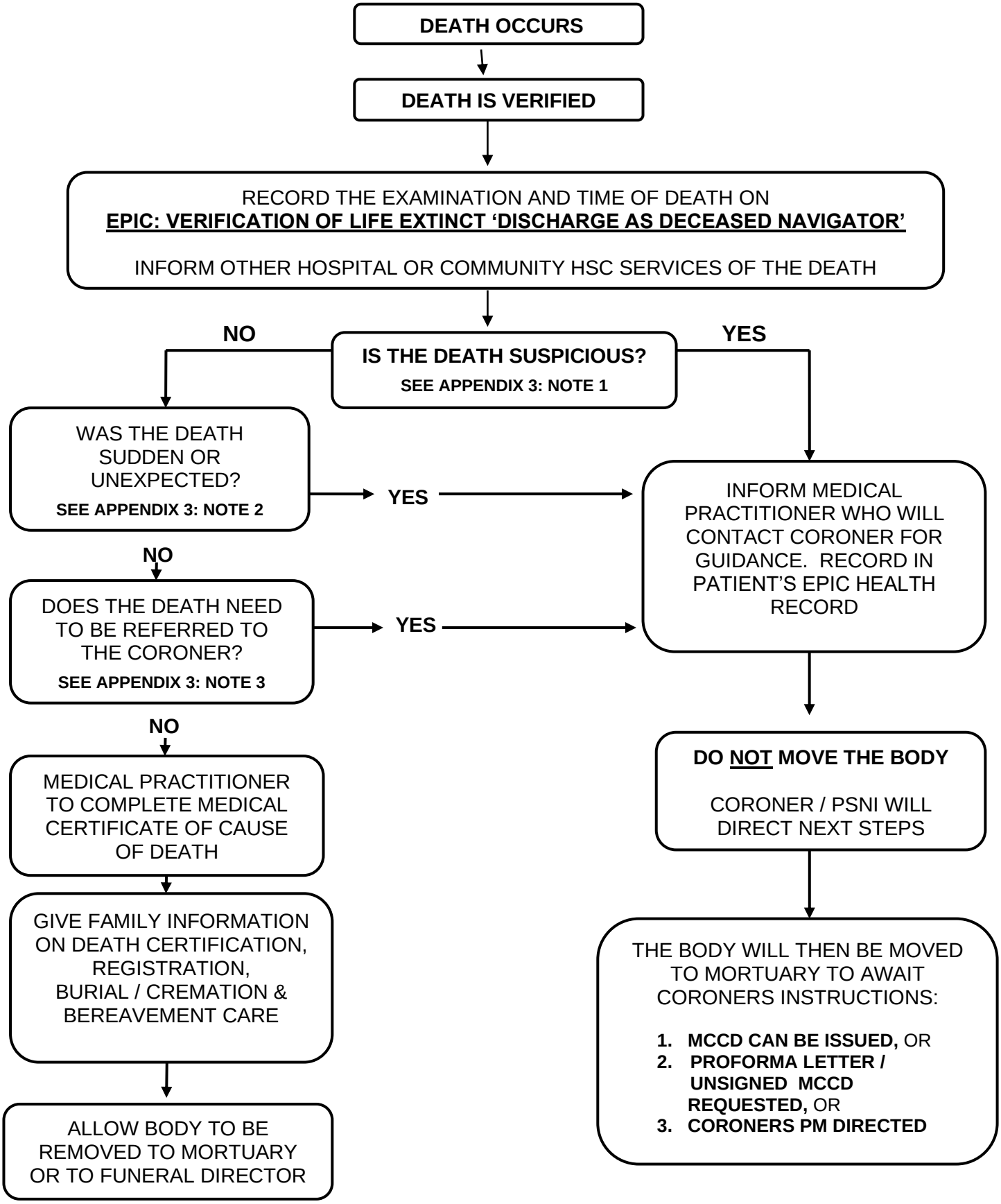
Spoke to doctor ☐

Contacted Out of Hours Service ☐

Other _____

Western Health and Social Care Trust

Appendix Five: Flowchart - Actions to be taken after a death



Appendix Six: Protocol – Actions to be taken after a death (within Trust facility or home of patient)

Note 1

Death involving suspicious circumstances e.g. injuries, apparent suicide, or the scene of death raises concerns about break-in, fire or struggle. **The body must not be moved. Do not disturb the scene**. There must be immediate contact with the PSNI and the appropriate medical practitioner (GP, Out of Hours Service or hospital medical staff). The PSNI or medical practitioner must contact the Coroner. The body will require a post mortem examination by State Pathology. The PSNI will arrange transfer to a mortuary.

Note 2

Sudden / unexpected death without suspicious circumstances e.g. person found dead at home or initial resuscitation is unsuccessful but circumstances do not raise concerns. Contact the appropriate medical practitioner who must contact the Coroner. The Coroner may direct a post mortem examination either by a hospital pathologist or by State Pathology. If the Coroner is content that post mortem examination is not required the doctor can complete a pro-forma letter to the Coroner, and the body can be released to the family's funeral director. If the medical practitioner and Coroner cannot immediately deal with the death (e.g. if the Coroner needs to wait until the deceased's normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The PSNI will arrange transfer to a mortuary on behalf of the Coroner.

Note 3

Death related to specific conditions which need to be referred to the Coroners Service. In addition to suspicious and unexpected deaths there is a statutory requirement to refer to the Coroner any death due to: Industrial disease such as asbestosis or mesothelioma, during or shortly after an anaesthetic, any injury, including fractures, neglect. Contact the appropriate medical practitioner who must contact the Coroner. The Coroner may direct a post mortem examination either by a hospital pathologist or by State Pathology. If the Coroner is content that post mortem

examination is not required, the doctor can complete a pro-forma letter to the Coroner and the body can be released to the family's funeral director. If the medical practitioner and Coroner cannot immediately deal with the death (e.g. if the Coroner needs to wait until the deceased person's normal GP is available to discuss the case) the body should be taken to the designated hospital mortuary. The PSNI will arrange transfer to a mortuary on behalf of the Coroner.

Western Health and Social Care Trust

Appendix Seven: Body Transfer Form (1a) Use To Transfer All Deceased Children And Adults

Health and Social Care in Northern Ireland

BODY TRANSFER FORM (1A)
USE TO TRANSFER ALL DECEASED CHILDREN AND ADULTS

Section A - To be completed before body is moved from place of death

Hospital/Facility: Ward/Dept: Consultant:

Name DOB:	Address:
Male ☐ Female ☐ H&C no.	Date of Death: Time of Death:

Death Certificate issued: Yes ☐ **IF NOT**, specify reason:_____

Has death been reported to the Coroner? No ☐ Yes ☐

If Yes, has Coroner ordered PM examination? No ☐ Yes ☐ Unsure ☐

Is a hospital PM examination to take place? No ☐ Yes ☐

Organ retrieval has occurred/is to take place. No ☐ Yes ☐ N/A ☐ Specify:_____

Additional Information - if yes please specify. Detail:

Infection Risk (if pathogen 3 apply sticker) No ☐ Yes ☐_____
Property left on body No ☐ Yes ☐_____
Drains, tubes left in situ No ☐ Yes ☐_____
Cardiac pacemaker/implantable defibrillator in situ No ☐ Yes ☐_____
Spiritual/religious/cultural requirements No ☐ Yes ☐_____

Section B - To be completed at time of transfer from place of death to:

Hospital mortuary ☐ State Pathology ☐ Family funeral director ☐ Own home ☐ Other ☐

Patient's Name checked by person releasing:_____ and person removing the body:_____ Time:_____

(**PRINT NAMES AND DESIGNATIONS**)

Any significant information in Section A has been shared Yes ☐ No ☐ N/A ☐

Section C - To be completed ONLY if body is transferred to hospital mortuary

C1 Patient named above admitted into mortuary **Date:** **Time:**

By: _____(**PRINT NAME AND DESIGNATION**)

C2 Patient released from mortuary **Date:** **Time:**

Patient's Name checked by person releasing:_____ and person removing the body:_____ Company Name:_____

(**PRINT NAMES AND DESIGNATIONS**)

Any significant information in Section A has been shared Yes ☐ No ☐ N/A ☐

Release authorisation: Death Certificate issued ☐ Coroner authorised ☐ Transferring for PM ☐

Western Health and Social Care Trust

Appendix Eight: Assessment of Competence

	Assessment of Competence	Competent
	Criteria	**YES / NO**
	Ensures both eyes are tested for the absence of pupillary response to light.	
	Ensures that after five minutes of continued cardio-respiratory arrest, the absence of motor response with the trapezius squeeze or the absence of cerebral activity with supra orbital pressure, which is considered best practice, is tested.	
	Ensures that any spontaneous return of cardiac or respiratory activity during this period of observation would prompt a further five minutes observations.	
	Knows how to correctly label the deceased for identification.	
Standard 6: The registered nurse completes appropriate documentation in a timely way		
	How to complete the local verification of death form.	
	How to record the time of death.	
	How to notify the doctor.	
Standard 7: The nurse knows how to support and provide appropriate information to the bereaved family and friends		
	Understands the potential/actual emotional impact of a bereavement on the family and friends	
	Can demonstrate how they would support the bereaved at the time of death.	
	Understand the potential / actual emotional impact on surrounding patients and residents in communal setting	
	Can demonstrate how they would support surrounding patients / residents without breaching confidentiality.	
	Understands the potential/ actual emotional impact of a bereavement for colleagues and paid carers.	
	Can demonstrate how they would support colleagues and paid carers	
	Knows the support information available for bereaved family and friends.	

	Assessment of Competence	Competent
	Criteria	**YES / NO**
	Knows how to signpost relatives to where to collect paperwork and the next steps.	

Competency statement

I..... (Name) feel competent to perform RNVoEAD unsupervised.

Signed..... Designation..... Date.....

Western Health and Social Care Trust

13.0 SIGNATORIES

Responsible Officers

Printed name: Kathy Mackey	Date: 08.04.2026
Signature: 	
Job title: Acting Interim Assistant Director for Professional Nursing Governance, Safe & Effective Care	
Printed name: Carole McKeeman	
Signature: 	
Job title: Trust Bereavement Coordinator	

Responsible Directors

Printed name: Donna Keenan	Date: 26.06.2026
Signature: 	
Job title: Executive Director of Nursing, Midwifery and AHP Services	
Printed name: Brendan Lavery	Date: 03.06.2026
Signature: 	
Job title: Medical Director	