HUMAN TISSUE: SEIZURE, RETENTION AND DISPOSAL POLICY

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RISK RATING	**MEDIUM**
EQUALITY ANALYSIS	**LOW**

West Mercia Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy.
Please e-mail contactus@westmercia.police.uk

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POLICY IDENTIFICATION PAGE

Lawful seizure of human tissue in cases of suspicious death, sudden unexplained child deaths (up to age of 18yrs), road deaths and homicide cases.

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3.3 POLICY OUTLINE

This policy is intended to provide clear guidance to all officers and staff involved in the seizure, retention and disposal of human tissue following a home office postmortem. It ensures that West Mercia Police is compliant with national guidance, relevant legislation as well as standardising working practices across local policing areas and identifying officers and staff individual role responsibilities. The policy will be regularly reviewed in light of future guidance.

This policy should be read in conjunction with the Sudden Death Policy, Sudden Unexplained Death In Children Policy (SUDIC) and Serious Collision Investigation Unit (SCIU) Memorandum of Understanding. In the event of an incident involving multiple fatalities, where disaster victim identification principles are applied, the management of human tissue will be in accordance with this policy.

2.0 PURPOSE OF POLICY

The aim of this policy is that:

- West Mercia Police has a consistent approach to the seizure, storage, movement and disposal of human tissue.
- A system of governance is in place for appropriate safe storage that safeguards the dignity and respect of the deceased.
- Proper and accurate records are maintained to enable full accountability and traceability of human tissue.
- Sensitive disposal of human tissue, where possible, is in line with the wishes of the deceased persons relatives.
- West Mercia Police communicates effectively with HM Coroners, Home Office Registered Forensic Pathologists, mortuaries, instructed experts and families so

that the wishes of the deceased and relatives are known, understood, and taken into account.

- West Mercia Police is compliant with legislation and national guidance.

Failure to comply with policy may result may in a breach legislation, evidence being lost or damaged and harm to the force's reputation.

3.0 IMPLICATIONS OF THE POLICY

This policy has been written in line with the national Human Tissue (Seizure and Disposal) Policy (for police forces in England and Wales) in relation to retention and disposal of human tissue 09.09.2019.
This new guidance has been adapted and adopted by all forces in England and Wales. The national policy ensures that staff and officers who are investigating a suspicious death are provided with the relevant legislation and guidance. It also ensures that West Mercia Police is held to account regarding compliance around the retention of human tissue. This policy provides a consistent formal approach to managing human tissue on a central existing data system (EPMS). This system is auditable and will assist in the recording of continuity and sensitive disposal of human tissue.
Further practice guidance, forms and training packages can be found on the force intranet.

4.0 PROCEDURE

4.1 INTRODUCTION

A forensic post mortem examination may be required for suspicious death or a suspected homicide, sudden unexplained child death (up to age of 18yrs) and road deaths:

- Determine the identity of the deceased person;
- Determine the cause and circumstances of the death, and
- Facilitate the collection of forensic evidence to assist in the investigation of the death.

All of the above three elements form part of the criminal investigation, albeit the first two elements will also be part of the coroner's investigation.
By virtue of section 14 of the Coroners and Justice Act 2009, a senior coroner can authorise a postmortem examination of the body of a deceased person.
In cases where a coroner is informed by the chief officer of police (in practical terms the senior investigating officer that a homicide offence is suspected, the coroner must consult with the chief officer of police about who should make the postmortem examination (Regulation 12 to the Coroners (Investigations) Regulations 13 ('CIR 2013').

Regulation 13(5)(a) of CIR 2013 allows for a representative of the chief officer of police to be present during a forensic postmortem examination. In such cases, a forensic pathologist on the Home Office Register of Forensic Pathologists should be appointed to conduct the postmortem examination. In a sudden unexpected death of a child up to the age of 18yrs (SUDIC), a postmortem will be conducted jointly with a paediatric specialist. (See SUDIC policy for guidance)

The Home Office Registered Forensic Pathologist will conduct a postmortem examination in accordance with the Code of Practice and Performance Standards for Forensic Pathology.

In order to fully investigate the medical cause of death, the Home Office registered forensic pathologist will take samples of tissue and bodily fluids. This may include whole or parts of organs of the body for examination by sub-specialty medical or scientific experts.

4.2 POLICE SEIZURE OF HUMAN TISSUE

In the investigation of a homicide or in suspicious death cases, as with all criminal investigations, it is essential that the appropriate lawful power is used to enable the seizure and continued lawful retention of evidence by police.

The main sources of law relating to powers of seizure of evidence in the investigation of crime by the police are provided under the Police and Criminal Evidence Act 1984 ('PACE 1984) (particularly section 19) and common law. Police will rely on their common law powers of seizure when they are not on premises. Note however that

the definition of premises in section 23 of PACE 1984 is broad. It includes 'any place' and in particular vehicles, tents and movable structures, so in reality, rarely will it be necessary for the police to rely on their common law powers.

Under section 19 of PACE 1984, an officer lawfully on premises may seize material which he has reasonable grounds for believing is evidence of an offence and that it is necessary to seize it in order to prevent it being concealed, lost, damaged, altered or destroyed.

The Police have a lawful right to be present at a postmortem examination in accordance with CIR 2013 and it therefore follows that they have a right to take tissue samples under section 19 of PACE, provided of course that the requirements of this section are met.

It should be noted that while any human tissue samples that are retained during a postmortem examination conducted for criminal justice purposes and seized under police powers, are likely to be exempt from the Human Tissue Act 2004 ('HTA 2004'), the Home Office and the Human Tissue Authority ('HTA') recommend that the principles of the HTA 2004 and relevant codes of practice are followed.

In some circumstances, material initially taken by the forensic pathologist at a postmortem examination on behalf of the coroner may need to be seized as evidence by the police. Such cases may arise where tissue from a non-forensic postmortem examination was initially taken for the purposes of the coroner, but later information comes to light that leads the police to believe that they are dealing with a homicide or that the death is suspicious.

In the same way as any other evidence seized by police under section 19 of PACE 1984, human tissue can lawfully be retained under section 22 of PACE 1984. It should be noted that section 22 of PACE 1984 only applies to human tissue seized under section 19 of PACE 1984. If human tissue is seized by police using their common law powers, then their power to retain it is determined by the common law too.

Sections 19 and 22 of PACE 1984 are drafted widely to justify the retention of human material for so long as there remains a compelling criminal justice purpose. Therefore generally, until the Police and Coronial Investigations are complete, and any potential

appeals process concluded. In unsolved cases human tissue is retained indefinitely where the Senior Investigating Officer (SIO) provides the rationale for the compelling criminal justice purpose.

Conversely the developed common law police power of retention of seized items permits them to be retained for the duration of criminal proceedings but for no longer. There is no doubt that the seizure and retention of human tissue either under PACE 1984 or the common law will automatically engage police obligations of retention and disclosure under the Criminal Procedure and Investigations Act 1996 ('CPIA 1996').

When considering the lawfulness of retention, it is important to be able to demonstrate that certain requirements are met, for example:

- The rationale for retention should be recorded with reference to the test in section 22 of PACE 1984 (where applicable).
- The lines of authority and decision-maker/s should be clearly defined.
- There should be provision for reasonably regular reviews of the question of retention.

The system adopted should be one which strives to identify an end point for police retention. There may be cases in which retention of some samples is virtually indefinite but that should be the result of the application of a test to the particular case which at least some, if not, most cases, results in an end point being reached. Material taken from the body and seized under section 19 of PACE 1984 or the common law is subject to the same level of continuity as any other police criminal property or exhibit. For this reason, a trained exhibits officer (crime scene manager) should be present at the postmortem to ensure that tissue is correctly documented and proper continuity is maintained.
The crime scene manager will book all exhibits into the EPMS within 24hrs of the Home Office Postmortem (HOPM). It will be the decision for the SIO / supervising officer as to who else attends the HOPM.

It is important to note that if a forensic postmortem examination is ordered by a coroner in circumstances where a criminal offence is not suspected, the powers under PACE 1984 will not be engaged.

4.3 GUIDING PRINCIPLE

The guiding principle for police is that if it is deemed by the Senior Investigating Officer (SIO) that the human tissue in question may assist the criminal investigation into the death of the deceased, it should be seized and retained under police authority using section 19 and 22 of PACE 1984 or the common law and not the coroner's authority. The decision to seize and retain human tissue under the police's authority eliminates the complexities arising from the simultaneous application of two separate systems for seizure and retention decision making, which arises when retained under the coroner's authority as well as the police's.

The SIO should also consider (in consultation with the forensic pathologist, forensic services and Crown Prosecution Service ('CPS')) whether an image or histological samples would be sufficient when deciding whether to retain human tissue during the police investigation and for subsequent trial and potential appeal purposes.

4.4 DOCUMENTATION

A single list (postmortem samples form) of all material retained at the postmortem examination should be produced and a copy provided to the SIO, forensic pathologist and the coroner. The list should specify under what authority the material was taken (i.e. the coroner's authority or the police's authority).
This single list will be transferred to EPMS by the crime scene manager and replicated on HOLMES, if the investigation is being managed via the HOLMES system. This electronic list must be updated for all movement of material such as if material is returned to the body or to the next of kin or personal representative/s of the deceased; sent for further examination; or returned to the coroner for disposal. It should act as a comprehensive history detailing the continuity of material, which is easily auditable and from which the provenance of the material can be clearly ascertained. This principle also applies to material taken at any subsequent postmortem examination(s) - for instance a second or 'defence' postmortem.

4.5 RETENTION AND CONTINUITY OF HUMAN TISSUE MATERIAL (WITHIN THE UK)

Like any other property seized as part of a criminal investigation, material retained must be kept in secure storage (This will be Defford other than for very short periods

when items are in transit to experts, repatriation or Defford) and under suitable conditions (fridge, freezer or dry storage), the pathologist and crime scene managers will advise on this. The location of material must be properly recorded, indexed (booked in on EPMS under category HOPM2) and easily accessible.

On occasions, human tissue material may be submitted for specialist examination and will be out of direct police control; the SIO must therefore ensure that the specialists who handle the exhibit maintain its integrity and continuity by fully documenting the receipt (pocket notebook entry or forensic service provider paperwork), storage and disposal of the tissue (human tissue organ disposal form).

The police must maintain a system of tracking the location and storage of human tissue, and the holding institution (for instance the mortuary or hospital laboratory) must be informed of any instructions relating to its retention or disposal - taking into consideration the wishes of the next of kin and the deceased's personal representative/s.

4.6 CONSULTATION WITH THE PATHOLOGIST

The SIO should consult with the pathologist regarding any aspect of the investigation that may have a bearing on the continued retention or disposal of human tissue. This will ensure that tissue that is no longer required can be respectfully disposed of in a timely manner and conversely that police only retain tissue that is required for investigation purposes.

Consulting with the pathologist in this way will provide the SIO with confidence that human tissue is not being retained unnecessarily (see 'Disposal of Human Tissue Material below). Nevertheless, the final decision as to disposal rests with the SIO.

4.7 EXAMINATION OF SAMPLES BY A SECOND (DEFENCE) PATHOLOGIST

There may be a second postmortem, this requires authorisation from the coroner. Samples may be sent by the forensic pathologist conducting the initial postmortem, to a second forensic pathologist acting for the defence. In such cases, the first forensic pathologist should seek permission from the SIO to do this, and mechanisms

should be put in place to ensure that such samples are returned to police to facilitate disposal in an appropriate manner. The Forensic Science Regulator has issued guidance in this regard entitled 'Provision of Human Tissue to the Defence'.

Where a second pathologist is appointed acting for the defence, the OIC is responsible for liaising with Crown Prosecution Service regarding the disclosure and sharing of existing forensic reports and document all communications and decisions.

4.8 SENDING SAMPLES FOR EXAMINATION OUTSIDE OF THE JURISDICTION

There may be occasions when the Home Office's registered forensic pathologist, or the pathologist acting for the defence, wishes to send human tissue for examination to an expert outside of the jurisdiction (for instance where no suitable forensic expert can be found in the UK).

It should be noted that the export of evidence can give rise to problems:

- The material will be outside the control of the police or coroner on whose authority it is held;
- The material is no longer under the control of the courts in this jurisdiction;
- It will be difficult to supervise the actions of those in possession of the material;
- The risk of the material being lost is increased;
- The maintenance of continuity will be more difficult, and
- The material will be subject to the laws of the country to which it is exported, and this creates a risk of satellite litigation.

It is therefore recommended that human tissue is not exported outside of the three UK jurisdictions unless absolutely necessary (when for instance a suitable expert cannot be sourced within the UK).

Where human tissue is exported outside the UK, the OIC is responsible for liaising with Crown Prosecution Service and document all communications and decisions.

4.9 REGULAR REVIEWS OF HUMAN TISSUE SEIZED BY POLICE

It is the responsibility of the SIO to ensure that reviews of human tissue exhibits are undertaken regularly throughout the investigation. This is particularly important prior to the release of the body and at the post-trial debrief.
It is recommended that all investigations have an early (or perennial) action entered onto Home Office Large Major Enquiries System 2 (HOLMES 2) for this purpose at the start of the investigation.

Every Athena recorded investigation should have an action created under, “forensic – victim examination”, added to highlight that there is human tissue exhibits and to ensure regular reviews are completed. If an investigation is managed on HOLMES, a human tissue action should be created to ensure regular reviews of exhibits.
EPMS is the single central data system used to manage seizure, retention and disposal and should be regularly reviewed by the officer in the case (OIC) and document rationale. In order to comply with current legislation, property must be handled and disposed of as expediently as possible, aided by automatically generated e-mails from within EPMS.

Officers must liaise with mortuary / forensic service provider as to the future storage of human tissue / organ once examined. If the provider requires collection, it is the responsibility of the OIC to arrange collection and storage at Defford. Histology samples will automatically be sent back to force (every 6-12 months) and forensic submissions team will book them back into EPMS under the OIC’s collar.
Storage of human tissue at police stations and HQ are for **short term use only**, as all human tissue will be sent to Defford. Property staff will be responsible for arranging the collection of all human tissue from Police stations and will update EPMS accordingly. The OIC is responsible for ensuring EPMS is updated with any external movements outside the force (e.g to an expert) and for providing a rationale for retention.

Investigations that have continued over more than 12 months requires a human tissue exhibits review by an SIO in collaboration with a pathologist / crime scene manager as to whether the retention is justified, proportionate and necessary. This rationale will need to be documented on the corresponding EPMS entry for the investigation. At no point should human tissue exhibits be archived (KIM system) and entries closed on EPMS as this will not enable them to audited or managed.

4.10 DISPOSAL OF HUMAN TISSUE MATERIAL

A debrief between the SIO and OIC should take place at the end of each suspicious death or homicide inquiry to decide on the question of tissue retention. Consideration should be given to (as appropriate) other police personnel, coroner, CPS and the forensic pathologist and be documented in a recoverable form (human tissue organ disposal form). This does not need to be a physical meeting, but clear decisions need to be made and recorded in consultation (by whatever means) concerning the retention and disposal of human tissue.

It is the SIO RESPONSIBILITY, upon conclusion of the police investigation and appeals process, in conjunction with the coroner where appropriate, authority is required from the SIO to finalise human tissue for the case. An email from the SIO must be sent to the OIC providing authorisation covering samples from all categories, outlining the samples are no longer required to be retained, and sensitive disposal requested in accordance with the family requests. The OIC will notify the originating mortuary by email with the signed form (human tissue organ disposal form), with the final human tissue decision and update EPMS accordingly (select human tissue disposal option).

In cases where either:

- The outcome of the death investigation is not one of homicide; or
- The outcome of the death investigation is homicide, but the human tissue taken at postmortem is not required for the ongoing investigation;

the human tissue should be returned to the body, if possible, prior to release to the next of kin/personal representative/s.

In cases where the body has already been returned to the next of kin or personal representative/s, tissue should be disposed of in accordance with the next of kin or personal representative/s wishes.

In any event, material should not be disposed of without prior consultation with the coroner who may wish to retain it for the purpose of their duties at an inquest. Where appropriate (live investigation), the CPS should also be consulted before final disposal of any tissue samples. Advice from the forensic pathologist will assist the SIO and CPS in this decision-making process.

4.11 ACTIONS WHEN INITIALLY SUSPICIOUS CASES REVERT TO NON-SUSPICIOUS

In many cases, the conduct and result of the forensic postmortem examination will help to inform the SIO at an early stage that the death is non–suspicious. It is possible that a decision may be made by the SIO to declare the death as non-suspicious immediately after the conclusion of the postmortem examination. In such cases, human tissue exhibits may already have been seized using police powers under PACE 1984 or the common law but are no longer required for police purposes. Where this is the case, it is essential that the coroner is informed that the status of the investigation has changed, and that the coroner be consulted about disposal of the tissue - whether it is still required for coronial purposes, or whether it should be returned to the body for burial or cremation. It should be noted that if the material is disposed of by the police in accordance with an appropriate protocol, the HTA 2004 will not apply.

If the material is however retained on the coroner's authority, the consent requirements of the HTA 2004 do not apply although the licensing requirements will. This means that the coroner and those holding the material on his behalf will need to take steps to comply with the licensing requirements of the HTA 2004 (West Mercia Police does not hold a human tissue licence), therefore human tissue must be held on a licensed premise such as the mortuary. The coroner will then be responsible for the exhibits, retention and disposal. In addition, the coroner may only retain samples to help identify the cause of death or the identification of the accused for so long as they need to be preserved for the purpose of fulfilling these functions.

4.12 SINGLE POINT OF CONTACT

Each force should appoint an officer as a Single Point of Contact ('SPOC') to oversee the management of human tissue and to ensure that force policy concerning the seizure, retention and disposal of human tissue is complied with. West Mercia Police SPOC is the Superintendent of Major Investigation Unit. Details of the Local Policing Area (LPA) SPOC's are held on the force intranet. The SPOC will also act as a central referral point for notifications of human tissue finds at HTA licensed establishments.

Other responsibilities of the SPOC should include:

- Maintaining a single central data set of human tissue held by the force (EPMS).
- Making determination about tissue retention after the relevant enquiry team has ceased to exist by delegating to the LPA human tissue SPOC for the LPA who led the initial investigation.
  (list of LPA SPOC's can be found on the force Intranet).
- Liaising with the relevant forensic pathology group practice over tissue retention.

4.13 THE CORONER

The statutory duty to inform the relevant persons about what material has been preserved lies with the coroner. The coroner is also responsible for notifying the chief officer of police or prosecuting authority of any period for which the coroner requires material to be preserved or retained. This is in order that the police do not dispose of material which is no longer required for a criminal justice purpose but may still be required for the purpose of the coroner.

Even if (a) there is no period notified by the coroner or (b) the period has elapsed there should be a check with the coroner over disposal.

4.14 FAMILY LIAISON

The SIO and the coroner should be proactive in pursuing an early resolution of all postmortem examinations and ensure that the conclusion of the body examination process has been communicated effectively to the family via the coroner's officer and the family liaison officer or OIC to allow the funeral to take place as soon as possible.

Families will want to know details (FLO leaflet) of when the body of the deceased will be released for the funeral and subsequent burial or cremation. The FLO should facilitate this request through the coroner's officer after consultation with the SIO.

Early agreement should be reached between the coroner's officer (Details of all HM Coroners are on the force Intranet) and the FLO as to who will communicate with the next of kin or personal representative/s so as not to duplicate contact.

The coroner has lawful control of the body and the decision for its release ultimately rests with them. Therefore, the SIO should ensure that the coroner is updated about the progress of enquiries when these may potentially affect the timely release of the deceased for burial or cremation.

The relationship between the SIO, Family Liaison Officers (FLO) and coroner's officers is vitally important for consistency of messaging to the family of the deceased ensuring that they are treated with dignity and respect.

4.15 NEXT OF KIN AND PERSONAL REPRESENTATIVE/S WISHES REGARDING RETURN OF BODY/DISPOSAL OF HUMAN TISSUE

Families should be asked if they wish to wait to receive the body complete, with all removed organs repatriated, (this could take a long time), or if they would prefer the body (even if not complete) to be returned as soon as possible (FLO leaflet). However, they should be made aware that some material from the body may be preserved for further examination or evidential reasons and possibly retained for many months or even years. For example, if examination of the brain is necessary, it is often more than six weeks before a report is available. In paediatric cases, delays may be even longer.

The wishes of the next of kin or personal representative/s regarding eventual disposal of human tissue taken at postmortem should be ascertained in writing (human tissue organ disposal form).

This may include the following options:

- Return of material to the next of kin or personal representative/s for burial or cremation; or
- Disposal by incineration at the request of the police.

It is essential to explain to the next of kin or personal representative/s the fact that small samples such as blocks and slides may be retained indefinitely (usually up to 30 years) depending on the individual circumstances of each case, and a record (FLO log or OIC investigation log) of the fact that this has been explained to them should be made and retained. This may be particularly so in cases where the perpetrator has been convicted and the material is retained until the convicted person is released from prison, or in un-detected cases which will be subject to review.

Retention of human tissue (paper / digital items) should align with any requirements of Management of Police Information (MOPI).

4.16 DISPOSAL OF OTHER HUMAN TISSUE MATERIAL HELD ON AUTHORITY OF THE POLICE

4.17 PREGNANCY REMAINS

Regarding the disposal of pregnancy remains, which may have been retained in connection with a criminal inquiry; although the seizure will likely have been made under the relevant provisions of PACE 1984 or the common law, disposal in these extremely sensitive cases should be conducted, where possible, and dependant on the circumstances of the case, in the spirit of the HTA publication 'Guidance on the disposal of pregnancy remains following pregnancy loss or termination'. .

4.18 HISTORICALOLY HELD HUMAN TISSUE

Human tissue taken at postmortem is sometimes discovered at mortuaries and hospital laboratories by the HTA during their routine inspection regime of postmortem establishments. Such discoveries will be reported to the Home Office Forensic Pathology Unit ('HOFPU'), and they will liaise with the relevant police force to determine whether it should be disposed of.

The police must confirm to the holding establishment (e.g. mortuary or pathology laboratory etc.) whether the human tissue is still required for a criminal justice purpose, or whether it should be respectfully disposed of and inform the HOFPU of the outcome.

When historic human tissue samples are identified within a forensic / medical establishment, the human tissue force SPOC is contacted, and a record made identifying the investigation where the human tissue samples have originated from and the force LPA that led the investigation. The LPA SPOC will be contacted and will be responsible for determining the storage, retention and disposal of exhibits. These exhibits should be booked onto EPMS and managed via this system.

The LPA SPOC should locate human tissue organ disposal form and dispose of exhibit in accordance with next of kin wishes. In cases where this form has not been completed, cannot be located or does not contain a complete record of all human tissue taken at postmortem, property services / a mortuary will only agree to sensitively dispose of the human tissue (not Histology) if they are provided with:

- A new completed and signed human tissue and organ disposal form signed by the next of kin indicating their wishes about disposal.

OR

- A signed authority from the relevant SIO or LPA DCI authorising disposal on the basis that the samples are over 5 years old and it would cause disproportionate distress to the family to re-approach them for their consent, or they are less than 5 years old but similarly would cause disproportionate distress or the NOK are not contactable (Histology DCI letter, see Appendix 11.4 below). All documentation and communication to be recorded by LPA SPOC and EPMS to be updated accordingly.

Material no longer required for a criminal justice purpose is divided into three categories as per the Forensic Science Regulator's guidance. How material is disposed of depends on which category the material falls into and each should be considered on a case-by-case basis. The flowcharts in Appendices 11.1-11.3, in conjunction with the National Decision Model, will assist in the decision-making process.

5.0 SUMMARY

All human tissue must be accounted for and capable of audit at all stages of the investigation, from initial seizure through to final lawful disposal.

The SIO must therefore be confident of:

- A lawful power to seize;
- A continuing lawful purpose to retain and examine;
- A clear policy for disposal;
- The fact that the coroner has been informed in writing of all material preserved;

and updated where the status of the investigation reverts to non-criminal. Please refer to sudden death policy for coronial file requirements.

Forces are advised to adopt a policy whereby human tissue exhibits are reviewed periodically by force review teams, as reliance cannot be placed on those originally investigating homicide cases, due to the passage of time and the retirement and turnover of staff. This will help to prevent human tissue exhibits being overlooked and retained unnecessarily when they are no longer required for a criminal justice purpose.

6.0 CONSULTATION

Business Lead Consulted	***Date Consulted***
Home Office Forensic Pathology Unit, pathology@homeoffice.gov.uk	July 2024
Forensic Science Regulator	July 2024
Human Tissue Authority	July 2024
West Midlands Police Human Tissue Dept CIV Jacqueline Williams	July 2024
Warwickshire Police Human Tissue lead DS Mark Robertson	July 2024
DCI Leighton Harding – SUDIC force lead, West Mercia	Aug 2024
DCI Mark Bellamy - FLO / FLC force lead, West Mercia	Aug 2024
DCI Gerard Smith – Sudden Death force lead, West Mercia	Aug 2024
PIP 3 SIO DI Mark Walters – MIU West Mercia	Aug 2024
Insp Stephanie Arrowsmith – OPU, West Mercia	Aug 2024
DCI Ed SLOUGH – Statutory Major Crime Review Team	Sept 2024
Deb Clancy – Paralegal Advisor, West Mercia Claire Andrews – Senior Solicitor, West Mercia	Aug 2024
Forensic Pathology Services (admin@forensicpathology.services)	Aug 2024

All HM Coroners within force area: Mr David Reid, Worcestershire Coroner Mr John Ellery, Shropshire Coroner Mr Mark Bicknell, Hereford Coroner Jan Childe, Worcester Coroner Officer Ceri Badham, Shropshire, Telford and Wrekin Coroner Officer Margaret Oliver and Sarah Sentinella, Hereford Coroner Officers	Aug 2024
Chris Speake, CSI Operations Manager, West Mercia	Aug 2024
Sarah Harris, Senior Property Officer, West Mercia	Aug 2024
Stefani Gregory (RKB) Senior Anatomical Pathology Technologist, Mortuary at UHCW	Aug 2024
Simon Neville – Risk Management and Organisational Learning Officer, West Mercia	July 2024
Clive Griffiths – Health and Safety Manager, West Mercia	July 2024
PC Erica Timbrell – Athena Crime Management Team, West Mercia	July 2024
Ray Humphries – HOLMES Manager, West Mercia	July 2024

7.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:

Date	Author / Reviewer	Amendment(s) & Rationale	Date of Approval / Adoption
MAY 2024	DS Joanne Mayo-Evans	Author – New Policy	TBC

MAY 2024	DC Jo HEMBRY	Author – New Policy	TBC
MAY 2024	DI Mark WALTERS	Reviewer - New Policy	TBC
MAY 2024	Supt Paul JUDGE	Owner – New Policy	TBC

8.0 ASSESSMENT AND ANALYSIS

The Equality Impact Assessment Analysis is available as a separate document.

9.0 DATA PROTECTION IMPACT ASSESSMENT

Important: Please also consider at the outset whether a Data Protection Impact Assessment (DPIA) is required. Please consult with the Data Protection Officer DataProtectionOfficer@westmercia.police.uk to confirm if one is necessary, this will save time if one was found to be needed further down the policy approval route.

The DPIA's key function is to assess and mitigate high risks to the fundamental rights and freedoms of individuals by the processing of personal data. The DPIA process contributes towards the requirement of 'data protection by design and by default'. It also serves as a broader process by which the force will ensure data protection compliance, ensuring that processing complies with legislative requirements.
This procedure applies to all force activity where personal data is processed and encompasses activities such as: the introduction of new or changes to existing-applications, systems, processes, tools, techniques, services or contracts.

To view the Data Impact Assessment procedure follow the link or contact the Data Protection Officer in Audit, Risk and Compliance.
If required the DPIA forms are available in Force Document Search on the intranet.

Please complete these 3 questions before 1st draft is completed.

- Is a DPIA required – Yes/**No**

- If Yes – Stage 1 or 2

- Date DPIA signed off?

10.0 MONITORING / EVALUATION

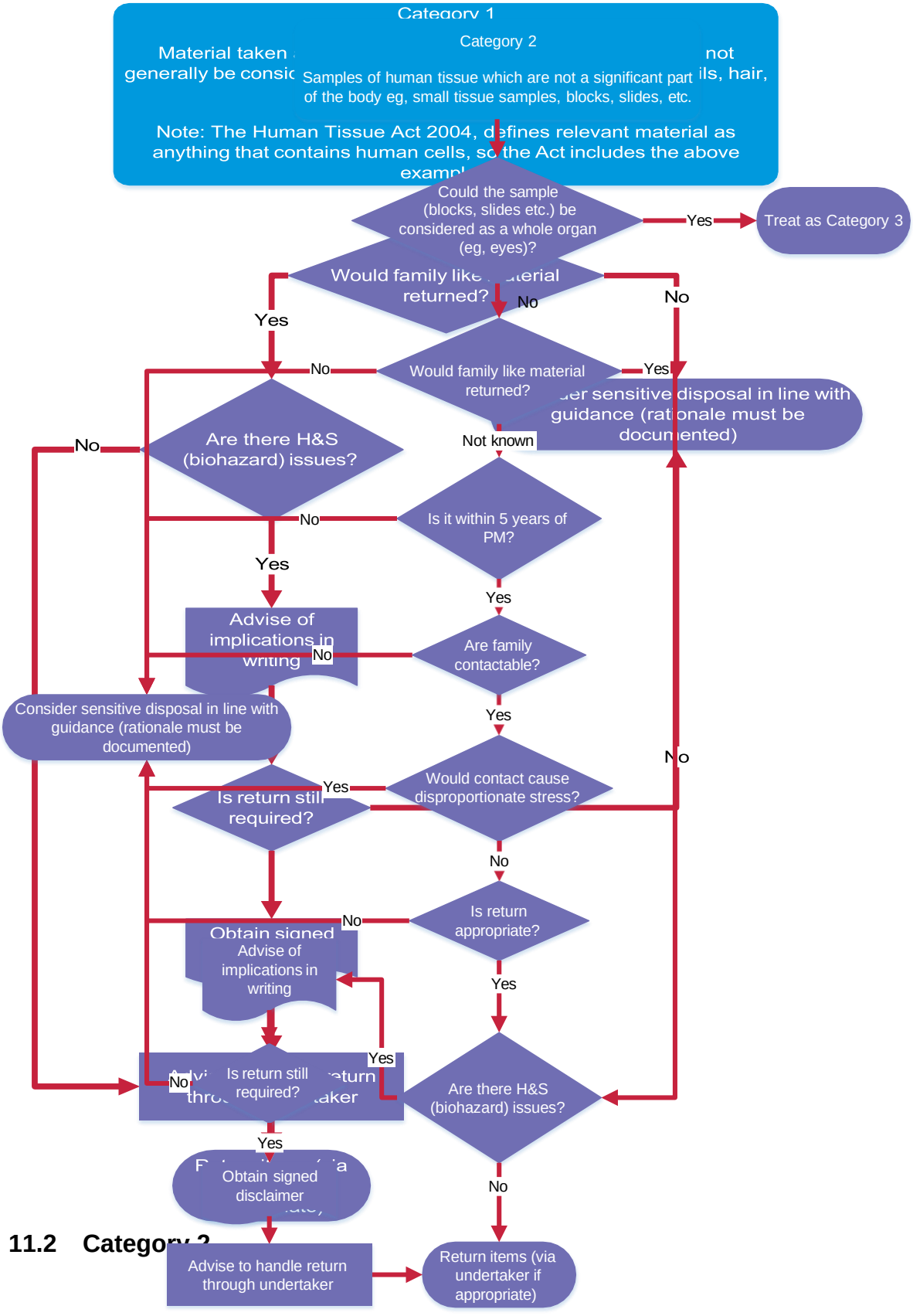
This policy will be subject to on-going review to ensure that any changes in legislation, guidance or procedures are incorporated as soon as possible. Amendments will be notified to the force according to the publication/distribution details above.

This policy will be reviewed every 2 years. Earlier review may be prompted by the monitoring process detailed above, or by inefficiencies being identified.

Reviews will cover compliance with the Law, Human Rights, Equality and Diversity issues. The monitoring and review of this policy is the responsibility of the policy owner.

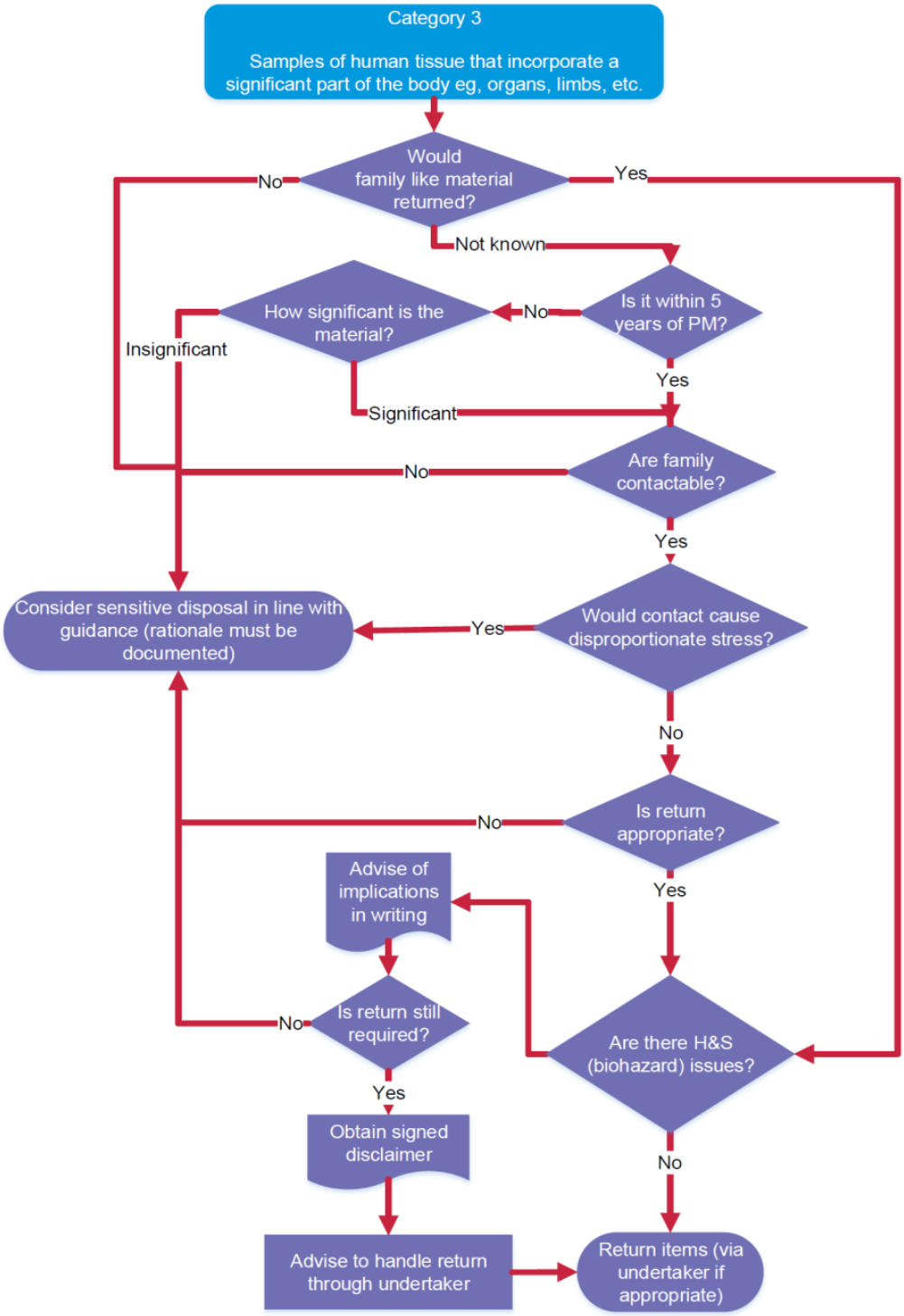
11.0 APPENDICES

11.1 Category 1



11.2 Category 2

11.3 Category 3



11.4 Histology DCI letter

Mortuary address *LPA Address*

Dear Sir/Madam,

We were recently informed by the Forensic Pathology Service that they were storing Histology samples on behalf of West Mercia Police. A review of these items has identified the following human tissue samples that I now have responsibility for;

(Name & DOB) – postmortem date **/**/**

(Number of Blocks)
(Number of Slides)

Enquiries have been made to confirm the existence of documentation authorizing the destruction by the next of kin in relation to these remaining histology samples, unfortunately no such documentation can be located.

Histology samples constitute a Category 2 sample (Sample of human tissue which is not a significant part of the body). In accordance with the 'College of Policing Practice Advice: The Medical Investigation of Suspected Homicide' and 'Human tissue: seizure, retention and disposal policy' (Home Office Pathology Unit support by the National Police Chiefs Council) Category 2 samples can be sensitively disposed of without consent of the family. In considering this policy I have determined that:-

*(Delete as appropriate)

The postmortem was over 5 years ago and I consider that further contact with the family would cause disproportionate stress.

The postmortem was less than 5 years ago but I consider further contact with the family would cause disproportionate stress.

In line with the current guidance from the Home Office Pathology Unit, NPCC and College of Policing I provide authority for these samples to be sensitively disposed of.

Regards,

DCI ****
West Mercia Police

11.5 National Policy
National Policy (NPCC) Proposed human tissue Policy for Police forces – GOV.UK

12.0 REFERENCES

Forensic Science Regulator. Legal Issues in Forensic Pathology and Tissue Retention
https://www.gov.uk/government/collections/fsr-legal-guidance

Guidance on the disposal of pregnancy remains following pregnancy loss or termination
https://www.hta.gov.uk/sites/default/files/Guidance_on_the_disposal_of_pregnancy_remains.pdf

Management of police information
https://www.app.college.police.uk/app-content/information-management/management-of-police-information/

National decision-making model
https://www.app.college.police.uk/app-content/national-decision-model/the-national-decision-model/

Practice advice: The medical investigation of suspected homicide (2019)
http://library.college.police.uk/docs/appref/The-medical-investigation-of-suspected-homicide-(COP)-v1.0.pdf

Provision of human tissue to the defence (England and Wales)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/390484/215_Tissue_and_the_Defence_Issue_1.pdf

Report on the police human tissue audit 2010 - 2012
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115689/police-human-tissue-audit.pdf