

Mortuary Review Group

February 2018

Mortuary Review Group Report

Executive Summary

Introduction

As part of the response to the campaign by the Whyte family and Richard Lochhead MSP to review the standard of all mortuaries across Scotland, the Minister for Public Health and Sport wrote to NHS Territorial Board Chief Executives on 14 October 2016 requesting they provide details of the mortuary facilities for which they are responsible, whether these comply with Mortuary Planning guidance and if not, the plans in place to address any issues identified ¹ (see **Annex A**).

The Minister also requested that Health Facilities Scotland review and refresh the 'Scottish Health Planning Note 20 – Facilities for Mortuary and Post-Mortem Room Services Design and briefing guidance' (SHPN20), which was last updated in 2002.

In addition to the action outlined above, the Minister recognised that the provision of mortuary services would benefit from a wider review to clarify responsibilities and confirm that an appropriate standard of service is being provided. A Mortuary Review Group was subsequently formed and this report includes the recommendations from the group; the terms of reference for the group are contained in **Annex B**.

Key Recommendations from the Review Group

The Review Group make a number of detailed recommendations which are summarised on page 2-3 and which are detailed more fully in the body of the report, but the main conclusions of the group are:

Public services that provide post mortem examination should work towards the facilities being provided in Health Board (NHS) facilities

There are only three non-NHS facilities that provide Crown Office and Procurator Fiscal (COPFS) post mortem examinations – in Aberdeen, Dundee and Edinburgh and while all three facilities provide a high quality and appropriate service, the Review Group believes that these services should be provided by NHS Health Boards. This would ensure that consistent and well regulated standards are applied and that there is no ambiguity as to who is responsible for the service. Moving towards this position will be dependent on funding becoming available, but this is a long term vision which all relevant parties share. Until the LA/police mortuaries come under the control of the NHS, interim arrangements to monitor standards must be put in place.

Healthcare Improvement Scotland (HIS) should be commissioned to develop national mortuary services standards, having regard to the NHS hospital post mortem standards and the SHPN 16-01 (revised HFS SPHN 20) advice.

HIS will be commissioned to develop appropriate mortuary services standards and NHS Boards will be monitored against them. HIS will also develop a quality framework and quality indicators, with a self-assessment tool, to enable self-assessment and external peer review of the quality of mortuary services.

¹ http://www.parliament.scot/Chamber_Minutes_20161027.pdf

Appropriate viewing facilities and environment must be provided at relevant venues. Not all facilities must be required to have all the services.

It is accepted that body viewing facilities will have different standards to facilities which are only used for body storage, but NHS Boards and Local Authorities need to ensure that appropriate viewing facilities are provided at agreed sites.

There must be an agreed protocol for raising concerns and complaints about any aspect of the mortuary service including a single point of contact for all complaints and concerns.

It was apparent that one of the main problems that the Whyte family had to contend with was that it was unclear as to who had overall responsibility for the service, so this recommendation addresses that issue.

Summary of Recommendations

A summary of the recommendations made by the group is noted below. Page 7 - 14 contain a more detailed narrative which contextualises each recommendation.

Roles and Responsibilities - Recommendations:

- Health Boards, Local Authorities, Police Scotland Crown Office and Procurator Fiscal Service (COPFS) and Universities must provide clarity to their staff and the public about the components of the mortuary service and death investigation as appropriate, including who has the responsibility for which aspect of the service.
- The names and contact details of the individuals responsible for the mortuary facilities and for mortuary services must be known and accessible including establishing a single point of contact for any complaints.

Mortuary Provision - Recommendations:

- Public services that provide post mortem examination should work towards the facilities being provided in Health Board (NHS) facilities, including those to be accessed by Crown Office and Procurator Fiscal Services – COPFS via agreements with Local Authorities.
- The capacity and capabilities of the service and facilities must be monitored.
- Health Boards and Local authorities must work with other partners within the Regional Resilience Groups to plan for normal and extensive events as part of their duties under the Public Health Act.

Contracts/MOU (Memorandum of Understanding) between Partner public sector organisations - Recommendations:

- Contracts/MOU between partners as required by the duties in the Public Health Act must be agreed, monitored and periodically reviewed.
- Compliance with the contract/MOU must be monitored e.g. where a local authority discharges its statutory duty through the service and facility provision by the Health Board, then it is incumbent upon the Health Board to provide assurance to the Local Authority and COPFS, where relevant, that they are adhering to standards.
- There must be an agreed protocol for raising concerns and complaints about any aspect of the mortuary service including a single point of contact for all complaints and concerns.

Facilities - Recommendations:

- Appropriate viewing facilities and environment must be provided at relevant venues. Not all facilities must be required to have all the services.
- Compliance with the updated SHPN 16-01 (revised HFS SPHN 20) must be audited and monitored within the timescales agreed in the standards and explanations provided where the standards cannot be fully met.
- Where standards cannot be fully met, plans must be developed to address the gaps and these plans must be monitored.

Quality Improvement - Recommendations:

- Healthcare Improvement Scotland (HIS) should be commissioned to develop national mortuary standards, having regard to the NHS hospital post mortem standards and the SHPN 16-01 (revised HFS SPHN 20) advice.
- HIS should also be asked to develop a quality framework and quality indicators, with a self-assessment tool, to enable self-assessment and external peer review of the quality of mortuary services (covers remit actions such as compliance with the Public Health Act, mortuary capacity, clarification of roles and responsibilities, etc.).

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Scope of the Review

In scope

The review considered mortuary provision provided by public services under the Public Health etc. (Scotland) Act 2008.

Out of scope

Mortuaries and body storage facilities within Funeral Directors were not included in the review. However recommendations will consider how the quality of mortuary services in these facilities could be monitored.

Principles

The group agreed that the report must address the wider issues of care of the deceased and the bereaved and not just limit the discussions to provision of storage.

The following principles underpin the development of services and professional practice around the time of an individual's death and afterwards. They apply equally to the care of the deceased and the support of the partner, family, relatives and/or others who are bereaved.

The principles are of special significance for particular groups, such as those suddenly bereaved from unexpected and/or traumatic death (including suicide), those whose child dies or children who themselves have been bereaved. Information about the legal requirements is in **Annex C**.

Dignity, Confidentiality and Respect – when a person dies mortuary services must be fair and with respect for human rights, dignity, privacy and confidentiality e.g. values, culture, beliefs and preferences, of the deceased as well as the bereaved family or others.

Equality of provision – mortuary services must provide a nationally agreed core service standards that can accommodate the range and variety of users' needs equally.

Communication – communication with people around the time of a death and afterwards must be clear, sensitive and honest. This is particularly important when addressing issues such as deaths reported to the Procurator Fiscal, post mortem examination or donation of organs or tissue.

Inclusion and Provision of Information – those who are bereaved, need the right information at the right time, in a way which is understood, and which informs choices.

Compassion, Responsive to Wellbeing and Supportive Partnership – services must be understanding and sensitive to the needs and wishes of people who are bereaved. They must be responsive to the experiences, suggestions/feedback and concerns which must inform the continuous improvement in service quality and protection from avoidable harm. Importance of timing must not be underestimated whilst trying to work at the pace dictated by people's feelings and needs. Appropriate training must be provided for staff to support them in this key role.

Recognising and acknowledging loss – people who are bereaved need others to recognise and acknowledge their loss. Recognition by professionals, appropriately expressed, may be especially valued.

Remit of the Short Life Working Group (details in Annex B):

- Input into the review/refresh of Scottish Health Planning Note 20 (SHPN20) by Health Facilities Scotland (HFS).
- Implementation of the revised SHPN20 and compliance of facilities and services with SHPN20.
- Ensure local government and NHS Boards understand their statutory duties under the Public Health etc. (Scotland) Act 2008, ensuring that appropriate service level agreements are in place which define the standards to be delivered.
- Capacity of mortuaries (both facilities and staff resources/skills) to meet current demand and future requirements.
- Clarification of roles and responsibilities in ensuring that mortuary facilities meet standards and they are followed when relatives are required to visit.

As part of the remit, the group addressed the areas of:

- Roles and responsibilities
- Current mortuary provision (facilities and services) and requirements for future demand
- Monitoring arrangements
- Updating the facilities guidance (HFS)

Roles and responsibilities

The interpretation of the requirements under the Public Health Act by public services is variable. A paper (**Annex C**) providing clarification was agreed and supported by **SOLACE, NHS Board Chief Executives, Police Scotland and Crown Office Procurator Fiscal Service (COPFS)**. This provides a common understanding to assess current service provision and develop appropriate services, including meeting proposed demand in the future.

In essence, Local Authorities are responsible for managing deaths occurring in the communities and Health Boards are responsible for the deaths in hospitals (**see Annex C**).

The COPFS may contract with LA or Health Boards for its requirements – storage, post mortem examinations, identification of deceased, etc.

Core elements of a mortuary service and facility in the written policy of organisations must include:

Environment and facilities – every effort must be made to conduct discussions and/or counselling in private, sympathetic and comfortable surroundings, away from interruptions. The location, accessibility, size and environment of the rooms used by mortuary services can have an impact on the quality of service users' experience.

Governance and management structures – there must be agreement and clarity about responsibilities of different individuals and organisations e.g. the name of individuals who lead the service and/or the facilities must be accessible/available to all who require it.

Staff awareness – staff to be aware of the governance and management structures e.g. the person responsible for the facilities if it is different from those responsible for the provision of the service for a particular facility.

Staff training and development – it is essential that staff involved in caring for people who are bereaved are well informed, trained and supported so they feel confident about the care and support they give.² They must have adequate training and opportunities to develop their knowledge, understanding, self-awareness and skills, particularly in response to any feedback. The attitude, knowledge and skill with which staff and volunteers interact with people who have been bereaved is pivotal to achieving a good quality service.

Health and safety – consideration must be given to the health and safety both of the bereaved and of staff, to ensure that the health and safety is not compromised by issues relating to the cause of death (e.g. infectious disease or similar), or by the circumstances and surroundings.

² Consideration should be given to supporting staff to undertake professional qualifications which include training for working with the bereaved e.g. APT qualifications
<https://www.rsph.org.uk/qualification/level-3-diploma-in-anatomical-pathology-technology.html>

Review and audit – reviews and audits of mortuary services must be undertaken regularly, both internally and with external peer review. The reports and any actions taken to address gaps must be presented to the Boards of the organisations, via their governance processes and published.

Recommendations:

- Health Boards, Local Authorities, Police Scotland Crown Office and Procurator Fiscal Service (COPFS) and Universities must provide clarity to their staff and the public about the components of the mortuary service and death investigation as appropriate, including who has the responsibility for which aspect of the service.
- The names and contact details of the individuals responsible for the mortuary facilities and for mortuary services must be known and accessible including establishing a single point of contact for any complaints.

Mortuary provision

Deaths on average have mainly remained the same over the last few years 55,000 per annum. However, this may increase as the age profile of the population indicates a greater proportion in the older age group.

The number of deaths dealt with by COPFS vary year on year (between 10,000 and 11,500), with 11,000 deaths dealt with in 2016-17. Post mortem examinations, which are instructed by the COPFS where it is absolutely necessary, are carried out for approximately half the number of deaths dealt with by COPFS.

Numbers of hospital post mortem examinations are declining and on average, the number of hospital post mortem examination performed is less than 550 per year (less than 10% of COPFS-instructed post mortem examinations).

Winter death rates fluctuate with an occasional spike which levels out across the five year moving average. There are currently around 2,720 additional deaths over the four month winter period (see link below).

The seasonal increase in mortality in the winter is the difference between the number of deaths in the four month winter period (December to March) comparing them with the four month periods before and after.

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/winter-mortality>

Most of the deaths in the community, which are not reported to the COPFS, are managed by the funeral directors.

Mortuary services have been broadly divided into:

- Body storage facilities only
- Body storage and viewing facilities
- Body storage, viewing and post mortem facilities
- Body storage, viewing, post mortem facilities, teaching and research

Details of mortuary provision are included in **Annex E**. The majority of provision is currently provided within NHS facilities with only 3 facilities provided within local authority and police facilities.

Local authorities are required to make provision for mortuary services (including post mortem services) but may enter into an agreement with any person or organisation (including the NHS) for the provision of the facilities. Health Boards may also enter into such agreements with other Health Boards. Where such an agreement has been made, local authorities and Health Boards must monitor the capability and capacity of the provider against current mortuary standards (SPHN 16-01 (revised HFS SPHN 20)) to ensure adequate provision. This is of particular importance when multiple organisations have contracts/agreements with one provider.

Recommendations:

- Public services that provide post mortem examination should work towards the facilities being provided in Health Board (NHS) facilities, including those to be accessed by Crown Office and Procurator Fiscal Services – COPFS via agreements with Local Authorities.
- The capacity and capabilities of the service and facilities must be monitored.
- Health Boards and Local authorities must work with other partners within the Regional Resilience Groups to plan for normal and extensive events as part of their duties under the Public Health Act.

Contracts/MOU between Partner public sector organisations

The arrangements between Local Authorities, Health Boards, COPFS, Police and Universities are complex, for example the facility in Dundee is owned by Police Scotland, who also contributed to the mortuary facilities in Glasgow when there was no statutory obligation for them to do so. The arrangements appear to have developed over time and are difficult to align and reconcile back to the responsibilities of each organisation. There is substantial variation across the country with only some of these provisions are underpinned by written agreements.

Crown Office is separately conducting a review of their current arrangements with the aim of developing a standard contract template, working towards standardising arrangements with the intention of using Health Board facilities in agreement with Local Authorities. This work is still on-going.

Recommendations:

- Contracts/MOU between partners as required by the duties in the Public Health Act must be agreed, monitored and periodically reviewed.
- Compliance with the contract/MOU must be monitored e.g. where a local authority discharges its statutory duty through the service and facility provision by the Health Boards, then it is incumbent upon the Health Board to provide assurance to the Local Authority and COPFS, where relevant, that they are adhering to standards.
- There must be an agreed protocol for raising concerns and complaints about any aspect of the mortuary service including a single point of contact for all complaints and concerns.

Facilities

Everyone should receive the care, dignity and respect in death that we would wish in life, whilst also recognising the need to ensure public health and safety.

Collaboration among the multiple agencies involved, is the key to ensuring that the people of Scotland, are put at the heart of the Mortuary and Post Mortem services covered by the publication of this guidance (see **Annex F**).

The Scottish Health Planning Note SHPN 16-01 (revised HFS SPHN 20) series provides guidance on the planning of health and care related premises in Scotland, plus briefing and design support for the relevant professional bodies. Particular attention is paid to the relationship between the department design and its subsequent management. Since this equation will have important implications for capital and running costs, alternative solutions are sometimes proposed. The intention is to give the professional reader informed guidance on which to base investment decisions. This guidance is aimed at the multiple public bodies involved in the operation, planning or use of mortuary and post mortem facilities in Scotland, for either joint/ shared service or individual organisation use. This includes: NHS Boards in Scotland, Local Authorities, Police Scotland, Crown Office and Procurator Fiscal Service, plus their partnership organisations e.g. Universities.

SHPN 16-01 (revised HFS SPHN 20) provides facility guidance for mortuary and post mortem services' premises in Scotland, to support public bodies to:

- design new buildings;
- adapt or extend existing buildings;
- assess the standards in existing facilities consistently.

The key functional elements in a modular format include:

- Bereaved Visitors Facilities;
- Body Receipt, Storage and Removal Facilities;
- Post Mortem Facilities, including paediatric facilities, with or without Forensic Capability and Observation;
- Staff and Support Facilities, with or without Post Mortem Services;
- Teaching and Research.

This will allow a project-specific solution to be developed to suit local needs. The key functions for a given location, and their scale and quantity, must be planned on an inter-agency basis, at a national, regional and local level, with service quality, resilience and safety for the population as a key consideration.

Recommendations:

- Appropriate viewing facilities and environment must be provided at relevant venues. Not all facilities must be required to have all the services.
- Compliance with the updated SHPN 16-01 (revised HFS SPHN 20) must be audited and monitored within the timescales agreed in the standards and explanations provided where the standards cannot be fully met.
- Where standards cannot be fully met, plans must be developed to address the gaps and these plans must be monitored.

Quality Improvement – Standards, Audit, monitoring and feedback

A good quality services must include:

- Dignified and respectful care and storage of the body, including identification, security and access such as safe viewing for post mortem examination, etc.
- Processes to dispose retained tissue and organs after clinical examination
- A process to return the deceased's property, as soon as feasible, where appropriate and possible, including the management of unclaimed property.³
- Addressing the needs of the bereaved to manage the practical arrangements after death such as provision of accessible, culturally sensitive, relevant information (e.g. written and/or web based listing and describing sources of support, helplines , points of contact for different purposes)
- Provision of information for bereaved families and friends following murder or culpable homicide <http://www.gov.scot/Publications/2013/03/2510>
- A protocol for the management of funerals where there are no next of kin to take responsibility e.g. relatives cannot be traced, relatives cannot afford to pay for the funeral or are unwilling to take responsibility for funeral arrangements

The management and delivery of services relating to death and bereavement must be reviewed and audited annually against agreed standards. Procedures to help ensure this takes place might include:

- the use of agreed standards to audit the service
- agreeing and collecting relevant quantitative and qualitative data
- obtaining feedback from staff
- obtaining feedback from a wide range of users of the service through, for example, complaints monitoring, questionnaire surveys and one-to-one or group consultation
- involving users in discussions and decisions about service development

The results of the evaluation of services must be properly discussed with partners with an interest in the service, acted upon and published by all relevant partner organisations. An example of an audit tool (the Tayside Audit tool) is in **Annex D**.

Healthcare Improvement Scotland is also introducing new comprehensive assessments of the quality of healthcare. This is part of a programme of work to implement a new framework-based approach to comprehensive assessment and external quality assurance of the care provided in NHSScotland. This approach must be used to support internal self-assessment and external validation of the quality of care of the mortuary services and facilities (see **Annex D**).

The framework could also inform the work of the Inspector of Funeral Directors to support Funeral Directors to improve their body storage facilities e.g. access to refrigeration and viewing facilities as required.

The option of an Inspector of Mortuaries was discussed by the group. The role and remit of the Inspector of Crematoria and newly created Inspector of Funeral Directors were seen as being a model that could be used as a model if the decision was to

³ The property of the deceased (including clothing) is part of their estate.

recommend this option. However, after consideration it was proposed that Healthcare Improvement Scotland be invited to develop a self-assessment tool and facilitate external peer review.

Recommendation:

- Healthcare Improvement Scotland (HIS) should be commissioned to develop national mortuary standards, having regard to the NHS hospital post mortem standards and the SHPN 16-01 (revised HFS SPHN 20) advice.⁴
- HIS should also be asked to develop a quality framework and quality indicators, with a self-assessment tool, to enable self-assessment and external peer review of the quality of mortuary services. The remit would cover actions such as compliance with the Public Health Act, mortuary capacity, clarification of roles and responsibilities, etc.

⁴ See Annex D for a list of current standards and guidance in relation to mortuary services.

ANNEX A

On Saturday 21 May 2016, Frank Whyte lost his life in a tragic sailing accident in the approaches to Findhorn Bay. At a time when Scotland's public services should have been there to support Frank's family in their time of distress, we let them down badly.

Frank was taken to Spynie Mortuary in Elgin, but the condition of the mortuary was unkempt, rundown and totally unsuitable, which made an already distressing experience for the family much worse. At the very least, a mortuary must allow families to be consoled, where the deceased is treated with dignity, respect and compassion. As well as facilities which were clearly sub-standard, Frank's wife Maryan and her daughters also had to endure a totally unacceptable identification process that seemed to have no regard for how traumatic and emotionally upsetting the whole experience was for the family. A post mortem was later carried out in Aberdeen, so their experience involved Police Scotland, Crown Office and Procurator Fiscal Service (COPFS), Moray Council, NHS Grampian and their Funeral Director.

However it was not just the condition of the mortuary where the service delivered was inadequate. When Frank's wife looked to inform the appropriate authorities of what she and her family had been through, it proved to be very difficult to identify who was responsible for Spynie Mortuary. While Maryan contacted NHS Grampian, Moray Council and Police Scotland it was unclear as to who was ultimately accountable for the service and the processes and procedures involved in the entire experience.

In every regard the mortuary at Spynie along with the processes and procedures failed in what it had to do and all the public bodies involved quickly apologised to the Whyte family. Spynie Mortuary is no longer in use and mortuary facilities in Moray are now provided at Dr Gray's Hospital. Fortunately, the family had the strength and resolve to campaign to improve mortuary standards across the whole of Scotland and worked closely with Richard Lochhead MSP to make a difference.

ANNEX B

Terms of Reference for the Mortuary Review Group

Aim

Mortuaries of satisfactory quality must be a respectful and dignified resting place for the deceased, be supportive and comforting environment for the bereaved during the distress of attending and identifying the deceased and be a suitable, safe and healthy workplace for the professionals involved in the care of the deceased and the investigation of death.

Purpose

The Mortuary Review Group will undertake a broader review of mortuary provision in Scotland, as defined by the Public Health (Scotland) Act 2008. We are also suggesting that the group has a wide remit that covers the following possible themes/areas:

- Input into the review/refresh of Scottish Health Planning Note 20 (SHPN20) by Health Facilities Scotland (HFS).
- Implementation of the revised SHPN20 and compliance of facilities and services with SHPN20.
- Ensure local government and NHS Boards understand their statutory duties under the Public Health etc. (Scotland) Act 2008, ensuring that appropriate service level agreements are in place which define the standards to be delivered.
- Capacity of mortuaries (both facilities and staff resources/skills) to meet current demand and future requirements.
- Clarification of roles and responsibilities in ensuring and monitoring that mortuary facilities meet required standards, are used appropriately, and that correct procedures are in place and followed when relatives are required to visit.

Membership

Membership will include representation from parties considered to have an active involvement in the provisions of mortuary services.

Membership at a minimum will include representation from:

- The Chief Medical Officer Directorate at Scottish Government (who will be Chair)
- Contract Managers (Local Authority and NHS Board)
- Scottish Fatalities Investigation Unit (COPFS)
- NHS Chief Executives
- Society of Local Authority Chief Executives
- Police Scotland
- Principal Architect at Health Facilities Scotland
- Professor of Cellular and Molecular Pathology, University of Dundee
- Public Health Division at Scottish Government
- Representation from the campaign to improve mortuary facilities
- Resilience Response and Communications Unit at Scottish Government
- Chair, Association of Anatomical Pathology Technology

Meetings

- The number of meetings will be determined at the first meeting, but it is expected that this will be a short piece of work that requires no more than 3 or 4 meetings.
- In the absence of the chair, the vice-chair will assume that role for the duration of the meeting.
- The group may ask any other official to attend to assist it with its discussions on any particular matter.
- Papers for meetings must be circulated to members the week prior to the meeting date.
- An Action Point Tracker will be maintained to monitor progress on key issues raised at meetings.

Reporting

- The group will formally report back to the Minister for Public Health and Sport on the themes outlined in the 'purpose' section highlighted above.
- The Minister will determine what action is taken with the report.

Group Members

- Dr Mini Mishra, Senior Medical Officer, Scottish Government (Chair)
- Rob Ainsworth, NHS Lothian
- Rob Beattie, Scientific Bereavement and Registration Senior Manager, Edinburgh Council
- DC Gareth Blair, Police Scotland
- Gareth Brown, Deputy Director Health Protection, Scottish Government
- Jane Davidson, Chief Executive, NHS Borders
- Maureen Doherty, Core Associates
- Stewart Fleming, Professor of Cellular and Molecular Pathology
- Ishbel Gall, Chair Association of Anatomical Pathology Technology
- Susan Grant, Health Facilities Scotland
- David Green, Head of the Scottish Fatalities Investigation Unit (COPFS)
- Alan Morrison, Health Finance and Infrastructure, Scottish Government
- Cheryl Paris, Public Health Division, Scottish Government
- Billy Renfrew, Resilience, Scottish Government
- Angela Scott, Chief Executive, Aberdeen City Council (Representing SOLACE)
- Willie Scott, Mortuary Manager, Queen Elizabeth University Hospital
- Sandra Turkington, Resilience Division, Scottish Government
- Maryan Whyte, Mortuary Campaign

ANNEX C

Legal Requirements

Public Health Act (see separate download)

<http://www.gov.scot/Topics/Health/Policy/Public-Health-Act/Guidance>

Principles and the Framework for the Governance arrangements for Mortuaries (Facilities and Services)

See separate download

Civil Contingencies Act 2004

<http://www.legislation.gov.uk/ukpga/2004/36/contents>

ANNEX D

Standards and Guidance

Standards

NHS Tayside Audit Tool (see separate download)

HealthCare Improvement Scotland Quality of Care Reviews

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_reviews.aspx

Healthcare Improvement Scotland 2016 Post Mortem Service Standards

http://www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/post-mortem_standards.aspx

UK Accreditation Service (UKAS) - Clinical Pathology Accreditation Service

<https://www.ukas.com/services/accreditation-services/clinical-pathology-accreditation/>

The Human Tissue (Scotland) Act 2006: A Guide to its implications for NHS Scotland

[https://www.hta.gov.uk/sites/default/files/Information_about_HT_\(Scotland\)_Act.pdf](https://www.hta.gov.uk/sites/default/files/Information_about_HT_(Scotland)_Act.pdf)

Forensic Pathology Standards - Code of practice and performance standards for forensic pathologists dealing with suspicious deaths in Scotland

January 2016

<https://www.rcpath.org/resourceLibrary/g066-copforforensicpathscotland-jan16-pdf.html>

Guidance

Health and Safety Executive (HSE) 2003 Mortuary Infection Control Guidance

<http://www.hse.gov.uk/pubns/books/mortuary-infection.htm>

The Royal College of Pathologists - Guidelines on autopsy practice (see separate download)

Mass Fatalities: Preparing Scotland: Dealing with mass fatalities in Scotland

<http://www.readyscotland.org/media/1417/preparing-scotland-mass-fatalities-core-document-25-october-2017-v3.pdf>

ANNEX E

Current Mortuary Capacity

See separate download

Mortuary facilities and services inspection/monitoring arrangements

See separate download

Driver Diagram

See separate download

ANNEX F

**Health Facilities Scotland (HFS) updated Mortuary and Post Mortem Facilities
Guidance SHPN 16-01 (revised HFS SPHN 20)**

<http://www.hfs.scot.nhs.uk/publications-/guidance-publications/>



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Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78851-593-1 (web only)

Published by The Scottish Government, February 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS360866 (02/18)

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