We are committed to equality and diversity. These standards are intended to support improvements in healthcare for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland. We have assessed the standards for mortuary services (draft) for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose, and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at hcis.standardsandindicators@nhs.net to notify us of any updates that the standards for mortuary services project group may need to consider.

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www.healthcareimprovementscotland.org
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Introduction

Background to the standards for mortuary services

The Mortuary Review Group\(^1\) was established in 2016 by Aileen Campbell MSP, the then Minister for Public Health and Sport, to clarify the responsibilities of mortuary services and confirm that all were providing a consistent level of service. In 2018, the Scottish Government actioned the group’s recommendation that Healthcare Improvement Scotland should develop national mortuary services standards, including for those facilities not provided by NHS boards.

Healthcare Improvement Scotland has developed these standards to support each organisation involved in the delivery of mortuary services to ensure national consistency in person-centred care for the deceased and bereaved.

Statistical overview of deaths in Scotland

In 2017, 57,883\(^2\) people died in Scotland. The majority of deaths in Scotland are due to natural causes and the deceased either goes straight to a funeral home or is kept in the mortuary until transfer can be arranged.

In the case of unexplained or accidental deaths, where the Crown Office and Procurator Fiscal Service (COPFS) is involved, the mortuary service supports the identification and investigation into the cause of death. In 2017, there were 2,348 accidental deaths, 934 drug-related, 680 as a result of intentional self-harm or undetermined intent, and 57 as a result of assault\(^3\).

In 2017–2018, there were 838 hospital post-mortem examinations and, of the 10,865 deaths that were reported to COPFS, 5,845 were instructed for post-mortem examination.

Everyone will experience bereavement at some point in their lives. It is conservatively estimated that for every death there are four bereaved people. It is estimated therefore that approximately 231,532 people were significantly affected in 2017\(^2,4\).

The Childhood Bereavement Network has estimated that, in 2015, approximately 4,100 children and young people under the age of 18 had been bereaved of a parent\(^5\).

Mortuary services in Scotland

The delivery of mortuary services across Scotland is complex. NHS boards provide mortuary services in all areas with additional services provided by local authorities in Aberdeen and Edinburgh. In Dundee, the service is operated by the University of Dundee out of a Police Scotland building. The COPFS has contracts with a number of mortuary services to provide forensic investigations, which can lead to the deceased being transferred between geographical areas.

The staff in each mortuary are employed either by the NHS or the relevant local authority, with some pathologists and anatomical pathology technologists employed by universities.
The core role of the mortuary service is to provide care and storage for people who have died until the Medical Certificate of Cause of Death (a certificate of registration of death) has been issued and funeral arrangements made. When required, the mortuary service supports people who are bereaved to view the deceased.

The service may also investigate the cause of death by a post-mortem examination, which is carried out either surgically or by ‘view and grant’ and, in the future, possibly by radiological scanning of the body. Post-mortem examinations can be performed at the request of medical staff and following authorisation by the nearest relative or authorised by the deceased prior to death. However, in the majority of cases, this is undertaken at the instruction of the COPFS following, for example, an accident, suicide, drug overdose, assault or unexplained circumstances. In such cases, the COPFS contracts the mortuary service to perform a post-mortem examination and contribute to the forensic investigations. The mortuary staff work with the COPFS and police to gather evidence and confirm identification.

Policy context
The Public Health etc. (Scotland) Act 2008 Sections 87-89 Implementation Provision of Mortuaries sets out the responsibilities of both local authorities and NHS boards for the provision of storage and post-mortem facilities and duty of co-operation.

Shaping Bereavement Care: a framework for action on bereavement care in NHSScotland (2011) was published by the Scottish Government to assist NHS Boards to develop and deliver quality bereavement care services.

In 2016, Healthcare Improvement Scotland produced updated standards for the management of hospital post-mortem examinations to reflect changes in legislative updates and service provision with regard to the Human Tissue (Scotland) Act 2006, Death Certification in Scotland and revised Guidance on the Disposal of Pregnancy Losses up to and including 23 Weeks and 6 Days Gestation.

Following the campaign by the Whyte family and Richard Lochhead MSP, NHS Services Scotland’s Health Facilities Scotland updated and produced Scottish Health Planning Note 16-01 Mortuary and Post-Mortem Facilities: design and briefing guidance in November 2017.

The draft standards for mortuary services should be read alongside relevant legislation and are designed to complement the above guidance and standards.

Scope of the standards
These standards apply to all staff involved in providing mortuary services across Scotland and cover the following areas:

- leadership and governance
- dignified and respectful care of the deceased
- supporting the needs of people who are bereaved, and
- education, training and support for staff.
Format of the standards
All our standards follow the same format. Each standard includes:

- a statement of the level of performance to be achieved
- a rationale providing reasons why the standard is considered important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence of achievement.

Within the standards, all criteria are considered ‘essential’ or ‘required’ in order to demonstrate the standard has been met. The implementation of these standards will be for local determination. More information about the development of the standards is set out in Appendix 1.

Terminology
Wherever possible, we have incorporated generic terminology which can be applied across all settings, including mortuary settings.

<table>
<thead>
<tr>
<th>Term</th>
<th>Refers to</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who are bereaved</td>
<td>Nearest relative, family and friends of the deceased person.</td>
</tr>
<tr>
<td>Nearest relative</td>
<td>As next of kin is not defined in law, the term nearest relative is used. Nearest relative is a special term used in the Mental Health Act 1983. It gives one member of the family rights and responsibilities. There is a strict order defined in the Act as husband/wife or civil partner; son or daughter; father or mother; brother or sister; grandparent; grandchild; uncle or aunt; nephew or niece.</td>
</tr>
<tr>
<td>Deaths that involve the police (COPFS cases)</td>
<td>Cases where the Crown Office and Procurator Fiscal Service (COPFS) is involved and there is an investigation into the cause of death. This places legal responsibilities on the COPFS, Police Scotland and the forensic pathologists and scientists.</td>
</tr>
<tr>
<td>Deaths that do not involve the police</td>
<td>Cases where there is no COPFS involvement.</td>
</tr>
<tr>
<td>Mortuary staff</td>
<td>Pathologists, anatomical pathology technologists, clerical staff, porters and other staff working directly with the mortuary.</td>
</tr>
<tr>
<td>Term</td>
<td>Refers to</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Organisation(s)</td>
<td>All organisations employing mortuary staff such as the NHS, local authorities and universities. Also, in the case of those deaths that involve the police (COPFS cases), the staff are contracted to the COPFS with involvement from Police Scotland.</td>
</tr>
<tr>
<td>View and grant</td>
<td>A non-invasive procedure which involves an experienced pathologist externally examining the body of the deceased whilst considering the deceased’s history and the events surrounding the death. The pathologist will confirm to the Procurator Fiscal if a full post-mortem examination is required if they are not in a position to certify the cause of death on the basis of a view and grant examination.</td>
</tr>
</tbody>
</table>

**Quality of care framework and approach**

Healthcare Improvement Scotland’s approach to quality assurance emphasises the importance of regular open and honest programme self-evaluation, using the Healthcare Improvement Scotland quality framework as a basis and combined with other relevant data and intelligence, including the performance against these standards. Any interventions that result from quality assurance activity will be risk based and set in the context of the programme’s capacity for improvement.

More information on this approach is available on Healthcare Improvement Scotland’s website: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We may use several different methods of consultation during the development of the draft standards, including:

- wide circulation of the draft standards to relevant professional groups, health service staff, local authorities, COPFS, funeral directors, voluntary sector organisations and individuals
- targeted engagement with the public (such as people who have been bereaved and used mortuary services) and service providers (including staff at the point of care), and
- an online survey tool.

For more information, please contact:

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Submitting your comments

Responses to the draft standards should be submitted using our online survey tool. The consultation closes on Wednesday 31 July 2019. If you would like to submit your comments using a different format, please contact the standards and indicators team on the email address provided above.

Consultation feedback

At the end of the consultation period, all comments will be collated and the project group will respond to each comment received on the draft standards. The response will explain how the comments were taken into account in producing the final standards.

A summary of the responses to the consultation will be made available on the Healthcare Improvement Scotland website (www.healthcareimprovementscotland.org) and from Valerie Breck, Senior Project Officer.

The final standards for mortuary services will be published by October 2019.
Summary of standards

Standard 1: Leadership and governance
   Each organisation demonstrates effective leadership and governance in the delivery and management of its mortuary service.

Standard 2: Dignified and respectful care of the deceased
   Each organisation’s mortuary service is respectful of the deceased’s wishes, spiritual, faith and cultural values, identity, dignity, privacy and confidentiality.

Standard 3: Supporting the needs of people who are bereaved
   Each organisation ensures people who are bereaved receive information, care and support reflective of their needs and circumstances whilst the deceased is in the care of the mortuary service.

Standard 4: Education, training and support for staff
   Each organisation demonstrates its commitment to the education, training and support for all staff involved in the care of the deceased and support of people who are bereaved, appropriate to roles and workplace setting.
Standards for mortuary services

Standard 1: Leadership and governance

<table>
<thead>
<tr>
<th>Standard statement</th>
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<tr>
<td>Each organisation demonstrates effective leadership and governance in the delivery and management of its mortuary service.</td>
</tr>
</tbody>
</table>

Rationale

Effective leadership and governance is critical to ensure high standards of safe, person-centred and effective services. Organisations that deliver high quality care and support have a commitment to responsibility and equity. People have confidence that every organisation that provides their care and support has high quality leadership and governance.\(^1\)

The Public Health etc. (Scotland) Act 2008 Sections 87-89 Implementation Provision of Mortuaries sets out the responsibilities of NHS boards and local authorities for the provision of storage and post-mortem facilities and duty of co-operation.\(^7\)

For NHS boards, the mortuary service is a continuation of clinical care and as such there is a responsibility to the deceased and the bereaved. For local authorities, the provision of a mortuary service fulfils their responsibility under the Public Health etc. (Scotland) Act 2008. Continuous organisational self-evaluation and reflective practice ensures people who experience mortuary services have high quality care and support.

A number of specialists are involved in mortuary services, for example pathologists, anatomical pathology technologists, mortuary managers, clerical staff and porters.

A number of other organisations are also involved in delivering mortuary services in Scotland. It is therefore essential that there is effective partnership working between the NHS/local authorities, universities, Police Scotland and COPFS.

Criteria

1.1 Each organisation has effective management which includes:
- safe, effective and person-centred systems in place for the management of the mortuary service, and
- a designated lead professional.

1.2 Each organisation ensures the delivery of a person-centred service where:
- mortuary staff routinely check for recorded specific needs and wishes of people and follow these respectfully
- there are equality policies, procedures and guidelines to address those needs and wishes, and
- in those deaths that involve the police (COPFS cases), where it is not possible to meet the needs or wishes of either the deceased or bereaved
due to the investigation, an explanation is given to people who are bereaved.

1.3 Each organisation can demonstrate sharing of appropriate information within and between agencies, in line with:

- professional confidentiality guidance
- legal requirement
- COPFS guidance
- data protection
- Caldicott principles
- Access to Health Records Act 1990
- Health and Safety Executive (HSE) guidance, and
- local and national data sharing protocols, policies and procedures.

1.4 Each organisation can demonstrate clear information about the service on the organisation’s website and in its literature which is accessible to the public and professionals.

1.5 Each organisation can demonstrate the implementation of the following policies, procedures, guidance and standards:

- a multi-organisational approach to deliver person-centred care
- equality policy and information on the rights of people with protected characteristics
- updating, agreeing and monitoring contracts or service level agreements
- quality, monitoring, assurance and improvement, including review of feedback and data and action taken as a result
- a point of contact for the mortuary service
- adoption of national documentation where available
- timely response to and learning from adverse events, and
- complete and up-to-date risk assessments and standing operating procedures.

1.6 Each organisation demonstrates adherence to appropriate standards, and professional and organisational codes of conduct for:

- the management of hospital post-mortem examination, and
- those deaths that involve the police (COPFS cases).

1.7 Each organisation ensures that the mortuary service adheres to all relevant health and safety legislation and recommended professional practices.

1.8 Each organisation can demonstrate that mortuary staff are provided with:

- regular training that is relevant to their role and responsibilities
• continuing professional development, and
• support for their wellbeing in line with their current processes and practices.

1.9 Each organisation engages in partnership working, review and continuous improvement.

1.10 Each organisation ensures that the role of the mortuary service is understood by the wider staff group through providing information and training.

### What does the standard mean for people using mortuary services?

- Everyone can be confident that when they die they will be treated with care and respect and their personal, spiritual, faith and cultural values, beliefs and identity, where known and if possible, will be respected.
- All people who are bereaved will experience compassionate support from those involved in the mortuary service.
- All people who are bereaved will have access to information about the mortuary service and will feel informed. They will be clear who to contact if they have a question or concern.
- In those deaths that involve the police (COPFS cases), people who are bereaved will be advised as fully as possible within the constrictions of the legal system.
- In those deaths that involve the police (COPFS cases), people who are bereaved will be confident that all organisations will work together to deliver high quality and sensitive care, and that information will be shared and stored appropriately.
- Everyone can be confident that the organisation has effective leadership and governance and that it promotes a culture committed to continuous improvement.

### What does the standard mean for staff?

- Mortuary staff will have policies, procedures, training and support to feel confident in their role and on how to respond to specific requirements of the deceased and people who are bereaved.
- All staff will have information about the mortuary service in their area.
- Where it is relevant to their role, people have an opportunity to visit the mortuary to learn more about the service.
### What does the standard mean for the organisation?

- Each organisation:
  - complies with national and local policy, guidance and standards to support the mortuary service
  - ensures mortuary staff have the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high quality care and support
  - provides ongoing support, training and continuing professional development opportunities to mortuary staff
  - provides opportunities for multi-organisational and multidisciplinary discussions, meetings and training, and
  - provides opportunities to all their staff to learn more about the work of the mortuary service.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Information is available in different formats and languages.
- Equality and diversity policies and procedures in place and evidence of these being followed.
- Compliance reports relating to information-sharing legislation, principles, policies and protocols.
- Current contracts with COPFS to deliver services.
- Audit and review reports against relevant guidance and standards.
- Improvement work, including action plans which demonstrate Healthcare Improvement Scotland standards being implemented.
- Examples of multi-organisational staff working together.
- Feedback and learning from the experiences of people who are bereaved.
- Procedures for adverse events and evidence of learning from these.
- Clear information on the roles and responsibilities of each organisation shared with mortuary staff at induction.
- Staff training records.
- Staff from other areas of the organisation visiting the mortuary for personal development.
- United Kingdom Accreditation Service (UKAS) accreditation includes mortuary services.
Standard 2: Dignified and respectful care of the deceased

**Standard statement**
Each organisation’s mortuary service is respectful of the deceased’s wishes, spiritual, faith and cultural values, identity, dignity, privacy and confidentiality.

**Rationale**
In line with the Equality Act 2010, the personal, spiritual, faith and cultural values, beliefs and identity of the deceased are to be respected if known and followed where possible\(^{24, 25}\).

However, in those deaths that involve the police (COPFS cases), the personal, spiritual, faith and culture values, beliefs and identity of the deceased will be considered but may not be acted on as legal requirements and forensic practice will take precedence.

Care of the deceased is an aspect of clinical care. Where known, the deceased’s wishes are taken into account by the mortuary services.

Some people are fearful that their identity, wishes, spiritual, faith, culture and beliefs will not be respected in death. Therefore, it is important they have confidence that mortuary staff have a knowledge and understanding of the Equality Act 2010.

It is important the bereaved have confidence that the deceased will be treated with kindness, dignity and respect at all times. Evidence suggests that this can be a comfort to the bereaved\(^{26}\), especially at the time of viewing.

**Criteria**

2.1 The deceased will be treated with kindness and dignity at all times, including presentation for viewing and during transportation, and in line with professional standards\(^9, 27\) and organisational requirements.

2.2 The wishes, personal, spiritual, faith and cultural values, beliefs and identity, dignity, privacy and confidentiality of the deceased will be respected if known and followed where possible\(^{24}\).

2.3 The clothing, belongings and personal effects of the deceased will be handled with sensitivity where possible, taking into account the following.

- In those deaths that do not involve the police, the personal effects of the deceased will be cared for and returned respectfully in consultation with the family and in line with Health and Safety Executive guidelines\(^{19, 28}\).
- In many cases of deaths in the community, clothing may not be returned to the family for reasons of infection control.
- In those deaths that involve the police (COPFS cases), legal procedures, including the need to secure evidence, will take precedence. In these
cases, an accurate record of the personal effects and their location is kept which, when no longer required for evidence will be returned in line with COPFS standards.

- In those deaths that do not involve the police which come from the community to the mortuary for short term storage awaiting medical certification cause of death, the handling of personal effects will be left to the funeral directors unless requested otherwise.

2.4 Each organisation must be responsible for ensuring that information on the deceased, including identification, is as accurate and complete as possible when passed between services, for example transportation of the deceased.

2.5 Organisations should ensure that when caring for and transporting the deceased:

- standard infection control precautions are given high priority and followed at all times, ensuring the safety of all people who may come in contact with the deceased
- other precautions for particular circumstances, such as exposure to radiation or chemicals, should also be followed in line with Health and Safety Executive and public health guidance
- a coding and records system is in place to facilitate traceability of the deceased ensuring correct care and a robust audit trail
- the family’s permission should be obtained for any ‘cosmetic’ adjustments or other invasive procedures prior to release of the deceased
- a procedure is in place to discuss with the family any condition that may cause them distress, for example when viewing or preparing the deceased for burial of cremation
- the deceased is considerately, respectfully and thoughtfully prepared for both viewing and release
- patient confidentiality is respected in line with professional and organisational guidance, and
- standard operating procedures for care and treatment of the deceased are in place.

What does the standard mean for people in the care of the mortuary service?

- All people will be confident that personal information will be kept confidential after they die apart from in those circumstances when disclosure is a requirement for the public good or for legal reasons.
- All people will be confident that when they die, where it is known and possible, they will be treated as they would want to be.
What does the standard mean for staff?

- Mortuary staff are trained and have information on faith and cultural practices and trans identities to confidently care for the deceased.
- Mortuary staff check for recorded information on the deceased as a matter of routine.
- Mortuary staff will care for the deceased in a respectful manner which is appropriate for viewing and release.

What does the standard mean for the organisation?

- Each organisation will be able to discharge its duties under the Equality Act 2010.
- Mortuary staff are trained to understand their responsibilities under appropriate legislation.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Records show that the deceased’s personal effects are returned to people who are bereaved.
- Records show the deceased’s personal, spiritual, faith, cultural and identity have been adhered to wherever possible.
- Feedback from people who have been bereaved give examples of trans people being prepared in a way appropriate to their chosen gender.
- Feedback from people who have been bereaved give examples of persons of faith and belief groups’ funeral arrangements in line with their faith.
- Feedback from people who have been bereaved.
- Feedback from funeral directors.
- Records of transport of the deceased evidence correct identification and relevant clinical information (including hazards).
- A system is in place to track the deceased from admission to the mortuary to release for burial or cremation, for example three methods of identification and records.
- Risk assessments include how to mitigate the identified risks. This includes actions that need to be taken, who is responsible for each action, deadlines for completing actions and confirmation that actions have been completed.
- Standing operating procedures on:
  - identification of the deceased
  - procedures for releasing the deceased
  - receiving and preparing the deceased to leave
  - transportation of the deceased
  - personal effects, and
  - infection control.
Standard 3: Supporting the needs of people who are bereaved

Standard statement

Each organisation ensures people who are bereaved receive information, care and support reflective of their needs and circumstances whilst the deceased is in the care of the mortuary service.

Rationale

It is well understood that people who are bereaved react in different ways, for example feeling shock, anger, or numb. Bereavement has a psychological and physical impact on the person. It is important that information, support and guidance on what to do next is offered to people who are bereaved, in response to their individual needs. This can be helpful at this difficult time and should be offered to all and given to those who wish to receive it. As people often find it difficult to take in details when they are grieving, it can help when information is provided and delivered sensitively.

The provision of high quality information at the right time, and in the right format, will enable people who have been bereaved to make informed decisions and minimise anxiety, for example parents who have experienced pregnancy loss, stillbirth or death of a child.

In those deaths that involve the police (COPFS cases), information on what will happen next, and the timescale involved, can be helpful, but it may be necessary to withhold specific information to aid the legal investigation.

Whilst the deceased is in the care of the mortuary service, it is important that support is provided to people who are bereaved in response to their personal, spiritual, faith and cultural values, beliefs and identity. However, for those deaths that involve the police (COPFS cases), the information provided to people who are bereaved will be dependent on the nature of the case and the legal investigation.

Criteria

3.1 In all cases, people who are bereaved are treated sensitively, with respect, empathy and compassion.

3.2 In all cases, people who are bereaved:

- have their personal, spiritual, faith and cultural values, beliefs, identities and wishes recognised and respected
- are offered an opportunity to view and spend time with the deceased where possible
- have their relationship with the deceased and other family members taken into consideration
- are offered information and support that reflects their understanding
are offered information and support in an appropriate format and language
are offered information and support at an appropriate time, and
have an easily accessible method of providing feedback to each organisation.

3.3 In those deaths that do not involve the police, people who are bereaved are:
- given information on the relevant mortuary service and how to contact the service
- given information on the next steps and likely timescales, and
- signposted, if required, to bereavement, spiritual, faith and cultural support services that are available.

3.4 In those deaths that involve the police (COPFS cases), people who are bereaved are:
- signposted to the COPFS, and
- if required, referred to appropriate support services that are available.

3.5 In the cases of disagreement amongst people who are bereaved, staff will follow:
- the wishes of the deceased if known and the wishes of the nearest relative (see terminology section on page 6) if not known
- the instructions of the nearest relative in the case of a child or young person under 16\textsuperscript{36}, and
- in those deaths that involve the police (COPFS cases), COPFS instructions until the post-mortem investigations are complete and the Procurator Fiscal has agreed to release the deceased.

**What does the standard mean for people using mortuary services?**

- People who are bereaved feel that they:
  - have been treated with respect, empathy and compassion
  - have time to spend with the deceased
  - understand the roles of the different organisations, who to contact and know where to go for further support if they want it
  - are offered information on support services that may be able to provide ongoing support
  - are supported as appropriate if they have a disability, for example communication and accessibility issues, and
  - have access to sign language and language interpreters to support their communication needs.
- Children and young people feel that they are included in any visit to the mortuary.
For those deaths that do not involve the police, people feel informed and understand the information given to them.

For those deaths that involve the police (COPFS cases), people who are bereaved:
- feel that they understand what is happening, and
- know who to speak to with any questions or concerns they may have.

What does the standard mean for staff?

- Mortuary staff:
  - have access to information in appropriate formats and languages to give to people who are bereaved,
  - have current information on other services to which they can signpost people who are bereaved, and
  - are able to respond to people who are bereaved recognising the individual ways they grieve and their needs.

What does the standard mean for the organisation?

- Each organisation provides:
  - clear policies and procedures on equality and supporting people who are bereaved
  - appropriate and up-to-date information, including access to support information and services
  - staff training opportunities on equality and supporting people who are bereaved, and
  - clear partnership working policies and procedures.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Information is available in a range of formats and languages.
- Resources on topics, for example grief and bereavement, are available.
- Information is available on services with suitably qualified people that can offer ongoing support.
- Feedback from people who are bereaved indicate that:
  - they access other support services, and
  - they felt supported by mortuary staff.
- Access to interpreters and sign language interpreters.
Standard 4: Education, training and support for staff

Standard statement
Each organisation demonstrates its commitment to the education, training and support for all staff involved in the care of the deceased and support of people who are bereaved, appropriate to roles and workplace setting.

Rationale
To operate a mortuary service that is responsive and professional whilst compassionate, staff have to be trained and supported in their role. A range of staff, including pathologists, anatomical pathology technologists, clerical staff, porters and other staff working directly with the mortuary are involved in the care of a deceased person. Staff are supported to continuously develop their knowledge and skills, and are provided with training appropriate to their role and responsibilities, with personal and peer support available, as required. Promotion of positive working and learning environments supports staff to deliver high quality care to the deceased and people who are bereaved.

In addition to technical aspects of the role, it is important that staff understand the well-established link between bereavement and a range of mental and physical health risks which impact on people who are bereaved. Although bereavement is a long term process, what happens at the start of the journey for people who are bereaved can have an impact on their memories and experiences.

Criteria
4.1 All mortuary staff ensure that, when they are undertaking their responsibilities, they:

- provide care and support in a sensitive, respectful and person-centred manner
- communicate effectively ensuring that the individual needs of people who are bereaved are met where possible
- develop and maintain high levels of skill, knowledge and competency appropriate to their role
- implement a multi-professional approach to improve knowledge, communication and partnership working
- are encouraged and enabled to participate fully in training and continuing professional development
- are supported to implement reflective practice to identify and address their education needs aligned to professional development frameworks where appropriate
- are trained effectively in conducting sensitive or difficult conversations, and
• have knowledge of and respect for personal, spiritual, faith and cultural values, beliefs and identity in accordance with any specific instruction of the deceased prior to death.\(^23, 37\).

4.2 Mortuary staff are appropriately supervised and offered ongoing personal support and peer review relevant to their role, responsibilities and national professional standards. Where appropriate, staff are encouraged to gain professional registration.

4.3 Each organisation will have processes in place to:

• provide mortuary staff with clear guidance on their roles, responsibilities and boundaries of professional competence and information on the roles and responsibilities of others such as the NHS, local authorities, COPFS, Police Scotland and universities
• escalate any concerns or issues
• ensure that mortuary staff have information on support services relevant to the bereaved person
• ensure that occupational health services are provided to all mortuary staff, and
• provide staff training in the care and handling of the deceased.

4.4 The role of the mortuary and its staff is recognised and valued as an integral part of the organisation.

<table>
<thead>
<tr>
<th>What does the standard mean for the people using mortuary services?</th>
</tr>
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<tbody>
<tr>
<td>• Everyone can be confident that when they die, their culture, belief practices, identity and recorded wishes will be understood and carried out where possible.</td>
</tr>
<tr>
<td>• People who are bereaved will be confident that staff will be compassionate, skilled and competent.</td>
</tr>
<tr>
<td>• People who are bereaved will be confident that mortuary staff will have the appropriate training to meet their needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What does the standard mean for staff?</th>
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<tbody>
<tr>
<td>• Mortuary staff develop an understanding of and can recognise the specific needs of groups protected by the Equality Act 2010 and are aware of equality and diversity policies and procedures.(^23).</td>
</tr>
<tr>
<td>• Mortuary staff can demonstrate knowledge, skills and competence relevant to their role.</td>
</tr>
<tr>
<td>• Mortuary staff attend relevant training in bereavement support and achieve the required competencies and qualifications.</td>
</tr>
<tr>
<td>• Mortuary staff are supported to fulfil their responsibilities.</td>
</tr>
<tr>
<td>• Mortuary staff are supported to work in partnership with other organisations.</td>
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</table>
• Clear guidance on the roles and responsibilities of each organisation involved in providing the mortuary service (Police Scotland, COPFS, the NHS and local authorities).

• All organisational staff have opportunities to learn more about the work of the mortuary service.

### What does the standard mean for the organisation?

• Each organisation is committed to providing mortuary staff with the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high quality care and support.

• Each organisation provides ongoing support to mortuary staff.

• Training and continuing professional development opportunities are available and accessible to all mortuary staff.

• Opportunities for multi-organisational and multidisciplinary training are developed.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

• Information is available to mortuary staff about support mechanisms.

• The mortuary has representation on multidisciplinary groups with minuted meetings.

• There are training and development plans and records on, for example:
  - bereavement support
  - equality training, and
  - technical training.
References


Appendix 1: Development of the standards for mortuary services

The standards for mortuary services have been informed by current evidence, best practice recommendations and developed by group consensus.

Development activities

To ensure each standard is underpinned with the views and expectations of both health and social care staff, third sector representatives, people/individuals and the public in relation to mortuary services, information has been gathered from a number of sources/activities, including:

- the mortuary review group’s response to Scottish Government
- a literature review
- an equality assessment
- an initial scoping meeting, and
- two development group meetings between February and April 2019.

A project group, chaired by Professor Stewart Fleming, Emeritus Professor at Dundee University, was convened in February 2019 to consider the evidence and to help identify key themes for standards development.

The membership of the project group is set out in Appendix 2.

Quality assurance

All project group members were responsible for advising on the professional aspects of the standards. Clinical members of the project group were also responsible for advising on clinical aspects of the work. The Chair, Professor Stewart Fleming, was assigned lead responsibility for providing formal clinical assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All project group members made a declaration of interest at the beginning stages of the project. They also reviewed and agreed to the project group’s Terms of Reference. More details are available on request from: hcis.standardsandindicators@nhs.net

Healthcare Improvement Scotland also reviewed the standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.
For more information about Healthcare Improvement Scotland’s role, direction and priorities, please visit:
www.healthcareimprovementscotland.org/drivingimprovement.aspx
## Appendix 2: Membership of the standards for mortuary services project group

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart Fleming</td>
<td>Emeritus Professor of Cellular and Molecular Pathology</td>
<td>University of Dundee</td>
</tr>
<tr>
<td>Alison Anderson MBE</td>
<td>Mortuary Manager and Fellow of Association of Anatomical Pathology Technology</td>
<td>NHS Lothian</td>
</tr>
<tr>
<td>Ephraim Borowski</td>
<td>Director</td>
<td>Scottish Council of Jewish Communities</td>
</tr>
<tr>
<td>Stephen Fenning</td>
<td>Scottish Clinical Leadership Fellow and Specialty Registrar in Palliative Medicine</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Ishbel Gall</td>
<td>Chair of Association of Anatomical Pathology Technology Lead Anatomical Pathology Technologist/Mortuary Manager</td>
<td>NHS Grampian</td>
</tr>
<tr>
<td>David Green</td>
<td>Deputy Head of Specialist Casework, Head of the Scottish Fatalities Investigation Unit</td>
<td>Crown Office and Procurator Fiscal Service</td>
</tr>
<tr>
<td>Padmini Mishra</td>
<td>Deputy Director/Senior Medical Officer</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Neil Moore</td>
<td>Chief Executive Officer</td>
<td>PETAL Support Ltd</td>
</tr>
<tr>
<td>Allan Morrison</td>
<td>Health Finance and Infrastructure</td>
<td>Health and Social Care Directorates, Scottish Government</td>
</tr>
<tr>
<td>Cheryl Paris</td>
<td>Burial, Cremation Anatomy &amp; Death Certification Health Protection Division</td>
<td>Directorate for Population Health, Scottish Government</td>
</tr>
<tr>
<td>Andrew Patrick</td>
<td>Detective Chief Inspector</td>
<td>Police Scotland</td>
</tr>
<tr>
<td>Robert Peacock</td>
<td>Development Manager</td>
<td>Good Life, Good Death, Good Grief</td>
</tr>
<tr>
<td>Megan Snedden</td>
<td>Campaigns, Policy and Research Officer</td>
<td>Stonewall Scotland</td>
</tr>
<tr>
<td>Richard Stafford</td>
<td>Director of Bereavement Sector Support Scotland</td>
<td>Child Bereavement UK</td>
</tr>
<tr>
<td>Hazel Stevenson</td>
<td>Environmental Health Manager, Protective services</td>
<td>Aberdeen City Council</td>
</tr>
<tr>
<td>Maryan Whyte</td>
<td>Founder</td>
<td>Whyte Family Trust</td>
</tr>
</tbody>
</table>
Healthcare Improvement Scotland would like to thank the following people for their input during the development of the draft standards:

- **Mohammad Ishaq** (Muslim Chaplain, Queen Elizabeth University Hospital)
- **Trishna Singh OBE** (Founder Director, Sikh Sanjog)
- **Nicola Welsh** (CEO, SANDS Lothian)

The standards development group was supported by the following members of Healthcare Improvement Scotland’s standards and indicators team:

- **Valerie Breck** – Senior Project Officer
- **Claire Henry** – Administrative Officer
- **Karen Ritchie** – Deputy Director/Head of Knowledge and Information
- **Fiona Wardell** – Team Lead
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