Standards for mortuary services

Guidance published by the Scottish Ministers, Police Scotland and the Crown Office and Procurator Fiscal Service

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Contents

Introduction

Background

The Scottish Government and those organisations which operate mortuaries are committed to ensuring that care to all persons continues even after death. This care is delivered through the provision of high quality mortuary services. These services can be described as services which:

- carry out the temporary safe accommodation and preservation of people who have died until they can be collected for burial or cremation
- may support the carrying out of post-mortem examinations in order to investigate the cause of death and undertake relevant scientific investigations, and
- may support families and friends to view the person who has died either for purposes of identification or as part of the grieving process.

Following the campaign by the Whyte family and Richard Lochhead MSP, the Mortuary Review Group was established in 2016 by Aileen Campbell, then Minister for Public Health and Sport. The group's remit included clarifying the roles and responsibilities of mortuary services, in ensuring and monitoring that mortuary facilities met required standards. 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. While the work of the group progressed during 2019, publication of these standards was delayed due to the COVID-19 pandemic.

These standards have been developed by Healthcare Improvement Scotland and partners to guide each organisation involved in the delivery of mortuary services to ensure national consistency in person-centred care for those who have died and the bereaved. To ensure the standards can be implemented by each of the organisations involved in delivering mortuary services, they have been published as guidance by the Scottish Ministers, the Crown Office and Procurator Fiscal Service and Police Scotland.

These standards apply to organisations which provide mortuary services in Scotland including:

- Local authorities
- NHS boards
- Police Scotland

- Crown Office and Procurator Fiscal Services (COPFS), and
- The University of Dundee.

Each of these organisations has agreed to the standards set out in this guidance, and has agreed to follow them as best practice in providing mortuary services.

Statistical overview of deaths in Scotland

In 2020, 64,093 people died in Scotland.[1] The majority of deaths in Scotland are due to natural causes and in these cases the deceased either goes directly to a funeral home or stays in a mortuary until transfer can be arranged.

In the case of unexplained or accidental deaths, where COPFS is involved, the mortuary service supports the identification of the deceased and investigation into the cause of death. In 2020-21, 15,739 deaths were reported to COPFS.[2] In 2020, there were 2,759 accidental deaths of which 679 occurred as a result of self-harm, either intentional or of undetermined intent, and 47 as a result of assault.[1] In 2020, 1,339 people died as a result of drug-related deaths.[3]

The most recent national survey showed that in Scotland hospital post mortems were performed on 2% of deaths in hospital amounting to less than 500 hospital post mortems per annum.[4]

Everyone will experience bereavement at some point in their lives. Stephen et al estimated in 2015 that for every death there are four bereaved people.[5] Based on this metric and National Records of Scotland annual death rate, approximately 256,372 people were bereaved in 2020.[1]

In the absence of official data on how many children and young people have lost a parent, the Childhood Bereavement Network used a range of sources to estimate childhood bereavement in 2015. Approximately 4,100 children and young people under the age of 18 in Scotland had been bereaved of a parent.[6]

Mortuary services in Scotland

The delivery of mortuary services across Scotland is complex.

The Public Health etc. (Scotland) Act 2008[7] places duties:

- on each **local authority** to provide premises and facilities for the reception and temporary storage of people who have died in the authority's area, and for the post-mortem examination of those people, as it considers appropriate

- on each **health board** ("NHS board") to provide premises and facilities for the reception and temporary storage of people who have died in a hospital in the board's area or whose bodies are brought to a hospital, and for the post-mortem examination of those people, as it considers appropriate

Local authorities and NHS boards must co-operate with one another in complying with these duties.

NHS boards in Scotland own and operate a number of mortuaries. State mortuaries are provided by local authorities in Aberdeen and Edinburgh. In Dundee, Police Scotland own and operate a mortuary which is staffed by the University of Dundee. 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 mortuary staff and pathologists may be employed either by the NHS, the relevant local authority, or universities.

In addition to the statutory functions on NHS boards and local authorities outlined above, in practice the services offered by mortuaries go beyond that of providing appropriate accommodation for people who have died and the facilities for post-mortem examinations. In every case, it is the role of mortuary staff to ensure appropriate care of the deceased and, when required, mortuary staff will support people who are bereaved to view the deceased.

Not all mortuaries have facilities for carrying out post-mortem examinations. Those that have facilities for investigating the cause of a death by a post-mortem examination, carry this out either surgically or by 'view and grant'. In the future, it may be possible to carry this out using technologies such as CT and MRI scans or endoscopy. In the majority of cases, a post-mortem examination is undertaken at the instruction of the COPFS following, for example, an accident, suicide, drug overdose, assault or in unexplained circumstances. In such cases, the COPFS contracts a mortuary service to perform a post-mortem examination which contributes to the forensic investigations. The mortuary staff work with the COPFS and police to gather evidence and confirm identification.[8]

Hospital post-mortem examinations can also be performed at the request of medical staff, following authorisation by the nearest relative, the family or the deceased prior to death.

Policy context

These standards should be read alongside relevant legislation such as sections 87 to 89 of the Public Health etc. (Scotland) Act 2008 as referred to above.

The standards are also designed to complement the following guidance and standards:

- Scottish Health Planning Note 16-01 Mortuary and Post-Mortem Facilities: design and briefing guidance[9] provides detail and guidance on the facilities required to run mortuary services. For this reason, guidance on facilities have not been included within these standards.

- Shaping Bereavement Care: a framework for action on bereavement care in NHSScotland (2011)[10] was published by the Scottish Government to assist NHS boards to develop and deliver quality bereavement care services.

- Healthcare Improvement Scotland Standards for the management of hospital post-mortem examinations[11] details legislative updates and changes in service provision with regard to the Human Tissue (Scotland) Act 2006,[12] Death Certification in Scotland[13] and revised Guidance on the Disposal of Pregnancy Losses up to and including 23 Weeks and 6 Days Gestation.[14]

Scope of the standards

The standards are expected to be used to guide the continuous improvement of the quality of mortuary services across Scotland. This guidance, as it is issued by the Scottish Ministers, COPFS and Police Scotland collectively, applies to mortuary services provided by:

- NHS
- local authorities
- funeral directors that have a service level agreement with a public organisation to provide a mortuary service
- mortuary staff employed by a university, and
- Police Scotland.

It is anticipated that hospitals and hospices which are run by the private or third sector will voluntarily adopt these standards to support their mortuary service delivery.

While mortuary services vary in size, service provision and staffing, all services should ensure that the deceased and the bereaved are placed at the heart of service delivery, within an overall context of public health, safety, security and sustainability.

The standards 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.

As outlined above, mortuary facilities are covered by Scottish Health Planning Note 16-01 Mortuary and post-Mortem Facilities: design and briefing guidance[9] and therefore are not included in the standards.

Using the standards for self evaluation, assurance and improvement

All standards follow the same format which includes:

- a clear statement of the standard

- a rationale giving reasons why the standard is considered to be important

- a list of criteria describing the required structures, processes and outcomes

- what to expect if you are a person using a mortuary service

- what to expect if you are a member of staff, and

- what the standards mean for organisations, including examples of evidence of achievement.

The implementation and monitoring of these standards will be for local determination by relevant organisations and services.

Terminology

These standards, wherever possible, use generic terminology that can be applied across all settings, including mortuary services.

These terminology are:

- **The deceased:** the person who has died; in practice, when speaking to people about the person who has died, their name or relationship should be used for example, 'your husband', 'your mother'. This will ensure that services acknowledge the person who has died and their importance in their family and friends' lives.

- **People who are bereaved/bereaved persons:** Nearest relatives, family and friends of the deceased.

- **Nearest relative:** As next of kin is not defined in law, the term *nearest relative* is used. Nearest relative is a term used in the Burial and Cremation (Scotland) Act 2016 ("2016 Act")[15] which states the nearest relative of an adult is the person who immediately before the adult's death was:

  Their spouse or civil partner; living with the person as if married for a period of at least six months prior to death; their child; their parent; their sibling; their grandparent; their grandchild; their uncle or aunt; their cousin; their nephew or niece; long standing friend. The 2016 Act also contains definitions for the nearest relative of a child and of a stillborn baby.

- **Deaths that involve the police (COPFS cases):** Cases where the COPFS is involved and there is an investigation into the cause of death. This places legal responsabilities on the COPFS, Police Scotland and the forensic pathologists and scientists.

- **Deaths that do not involve the police:** Cases where there is no COPFS involvement. It should be noted that in cases where there is an unexpected or sudden death, it may begin as a COPFS case but change after initial investigation to an accidental death.

- **Mortuary staff:** Pathologists, anatomical pathology technologists, clerical staff, porters and other staff working directly with the mortuary.

- **Organisation(s):** All organisations employing mortuary staff such as the NHS, local authorities and universities. Also, in the case of those deaths that involve the policy (COPFS cases), the mortuary services are contracted by COPFS with involvement from Police Scotland.

- **Viewing:** This is a technical term relating to a time when family and friends of the deceased sit with the deceased within the mortuary. For many people, this is an important opportunity to spend time with the deceased. Mortuary staff will arrange and endeavor to support this opportunity for all who wish it.

- **View and grant:** A non-invasive procedure which involves an experienced pathologist externally examining the body of the deceased while considering the deceased's history and the event surrounding the death. The pathologist will confirm to the Procurator Fiscal if a surgical post-mortem examination is required where they are not in a position to certify the cause of death on the basis of a view and grant examination.

- **Care After Death:** The care given to a body after death. It is a process that demonstrates respect for the deceased and is focused on respecting their religious and cultural beleifs, as well as health and safety and legal requirements. [16-18]

Standards summary

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, beliefs, 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 of all staff involved in the care of the deceased and support of people who are bereaved, appropriate to roles and workplace setting.

Standard 1: Leadership and governance

> **Standard statement**
>
> Each organisation demonstrates effective leadership and governance in the delivery and management of its mortuary service.

Rationale

Effective leadership and governance are critical to ensure that safe, person-centred and effective services are delivered to a high standard. Organisations that deliver high quality care and support have a responsibility and commitment to equity. People should have confidence that every organisation that provides care and assistance has high quality leadership and governance.[19]

The Public Health etc. (Scotland) Act 2008[7] places duties:

- on each **local authority** to provide premises and facilities for the reception and temporary storage of people who have died in the authority's area, and for the post-mortem examination of those people, as it considers appropriate

- on each **health board** ("NHS board") to provide premises and facilities for the reception and temporary storage of people who have died in a hospital in the board's area or whose bodies are brought to a hospital, and for the post-mortem examination of those people, as it considers appropriate.

Local authorities and NHS boards must co-operate with one another in complying with these duties.

NHS boards in Scotland own and operate a number of mortuaries. State mortuaries are provided by local authorities in Aberdeen and Edinburgh. Separately, in Dundee, Police Scotland own and operate a mortuary which is staffed by the University of Dundee. The COPFS additionally has contracts with a number of mortuary services to provide forensic investigations.

Persons employed by those organisations include pathologists, anatomical pathology technologists, mortuary managers, clerical staff, porters and others required to deliver the service. Given the range of organisations and staff groups involved, it is essential that

there is effective partnership working between the NHS, local authorities, universities, Police Scotland and COPFS.

While the statutory duties described above do not extend further than providing facilities and premises, a key component of the work carried out by all mortuary staff is care of the deceased, which is seen in essence as a continuation of clinical care, and supporting bereaved people in what can be a very distressing time. All organisations involved in the provision of mortuary services should ensure the safe accommodation and appropriate care of the deceaced and support for the bereaved.

The Scottish Health Planning Note 16-01 Mortuary and Post-Mortem Facilities: design and briefing guidance[9] advises on how mortuary facilities can create a calm and supportive environment for people who have been bereaved. Continuous organisational self evaluation and reflective practice ensures people who experience mortuary services receive high quality care.

Criteria

1.1   Each organisation has effective management which includes:

- safe, effective and person-centred systems and procedures, and
- a designated lead professional (clinical or managerial) who is responsible and accountable for the quality of the service.

1.2   Each organisation ensures the delivery of a person-centred service which involves:

- mortuary staff routinely checking for recorded specific needs and wishes of the deceased and bereaved people and follow these respectfully
- equality policies, procedures and guidelines in place to address those needs and wishes, and
- an explanation being given when it is not possible to follow the wishes of either the deceased or bereaved due to a COPFS investigation.

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

- professional confidentiality guidance
- legal requirements
- COPFS guidance[20]

- UK General Data Protection Regulation (UK GDPR)[21] and the Data Protection Act 2018[21]

- Caldicott principles[22]

- Access to Health Records Act 1990[23]

- Health and Safety Executive (HSE) guidance[24], and

- local and national data sharing protocols, policies and procedures.

1.4 Each organisation can demonstrate that it provides clear information about the service on the organisation's website and in its documents and leaflets. This information should be accessible to the public and professionals.

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

- a multi-organisational approach to deliver person-centred care

- equality policies and information on rights in relation to people's protected characteristics

- updating, agreeing and monitoring contracts or service level agreements

- quality, monitoring, assurance and improvement, including review of feedback and relevant data and action taken as a result[25]

- a point of contact for the mortuary service

- adoption of national documentation where available

- timely response to and learning from adverse events[26], 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 all aspects of mortuary services, including:

- the Management of Hospital Post-Mortem Examinations,[11] and

- those deaths that involve the police and COPFS.[20, 27]

1.7 Each organisation ensures that its mortuary service adheres to all relevant health and safety legislation and recommended professional obligations and practices.[11, 20, 25, 28]

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

- regular training that is relevant to their setting, role and responsibilities

- continuing professional development, and

- provision for their wellbeing in line with the current organisational processes and practices.

1.9 Each organisation engages in partnership working with the organisations involved in delivering mortuary services. They should also, in partnership, review the services and undertake continuous improvement activities in response.

1.10 Each organisation ensures that the role of the mortuary service is understood by the wider staff group through providing information and training appropriate to roles, responsibilities and setting.

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 will be taken into account, if known, and followed where possible.

- Everyone can be confident that the organisation has effective leadership and governance and that it promotes a culture committed to continuous improvement.

- All people who are bereaved will experience compassionate and respectful support from those involved in the mortuary service.

- All people who are bereaved 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 COPFS and the police, people who are bereaved will be advised as fully as possible within the constraints of the legal system.

- In those deaths that involve COPFS and the police, 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.

What does the standard mean for staff in the organisation?

- Mortuary staff have the policies, procedures and training to feel confident in their role and in how to respond to specific requirements of the deceased and people who are bereaved.

- All staff have information about mortuary services in their area. Where relevant to their role, staff have information about the funeral directors operating in their area.

- Where it is relevant to their role, all staff 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

- has policies, procedures and training in place to support staff

- seeks feedback on the service

- ensures mortuary staff have the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high quality care

- supports reflective practice for staff [29, 30]

- offers ongoing assistance, training and continuing professional development opportunities to mortuary staff

- provides opportunities for multi-organisational and multidisciplinary discussions, meetings and training to encourage partnership working

- promotes information sharing where appropriate, and

- provides opportunities to relevant 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 to the public and other users in a range of formats and languages.

- Equality and diversity policies and procedures are in place and there is 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 Post-Mortem Examination Standards being implemented.

- Examples of joint working between staff from the relevant organisations.

- Feedback being sought and evidence of learning from the experiences of people who are bereaved.

- Procedures for adverse events and evidence of learning from the recommendations.

- Clear information on the roles and responsibilities of each organisation involved in the delivery of mortuary services e.g. NHS boards, COPFS, local authorities and Police Scotland will be shared with mortuary staff at induction.

- Staff training records.

- Staff visits to the mortuary as part of induction and professional development.

- United Kingdom Accreditation Service (UKAS) accreditation ISO 15189 [31]which includes mortuary services.

- Use of digital platforms to access recorded wishes of the deceased, where available.

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, beliefs, identity, dignity, privacy and confidentiality.

Rationale

Care of the deceased is seen as an aspect of clinical care.

The personal, spiritual, faith and cultural values, beliefs and identity of the deceased are to be respected if known and followed where possible.[32, 33]

In those deaths that involve the police (COPFS cases), although the personal, spiritual, faith and cultural values, beliefs and identity of the deceased will be considered, it may not always be possible to act on them as legal requirements and forensic practice will take precedence.

Where known, the deceased's wishes are taken into account by the mortuary services and discussed with the bereaved. Some people are fearful that their wishes, spiritual, faith, culture, beliefs and identity will not be respected in death. Where the wishes left by the deceased do not align with the wishes of the bereaved, the mortuary service, operating within its organisation's procedures and requirements, will discuss and work with the bereaved to identify and agree a solution.

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, especially at the time of viewing.[34, 35]

When a person dies, experience indicates that the personal effects worn by the deceased when they died can be of very significant importance to the bereaved. Treating personal effects with care and keeping clear records of the deceased's personal effects is of utmost importance.

Criteria

2.1 The deceased will be treated with kindness and dignity at all times, including during transportation and when being presented for viewing. This will be in line with professional standards[11, 36] and organisational requirements.

Ensuring the security of the deceased from illegal and unauthorised access will be given utmost importance and will be in line with the security arrangements set out in Scottish Health Planning Note 16-01 Mortuary and Post-Mortem Facilities: design and briefing guidance[9].

2.2 The dignity, privacy and confidentiality of the deceased will be respected in all cases. If known, the wishes, spiritual, faith and cultural values, beliefs and identity of the deceased will be taken into account and followed where possible.[32]

2.3 The deceased's clothing, belongings and personal effects received into the mortuary will be handled with sensitivity and returned, 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 nearest relative

- in some cases of deaths in the community, clothing may not be returned to the nearest relative for reasons of infection control[24, 37]

- 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 should be kept so that when no longer required for evidence they will be returned in line with COPFS standards

- in all cases where belongings cannot be returned, a full explanation will be given to the people who are bereaved

- in those deaths in the community that do not involve the police, where the deceased is accommodated in the mortuary while awaiting medical certification of cause of death, the handling of personal effects will be the responsibility of the funeral directors unless requested otherwise, and

- a record of all clothing, belongings and personal effects of the deceased will be produced and retained for a minimum of two years or in line with the organisation's records management policy.

2.4 Each organisation is responsible for ensuring that all information regarding the deceased, including identification, is as accurate and complete as possible during handover between services, for example, during transportation of the deceased.

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

- standard operating procedures for care and treatment of the deceased are in place

- 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[24]

- other precautions for particular circumstances, such as exposure to radiation or chemicals, should also be followed in line with HSE and Scottish public health guidance[24]

- a coding and records system is in place to facilitate traceability of the deceased, ensuring correct care and a robust audit trail

- partner agencies should agree and set a minimum retention period for records

- the bereaved's permission should be obtained for any 'cosmetic' procedures, adjustments or other invasive procedures prior to release of the deceased. Where the deceased's wishes are known, these should be taken into account and discussed with the nearest relative and the bereaved

- a procedure is in place to discuss with the nearest relative and the bereaved any condition that may cause them distress, for example, when viewing or preparing the deceased for burial or cremation

- the deceased is considerately, respectfully and thoughtfully prepared for both viewing and release, and

- patient confidentiality is respected in line with law and guidance.[21, 23, 38-40]

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

- All people will be confident that personal information will be kept confidential after they die except in those circumstances when disclosure is in line with law and guidance.

- All people will be confident that when they die, where it is known and possible, they will be treated as they would wish to be.

What does the standard mean for staff?

- Mortuary staff are trained in, and have information on, faith, spiritual and cultural practices, beliefs and transgender identities, to confidently, sensitively and appropriately care for the deceased.

- Mortuary staff check for recorded information on the deceased as a matter of routine and respect the requirement for maintaining patient confidentiality.

- Mortuary staff will always care for the deceased in a respectful and dignified manner, which is also appropriate for viewing and release.

What does the standard mean for organisations?

- Each organisation needs to discharge its duties under the Equality Act 2010.[32]

- Mortuary staff have access to training and are supported to understand their responsibilities under appropriate legislation.

- Each organisation has a range of standard operating procedures to underpin care and consistency within the service.

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 wherever possible in accordance with guidance and standards.

- Records show the deceased's personal, spiritual, faith and cultural values, beliefs and identity have been respected wherever possible and where this has not been possible, an explanation is recorded.

- Records show that each organisation has undertaken a security risk assessment in line with Health Facilities Scotland Scottish Health Planning Note 16-01 Mortuary and Post-Mortem Facilities: design and briefing guidance[9] and taken appropriate action where required.

- Feedback shows that transgender people have been prepared in an appropriate, sensitive and respectful way.

- Examples of feedback from people who have been bereaved, where persons of faith and belief groups were prepared in line with their faith.

- Feedback from people who have been bereaved has been sought and acted on appropriately.

- Feedback from funeral directors has been sought and acted on appropriately.

- Records of transport of the deceased, 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, the use of three methods of identification and records such as the CHI number, post-mortem number, name, date of birth and death.

- Risk assessments include how to mitigate the identified risks. This includes actions that need to be taken, specifically who is responsible for each action, deadlines for completing actions and confirmation that actions have been completed.

- A care after death policy.[16, 17]

- Evidence of dignity and respect for the deceased would be in line with the care after death policy and would include:
  - being clean and appropriately clothed or shrouded
  - the mouth and eyes closed
  - a block placed under the head throughout the stay in the mortuary, and
  - medical devices, for example, cannulas removed where this is possible.

- 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
  - record retention, 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 responsive to their needs and circumstances while 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.[41]

It is important that people who are bereaved feel listened to and that information, help and guidance on what to do next is offered in response to their individual needs. This can be helpful at what is a difficult time and should be offered to everyone and provided to those who wish to receive it. As people often find it difficult to take in details when they are grieving, information should always be provided in a sensitive manner.[42]

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.[43]

In those deaths that involve the police (COPFS cases), it may be necessary to withhold specific information due to a legal investigation. Information about what will happen next and the timescale involved, helps to keep people informed.

While the deceased is in the care of the mortuary service, it is important that people who are bereaved feel that their personal, spiritual, faith and cultural values, beliefs and identity are valued.[32] However, it is also important that the wishes of the deceased, where they are known, are taken into account. Where the wishes left by the deceased do not align with the wishes of the bereaved, the mortuary service, operating within its organisation's procedures and requirements, will discuss and work with the bereaved to identify and agree a solution.

Criteria

3.1 In all cases, people who are bereaved are treated sensitively, with respect, empathy and compassion.[44]

3.2 In all cases, people who are bereaved should be asked about their personal, spiritual, faith and cultural values, beliefs, identity and wishes in relation to how the deceased is handled and these should be recognised and respected.

3.3 Where reasonably practicable, people who are bereaved:

- have their relationship with the deceased and other bereaved persons taken into consideration
- are offered an opportunity to view and spend time with the deceased where possible
- are offered information and support that is responsive to their needs and is in an appropriate format and language
- are offered information and support at an appropriate time, and
- are supported and have an easily accessible method of providing feedback to each organisation.

3.4 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 available bereavement, spiritual, faith and cultural support services including translation services, where appropriate.

3.5 In those deaths that involve the police (COPFS cases), people who are bereaved are:

- directed to the COPFS and provided with information on how to contact them, and
- signposted, if required, to available bereavement, spiritual, faith and cultural support services including translation services, where appropriate.

3.6   In cases of disagreement between the wishes left by the deceased and the wishes of the bereaved, the mortuary service, operating within its organisation's procedures and requirements, will discuss and work with the bereaved to identify and agree a solution.

In those deaths that involve the police (COPFS cases), the COPFS investigation will take precedence, until the post-mortem examination 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 role of different organisations, who to contact, and know where to go for further assistance if they wish it
    - are signposted to services that may be able to provide ongoing support
    - are assisted appropriately if they have a disability, for example communication and accessibility issues are addressed, and
    - have access to sign language and language interpreters to ease any communication needs.
- Children and young people feel that they are included in any visit to the mortuary.
- 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.
- People 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 offer to people who are bereaved
- have current information on other services to which they can signpost people who are bereaved, and
- are confident that they can 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 assisting people who are bereaved

- appropriate and up to date information, including access to support information and services, and

- staff training on equality and on supporting people who are bereaved.

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 support such as relevant counselling services.

- Feedback was actively sought from people who are bereaved and acted on e.g.

  - they were able to access other services when required, and

  - in all services accessed they felt mortuary staff were informative, respectful and compassionate.

- 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 of 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, professional and compassionate, staff have to be trained and supported in their role.[45, 46] Staff should have access to training, including equalities training, to enable them to support people who are bereaved effectively.

All staff involved in the care of a deceased person should continuously develop their knowledge and skills, and be provided with training and continuous professional development appropriate to their role and responsibilities. Personal and peer mentoring should be made available, as required.[45] Promotion of positive working and learning environments motivates staff to deliver high quality care to the deceased and people who are bereaved.[47]

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.[48, 49] Although bereavement is a long term process, what happens at the start of the journey for people 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 in a sensitive, respectful and person-centred manner[28]
- 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[28]

- implement a multi-professional and cross-organisational approach to improve knowledge, communication and partnership working, and

- have knowledge of, and take into account, personal, spiritual, faith and cultural values, beliefs and identity in accordance with any specific instruction of the deceased prior to death, where this is known and possible.[28, 45]

4.2   Line managers will:

- encourage and enable staff to participate fully in training and continuing professional development

- implement reflective practice to identify and address education needs aligned to professional development frameworks where appropriate, and

- ensure staff are trained effectively in all aspects of their role, including conducting sensitive or difficult conversations with the next of kin and people who are bereaved.[45]

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

4.4   Each organisation has 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 other organisations that provide mortuary services

- aid cross-organisational learning

- escalate any concerns or issues

- ensure that mortuary staff have information on services relevant to the bereaved person

- ensure that occupational health services are provided to all mortuary staff

- provide staff training in the appropriate, compassionate care and handling of the deceased for all those working in mortuary services, and

- ensure training and supervision of other staff who have access to the mortuary, for example, staff who maintain equipment and estate, and

- ensure robust Human Resources practices are in place, including disclosure checks for staff who have access to the mortuary (including where access is granted via contractual arrangements).

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

What does the standard mean for people using mortuary services?

- Everyone can be confident that when they die, their culture, belief and faith practices, identity and recorded wishes will be understood and taken account of where possible.

- People who are bereaved will be confident that staff will be compassionate, skilled and competent.

- People who are bereaved will be confident that mortuary staff have the appropriate training and support to meet their needs.

What does the standard mean for staff?

- Mortuary staff develop an understanding of and can recognise the specific needs of groups protected by the Equality Act 2010[32] and are aware of equality and diversity policies and procedures.[32]

- Mortuary staff can demonstrate knowledge, skills and competence relevant to their role.

- Mortuary staff attend relevant training in bereavement support.

- Mortuary staff are appropriately supervised to fulfil their responsibilities.

- Mortuary staff have mechanisms in place to work in partnership with other organisations.

- Clear guidance on the roles and responsibilities of each organisation involved in providing the mortuary service (independent health care services, hospices, Police Scotland, COPFS, the NHS, local authorities and universities) is available.

- 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.

- Each organisation provides ongoing support to mortuary staff.

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

- Each organisation has robust Human Resources practices in place in relation to mortuary services, including disclosure checks for staff who have access to the mortuary (including where access is granted via contractual arrangements).

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

- Information is available to mortuary staff about support mechanisms for them.

- The mortuary has representation on multidisciplinary groups with minuted meetings demonstrating involvement and partnership working.

- Multi-organisational and multidisciplinary training are developed and staff are supported to attend.

- There are training and development plans and records on, for example:

  - bereavement support, and

  - equality training.

- Staff have the appropriate technical training, for example, are trained in care after death.[35]

Appendix 1: Development of the standards

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

Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by an information scientist based in the Healthcare Improvement Scotland Evidence Directorate. Databases searched include ERIC, Cinahl, Embase, Medline, ASSIA and Public Health and PsychArticles. Additional searching was done though citation chaining and identified websites, grey literature, and stakeholder knowledge. This evidence was also used to inform all relevant impact assessments.

Development activities

To ensure each standard is underpinned with the views and expectations of health and social care staff, mortuary services 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 in December 2018,
- two development group meetings between February and April 2019,
- consultation June and July 2019, and
- finalisation meeting in August 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 work was paused in response to COVID-19. 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 development 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: Healthcare Improvement Scotland's email.

Healthcare Improvement Scotland also reviewed the draft 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 the role, direction and priorities of Healthcare Improvement Scotland please visit:

Healthcare Improvement Scotland's website.

Appendix 2: Membership of the standards development group

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

Healthcare Improvement Scotland would like to thank the following people for their input:

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

Appendix 3: Project team members

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

Rachel Hewitt	Programme Manager
Fiona Wardell	Team Lead

The standards development group was also supported by the previous members of the standards and indictors team:

Valerie Breck	Senior Project Officer
Claire Henry	Administrative Officer
Karen Ritchie	Deputy Director/Head of Knowledge and Information

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