

Management of Hospital Post-mortem Examinations

Standards

June 2016

About Healthcare Improvement Scotland

We are a national organisation, working with health and social care providers, third sector organisations, the public and a range of stakeholders to drive improvement in the quality of health and social care for people in Scotland.

We are focused on delivering seven key contributions to support health and social care providers to deliver high quality services that continually improve:

- We support citizens to have a meaningful say in the design, planning and provision of health and social care services in Scotland.
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- We review the major issues that matter to the future shape of health and social care services in Scotland.
- We help to tackle waste and variation in health and social care services-ensuring that every pound is spent wisely.
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- We provide appropriate, practical and timely support to ensure health and social care services improve.
- We support the leadership in NHS boards and in health and social care partnerships to make the necessary improvements.

For more information about our role, direction and priorities, please visit:
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We are committed to equality and diversity. We have assessed these standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.

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Introduction

Background to the management of hospital post-mortem examinations

The Human Tissue (Scotland) Act 2006 outlines the legislative requirements for the conduct of a hospital post-mortem examination including the authorisation process.²

A hospital post-mortem examination is a medical procedure carried out by pathologists to identify the cause of death. Hospital post-mortem examinations may also provide valuable information on the effectiveness of medical and/or surgical treatments, and can further medical knowledge through clinical audit, research and education. Hospital post-mortem examinations are increasingly of value in understanding chromosomal and genetic disorders.

The care of the deceased is a continuation of clinical care and, as such, the deceased's wishes and those of people who have been bereaved are taken into account.³⁻⁵

A full hospital post-mortem examination will normally involve a comprehensive examination of all internal organs and the brain. A limited hospital post-mortem examination may occur in some circumstances, usually at the request of people who have been bereaved, and can provide sufficient information to identify the cause of death. On occasion, a hospital post-mortem examination with authorisation may also be conducted on bodies of individuals who have died abroad where there is no satisfactory cause of death for the purpose of registration.^{6, 7}

Hospital post-mortem examinations are conducted in NHS premises and within the framework of the Human Tissue (Scotland) Act 2006.^{2, 3} Self-authorisation for a hospital post-mortem examination may be given, for example, by individuals with chronic neurological disease or by individuals who wish to donate their brain or other organs for research and advancement in the understanding of disease. Where not self-authorised, a hospital post-mortem examination requires authorisation by a nominated representative, nearest relative or a person with parental rights and responsibilities. The Human Tissue (Scotland) Act 2006 sets out the hierarchy of authorisation for hospital post-mortem examinations.²

The *Standards for Management of Post-mortem Examinations* were published by NHS Quality Improvement Scotland in March 2003 following a review by an independent group on the retention of organs at post-mortem examination in 2000.⁸ In 2015, Healthcare Improvement Scotland identified that the standards required a partial revision, particularly in relation to legislative updates and changes in service provision.^{2, 7, 9, 10}

The implementation of these standards will be for local determination.

Scope of the standards

NHSScotland is committed to delivering the best clinical care, including after the death of an individual and supporting people who have been bereaved. These standards apply to NHS boards and staff involved in hospital post-mortem examinations, including the process for authorisation. This includes, but is not limited to, pathologists, anatomical pathology technologists, mortuary technicians, medical and nursing staff,

staff involved in transportation of the deceased, and staff involved with bereavement care and support.

The standards cover the following areas:

- governance
- authorisation process
- dignity and respect for the deceased and people who have been bereaved
- pathology examination and reporting
- removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs, and
- education and training.

The standards have been informed by legislation primarily the Human Tissue (Scotland) Act 2006, current evidence, best practice recommendations and group consensus.²

Areas not covered

Medico-legal post-mortem examinations are outwith the scope of these standards, as these are instructed by the Crown Office and Procurator Fiscal Service (COPFS) to investigate the cause and circumstances of an unexplained or unnatural death. These examinations are usually carried out by forensic pathologists, do not require authorisation by relatives and are regulated by separate guidance and procedures.¹¹

Pregnancy loss up to and including 23 weeks and 6 days gestation, as defined in the guidance provided by the Chief Medical Officer (CMO), is outwith the scope of the standards.¹⁰

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.

Terminology

Wherever possible, we have incorporated generic terminology which can be applied across all healthcare settings. The term 'people who have been bereaved' is used

throughout the standards to refer to any person who was close to the deceased and is significantly affected by the death.⁴ This includes, but is not limited to, carers and family.

The term 'authorising individual' is used to describe the nominated representative, nearest relative or a person with parental rights and responsibilities who has given authorisation for a hospital post-mortem examination.²

Summary of standards

- Standard 1: Each NHS board has a governance structure in place for the safe, effective and person-centred management of hospital post-mortem examinations and reporting.
- Standard 2: Authorisation is obtained for all hospital post-mortem examinations in line with legislation and national guidance.
- Standard 3: The deceased, and people who have been bereaved, are treated with dignity and respect, and in accordance with their wishes.
- Standard 4: Hospital post-mortem examination and reporting takes place in line with legislation and national and professional guidance.
- Standard 5: Each NHS board has processes in place for the removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs.
- Standard 6: Each NHS board ensures staff have the knowledge, skills and experience to deliver a safe, effective and person-centred hospital post-mortem examination service.

Management of hospital post-mortem examinations standards

Standard 1: Governance

Standard statement

Each NHS board has a governance structure in place for the safe, effective and person-centred management of hospital post-mortem examinations and reporting.

Rationale

To promote public confidence in the hospital post-mortem examination process, NHS boards will demonstrate that hospital post-mortem examinations are a continuation of clinical care, part of their governance structures and comply with legislation.²

The Human Tissue (Scotland) Act 2006 outlines the legislative requirements for hospital post-mortem examinations, including staff responsible for taking authorisation and retention and disposal of tissue blocks, glass slides and organs.² There are infection control procedures for hospital post-mortem examinations, including reporting infection risk from the deceased.¹²⁻¹⁵

Guidance is available from the Royal College of Pathologists on hospital post-mortem examination record management and audit activities.¹⁶

Criteria

- 1.1 Each NHS board is responsible for ensuring there are safe, effective and person-centred systems in place for the management of hospital post-mortem examinations as described by the Human Tissue (Scotland) Act 2006.
- 1.2 Each NHS board has local policies and procedures in place for hospital post-mortem service including:
 - (a) the authorisation process
 - (b) identification of the deceased
 - (c) removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs
 - (d) the identification, notification and management of infection control
 - (e) communication between the requesting clinician and pathologist, and
 - (f) reporting and documentation requirements for the pathologist and for the deceased's medical records.
- 1.3 Each NHS board has processes in place to ensure the implementation, monitoring and audit of hospital post-mortem examination protocols and practice.

1.4 Throughout the hospital post-mortem examination process, each NHS board has a designated individual or team:

- (a) as the point of contact for people who have been bereaved
- (b) to ensure the completion of all appropriate forms, and
- (c) to co-ordinate communication between clinical staff and people who have been bereaved.

1.5 Each NHS board uses data from hospital post-mortem examinations to improve the service.

What does the standard mean for people who have been bereaved?
<p>People who have been bereaved:</p> <ul style="list-style-type: none"> • have access to information or support around post-mortem examination and bereavement • are assured that hospital post-mortem service follow legislation and national guidance, and • have confidence that their feedback will be used to improve the service.
What does the standard mean for staff?
<p>Staff have a knowledge of policies and procedures and an understanding of their roles and responsibilities in the hospital post-mortem examination process.</p>
What does the standard mean for the organisation?
<p>The NHS board can demonstrate clear policies and procedures to ensure that hospital post-mortem examinations are delivered in line with legislation, local and national guidance, and are monitored and audited.</p>
Practical examples of evidence of achievement (NOTE: this list is not exhaustive.)
<ul style="list-style-type: none"> • Copies of locally-agreed policies and procedures for hospital post-mortem examinations, for example, infection control and authorisation processes. • Locally-agreed audit and monitoring of data, policy implementation and review. • Copies of completed pathology reports and medical records to demonstrate compliance with legislation and policies. • Organisational charts and contact details of local and national bereavement services. • Copies of the nationally-agreed minimum dataset for hospital post-mortem examination records.¹⁶ • Data on organ/tissue retention and disposal is recorded. • Feedback on experience of the hospital post-mortem examination process from people who have been bereaved and staff, and recording of how this is used for service improvement.

Standard 2: Authorisation process

Standard statement

Authorisation is obtained for all hospital post-mortem examinations in line with legislation and national guidance.

Rationale

Authorisation for hospital post-mortem examination is a sensitive subject for both those requesting it and those granting it. Staff must understand the legal requirements for authorisation and the completion of nationally-agreed authorisation forms.²

The Human Tissue (Scotland) Act 2006 details the hierarchy of authorisation, including self-authorisation, and the role of relatives and nominated representatives.² Self-authorisation for hospital post-mortem examination can be given by individuals who wish to donate their brain or other organs for research and advancement in the understanding of disease. Research organisations receiving donations will work with the individual, relatives and pathologists to ensure wishes and preferences are documented.

Criteria

- 2.1 An authorisation form is completed following discussion with the authorising individual about the deceased's wishes and preferences.
- 2.2 Before the hospital post-mortem examination is undertaken, copies of the completed authorisation form, including self-authorisation, are:
 - (a) given to the authorising individual or nominated representative
 - (b) given to the pathologist, and
 - (c) retained in the deceased's medical record.
- 2.3 Copies of the completed authorisation form for hospital post-mortem examinations on embryos or fetuses should be retained in the mother's medical record.
- 2.4 Copies of the completed authorisation form for hospital post-mortem examinations on babies who have died should be retained in the baby's medical record.
- 2.5 Information about the hospital post-mortem examination and authorisation process is provided in an appropriate format to the authorising individual or people who have been bereaved.

What does the standard mean for people who have been bereaved?

People who have been bereaved are provided with information and support to make

an informed decision about authorising a hospital post-mortem examination.
What does the standard mean for staff?
<p>Staff:</p> <ul style="list-style-type: none"> • understand their roles and responsibilities when communicating about the authorisation process and completing authorisation forms, and • ensure discussions with people who have been bereaved are conducted supportively and are accurately documented.
What does the standard mean for the organisation?
Each NHS board undertakes regular monitoring of the authorisation process and records to provide assurance that authorisation takes place in line with legislation and national guidance and that decisions are accurately documented.
Examples of evidence of achievement (<i>NOTE: this list is not exhaustive.</i>)
<ul style="list-style-type: none"> • Copies of local policies and procedures relating to the authorisation process, including procedure for refusal to authorise. • Copies of fully completed authorisation forms. • Results of audits of the authorisation process. • Information leaflets explaining the authorisation process. • Where there is feedback or complaints about the hospital post-mortem examination authorisation process from people who have been bereaved and from staff, this is used to improve services.

Standard 3: Dignity and respect for the deceased and people who have been bereaved

Standard statement

The deceased, and people who have been bereaved, are treated with dignity and respect, and in accordance with their wishes.

Rationale

The personal, spiritual, faith and cultural values and beliefs of the deceased and people who have been bereaved are to be respected. Care of the deceased is a continuation of clinical care and, as such, the deceased's wishes and those of people who have been bereaved are taken into account.³⁻⁵

Criteria

- 3.1** The deceased and people who have been bereaved are treated with sensitivity and dignity, and their personal, spiritual, faith and cultural values, beliefs and wishes are respected.
- 3.2** People who have been bereaved are provided with:
- (a) information about the process and purpose of a hospital post-mortem examination
 - (b) information about the requirements of authorisation
 - (c) reasons for transportation
 - (d) information about the retention of organs for education and research
 - (e) an opportunity to speak with staff involved in the care of the deceased, including the pathologist, to discuss the hospital post-mortem examination and its findings
 - (f) a copy of the final hospital post-mortem examination report written in lay language within 30 working days of request, and
 - (g) information or signposting to bereavement, spiritual, faith and cultural support available.
- 3.3** Staff who are involved in any aspect of the hospital post-mortem examination process are trained in conducting sensitive conversations, and have knowledge of spiritual, faith and cultural values and beliefs in accordance with any specific instruction of the deceased prior to death.

What does the standard mean for people who have been bereaved?

People who have been bereaved:

- are informed about all aspects of the hospital post-mortem examination and have the opportunity to discuss the deceased's and their own wishes and preferences
- are assured that the deceased are treated with dignity and respect, and
- have access and signposting to bereavement support and further information on the hospital post-mortem examination process.

What does the standard mean for staff?
Staff: <ul style="list-style-type: none">• treat the deceased with dignity and respect• ensure that people who have been bereaved are fully involved, informed and supported during the hospital post-mortem examination process, and• understand their responsibilities to ensure communication with people who have been bereaved is effective and documented, where appropriate.
What does the standard mean for the organisation?
The NHS board has: <ul style="list-style-type: none">• policies and procedures to support the personal, spiritual, faith and cultural values, beliefs and wishes of the deceased and people who have been bereaved• information on the hospital post-mortem examination process, and• referral pathways for bereavement and faith services.
Practical examples of evidence of achievement (<i>NOTE: this list is not exhaustive.</i>)
<ul style="list-style-type: none">• Access to support services such as healthcare chaplains, bereavement co-ordinators, translation service and bereavement support.• Information leaflets on hospital post-mortem examination, authorisation and bereavement.• How feedback has contributed to enhanced information and communication.

Standard 4: Pathology examination and reporting

Standard statement

Hospital post-mortem examination and reporting takes place in line with legislation and national and professional guidance.

Rationale

Hospital post-mortem examination, reporting, and documentation requirements are clearly set out in legislation, national and professional guidance.^{2, 16} Hospital post-mortem examination reports are made available promptly to ensure discussion with relatives, GPs, and clinical staff can take place as soon as possible.

There are circumstances in which completion and reporting of the hospital post-mortem examination will take longer due to the nature of the investigation, for example, neuropathology, cytogenetics, or if there is a risk of infection transmission to staff, for example, hepatitis B or Creutzfeldt Jakob disease.^{12, 13, 15} Staff should inform people who are bereaved of any such delays whilst maintaining confidentiality of the deceased.¹⁴

Criteria

- 4.1 Hospital post-mortem examinations, reporting and audit are carried out in line with the Human Tissue (Scotland) Act 2006 and professional guidance, for example, from the Royal College of Pathologists.
- 4.2 Protocols and procedures are in place to ensure correct identification of the deceased.
- 4.3 The requesting clinician accurately completes the relevant authorisation form.
- 4.4 The pathologist carrying out the hospital post-mortem examination is provided with:
 - (a) a clinical summary, including the reason for a hospital post-mortem examination
 - (b) a copy of the authorisation form, which details the wishes of the deceased, people who have been bereaved or nominated representatives, and
 - (c) timely access to the deceased's medical records.
- 4.5 The hospital post-mortem examination is carried out or supervised by a pathologist on the specialist register of the General Medical Council (GMC). Paediatric, perinatal and neuropathology post-mortem examinations are carried out or supervised by a pathologist trained in these specific fields.
- 4.6 A hospital post-mortem examination is carried out by the department conducting the hospital post-mortem examination within 3 working days of receipt of the completed authorisation form.

- 4.7** On completion of the hospital post-mortem examination and associated tests, the pathologist provides the requesting clinician and other staff with:
- (a) an initial report within 3 working days, and
 - (b) a final report within 30 working days.
- 4.8** Where neuropathology, paediatric pathology and some specialist tests are required, the timescale for completion and reporting on hospital post-mortem examination will be extended.
- 4.9** Where the hospital post-mortem examination or reports are necessarily delayed, this is documented in the medical and pathology records, and timeously communicated to staff and the people who have been bereaved.
- 4.10** A description of the histology, cytology and any other samples taken and the results are included in the final hospital post-mortem examination report.

What does the standard mean for people who have been bereaved?
<p>People who have been bereaved are assured that:</p> <ul style="list-style-type: none"> • the hospital post-mortem examination will be carried out as soon as possible after death • the deceased will be treated with respect and dignity • the hospital post-mortem examination report, if requested, will be presented in lay language, and • any delays in the hospital post-mortem examination or reporting are fully explained and discussed confidentially.
What does the standard mean for staff?
<p>Staff:</p> <ul style="list-style-type: none"> • are trained to carry out the hospital post-mortem examination • understand their roles and responsibilities when communicating about the authorisation process and completing authorisation forms and the initial and final hospital post-mortem examination reports, and • ensure discussions with people who have been bereaved and colleagues are accurately documented and timeous.
What does the standard mean for the organisation?
<p>The NHS board has locally-agreed procedures for carrying out a hospital post-mortem examination.</p>
Practical examples of evidence of achievement (<i>NOTE: this list is not exhaustive.</i>)
<ul style="list-style-type: none"> • Copies of locally-agreed policies for hospital post-mortem examination. • Audit of medical and pathology records to monitor communication and documentation relating to hospital post-mortem examinations. • Audit of reporting times for initial and final hospital post-mortem examination reports.

- Copies of initial and final hospital post-mortem examination reports to clinicians and other staff, for example, midwives and GPs.

Standard 5: Removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs

Standard statement

Each NHS board has processes in place for the removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs.

Rationale

People who are bereaved are assured that all aspects of the hospital post-mortem examination process are undertaken with sensitivity and respect for the deceased (refer to Standard 3). Communication, particularly around removal, retention, transportation and disposal, is paramount and wishes for disposal are discussed fully.

Legislation and national guidance provide the framework for the removal, retention, storage, transportation and disposal of the body, embryos, fetuses,¹⁰ tissue blocks, glass slides and organs.^{2, 3} Tissue blocks and glass slides are retained as part of the deceased's medical records.¹⁷

Criteria

- 5.1** Each NHS board has local policies and procedures in place for the removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs, which describe:
- (a) staff roles and responsibilities
 - (b) communication with people who have been bereaved and staff, including the reason for referral for specialist investigations, and
 - (c) maintenance and audit of records relating to transportation, including details of dates, and the sending and receiving departments.
- 5.2** Records relating to the removal, retention, storage, handling, transportation and disposal of tissue or organs are maintained and audited in line with legislation and national guidance.
- 5.3** Tissue blocks and glass slides are retained as part of the deceased's medical record and in line with legislation and timeframes set by Scottish Government.¹⁷
- 5.4** For diagnostic cases, organs are retained for a maximum of 3 months after the final hospital post-mortem examination report is completed. Any delays are documented in the medical and pathology records.
- 5.5** The wishes of the deceased and people who have been bereaved are documented and include all aspects of the hospital post-mortem examination and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs.

- 5.6** When responsibility for organ disposal is delegated to the pathology department, the arrangements are carried out and documented in line with local protocols.
- 5.7** Each NHS board has protocols in place which set out local arrangements for the disposal of embryos and fetuses, and these are documented in the medical and pathology records.

What does the standard mean for people who have been bereaved?
<p>People who have been bereaved can be reassured that:</p> <ul style="list-style-type: none"> • staff will fully discuss with them their preferences relating to removal, retention, storage, handling, transportation and disposal • their decisions are fully communicated to staff and accurately documented, and • the procedures are carried out in line with legislation, local and national guidance.
What does the standard mean for staff?
<p>Staff have a knowledge of legislation, policies and procedures, and an understanding of their roles and responsibilities for the removal, retention, storage, transportation, and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs.</p>
What does the standard mean for the organisation?
<p>The NHS board can demonstrate:</p> <ul style="list-style-type: none"> • clear policies and procedures to ensure that the removal, retention, storage, handling, transportation and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs are carried out in line with legislation and national guidance, and • those policies and procedures are monitored and audited for quality improvement.
Practical examples of evidence of achievement (<i>NOTE: this list is not exhaustive.</i>)
<ul style="list-style-type: none"> • Copies of policies and procedures for removal, retention, storage, handling, transportation, and disposal of the body, embryos, fetuses, tissue blocks, glass slides or organs. • Audit reports detailing, for example, tissue blocks and glass slides currently stored. • Locally-agreed audit and monitoring processes of policy implementation and review for quality improvement. • Copies of completed medical and pathology records to demonstrate compliance with policies. • Copies of locally-agreed minimum data for hospital post-mortem examination records, for example, organ retention.

Standard 6: Education and training

Standard statement

Each NHS board ensures staff have the knowledge, skills and experience to deliver a safe, effective and person-centred hospital post-mortem examination service.

Rationale

A range of staff, including anatomical pathology technologists, clinical, laboratory and porters are involved in the removal, retention, storage, handling, transportation and disposal of deceased individuals.

Training will cover the relevant procedures and legislation associated with, for example, the authorisation process, organ retention and disposal, reasons for hospital post-mortem examination and referral to the Procurator Fiscal.^{2, 3, 6, 11} Staff are also supported in developing communication skills.¹⁸

Criteria

- 6.1** Each NHS board implements an education programme, with input from pathologists, for medical and nursing staff which includes:
- (a) reasons for, and aims of, the hospital post-mortem examination and what it entails
 - (b) the authorisation process, including accurate completion of authorisation forms
 - (c) the death certification review system and issuing the medical certificate of cause of death
 - (d) communication skills, including explaining the content of the medical certificate of cause of death and authorisation
 - (e) understanding personal, spiritual, faith and cultural issues
 - (f) when, and how, to refer to the Procurator Fiscal, and
 - (g) the ethical and medico-legal framework in which hospital post-mortem examination occurs.
- 6.2** The education and training needs of specialist practitioners, for example, anatomical pathology technologists and pathologists, are aligned to professional development frameworks.
- 6.3** Staff are knowledgeable and trained in infection control procedures, including handling the deceased, notification of infection hazards, and the relevant legislation and regulations.

What does the standard mean for people who have been bereaved?

People who have been bereaved are reassured that staff are knowledgeable, skilled and appropriately trained to deliver a safe, effective and person-centred hospital post-mortem examination service.

What does the standard mean for staff?
Staff are supported to undertake training and educational activities to maintain their knowledge of hospital post-mortem examination, including communication, legislative frameworks and professional competencies.
What does the standard mean for the organisation?
The NHS board has a systematic approach to identifying the education and training needs of staff involved in authorisation and hospital post-mortem examination appropriate to their roles and responsibilities.
Practical examples of evidence of achievement (<i>NOTE: this list is not exhaustive.</i>)
<ul style="list-style-type: none">• Assessment of education and training requirements, for example, training needs analysis.• Supervision and mentoring programme.• Issues and incidents from hospital post-mortem examinations used in learning and education.• Copies of educational programmes.• Use of national information and educational tools for staff, for example, support around death, bereavement following pregnancy loss and the death of a baby, and LearnPro modules.^{18, 19}

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Appendix 1: Development of the hospital post-mortem examinations standards

The management of hospital post-mortem examinations standards are based on current evidence, best practice recommendations and group consensus.²

Development activities

To ensure each standard was underpinned with the views and expectations of both healthcare staff, third sector representatives, people who have been bereaved and the public in relation to hospital post-mortem examination, information was gathered through a number of activities, including:

- a rapid review of the existing *Standards for Management of Post-mortem Examinations* to identify key areas for revision
- planning meetings with key project group members in October 2015, and
- three project group meetings between November 2015 and April 2016.

A project group, chaired by Professor Stewart Fleming (Professor of Cellular and Molecular Pathology, University of Dundee), was convened in November 2015 to consider the evidence and develop the standards.

A specialist review group also contributed to the review of the standards before final publication.

For information, membership of both the project group and the specialist review group is set out in Appendix 2.

Consultation on the draft standards

Following publication of the draft standards for the management of hospital post-mortem examinations in February 2016, we engaged with service users, the general public, third sector organisations, health and social care staff, and private sector organisations, using a variety of approaches, including:

- a focus group (with service users, staff and members of the public)
- an online survey, and
- a feedback form.

Consultation feedback and finalisation of the standards

Following consultation, the project group re-convened to review all comments received and to make final decisions and changes pertaining to the standards content. More information can be found within the consultation feedback report which is available on the Healthcare Improvement Scotland website www.healthcareimprovementscotland.org/our_work/person-centred_care/resources/post-mortem_standards.aspx.

Quality assurance

Project group members are responsible for advising on the professional aspects of the standards. In addition, clinical members are responsible for advising on clinical aspects of the work. The chair 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 Terms of Reference. Further details of this 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 has been minimised.

Appendix 2: Membership of the hospital post-mortem examinations standards project group

Name	Position	Organisation
Stewart Fleming (Chair)	Professor of Cellular and Molecular Pathology	University of Dundee
John Birrell	Bereavement Consultant	John Birrell Consultancy
Sarah Elliston	Senior University Teacher	University of Glasgow
George Fernie	Senior Medical Reviewer	Healthcare Improvement Scotland
David Green	Procurator Fiscal, Head of the Scottish Fatalities Investigation Unit	Crown Office and Procurator Fiscal Service
Jennifer Layden	Programme Manager	Healthcare Improvement Scotland
Paula Leggat	Administrative Officer (until April 2016)	Healthcare Improvement Scotland
Alison McAlister	Project Officer (until November 2015)	Healthcare Improvement Scotland
Kelly Macdonald	Project Officer	Healthcare Improvement Scotland
Michael Macmillan	Public Partner	Healthcare Improvement Scotland
Clare Tucker	Project Lead – Grief and Bereavement	NHS Education for Scotland
Janice Turner	Education Project Manager	NHS Education for Scotland
Marjorie Turner	Consultant Forensic Pathologist	University of Glasgow
Paul Watson	Project Officer (until January 2016)	Healthcare Improvement Scotland
Rachel Wyse	Operations Team Manager	Healthcare Improvement Scotland

Project group members made a declaration of interest at the beginning stages of the project and further details of these are available on request from hcis.standardsandindicators@nhs.net.

Specialist reviewers

Name	Position	Organisation
Paul French	Consultant Paediatric Pathologist	NHS Greater Glasgow and Clyde
Colin Smith	Professor of Neuropathology	University of Edinburgh
William Stewart	Consultant Neuropathologist	NHS Greater Glasgow and Clyde

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The Healthcare Environment Inspectorate, the Improvement Hub, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.