

Compliance update questions: Post Mortem (PM)

1. Please confirm the name, job title, email address and contact telephone number for the following people:

- Designated Individual
- Corporate Licence Holder contact
- Persons Designate (including those at satellite sites and in other departments e.g. maternity, A&E).

2. Have there been any significant changes in pathology service provision or HTA licensing arrangements at your establishment since the compliance update in 2017? (*For example, changes relating to: staffing, premises, HTA licence management, service legal agreements with other establishments, pathology networks, UKAS accreditation*).

- Yes
- No

If yes, please provide additional information

3. Is the mortuary covered by current UKAS accreditation?

- Yes
- No

General activity

4. How many PM examinations were undertaken at your establishment from 1 April 2018 to 31 March 2019?

- Home Office (forensic)
- Defence (second forensic)
- Routine Coronial
- Hospital consented – perinatal
- Hospital consented – paediatric
- Hospital consented – adult

5. Do you have access to post-mortem cross-sectional imaging (PMSCI), including post-mortem computed tomography (PMCT) or post-mortem magnetic resonance (PMMR), if it is requested by the Coroner or a family?

- Yes – PMSCI is performed at our establishment
- Yes – we refer cases to elsewhere for PMSCI
- No

6. If yes, how many PMSCI cases were there from 1 April 2018 to 31 March 2019? (0 if not applicable).

- Performed at our establishment:
- Referred for PMSCI elsewhere:

7. Have you seen a change in the number of requests for PMSCI over the last two years?

- Yes – increased
- Yes – decreased
- No change
- N/A – We do not have access to PMSCI

8. How many bodies were received into the mortuary from 1 April 2018 to 31 March 2019?

9. What is the average length of stay of bodies in the mortuary (number of days between receipt and release of a body)?

- For cases with PM examination:
- For cases without PM examination:

10. Has the average length of stay of bodies in the mortuary changed over the last 2 years?

- Yes – increased
- Yes – decreased
- No change

11. If the average length of stay has increased, what are the main reasons for this?

- Delays in receiving information from the coroner
- Lack of availability of a pathologist to undertake PM examinations
- Delays in collection by funeral director
- Delays in death registration over holiday periods
- Increase in the number of PM examinations
- Mortuary staff availability
- Other – please provide details
- N/A – We have not since an increase in average length of stay

Please provide additional information for any of the above (if required) or if you have selected "Other"

12. Do you store relevant material for scheduled purposes other than for determining the cause of death under your PM sector licence? Please indicate?

- Research
- Education or training
- No – We do not store any relevant material for any purpose other than determining cause of death
- Other, please provide details:

Please provide additional information for any of the above (if required)

13. If you store relevant material for research, do you have one or more Research Tissue Banks (RTB)?

- Yes
- No

If yes, please provide the RTB title(s) and Research Ethics Committee approval numbers

Consent

14. If you seek consent for hospital (consented) PM examinations, regardless of whether this is done infrequently, do you have the following documentation for adult, perinatal and paediatric cases?

- Consent policy
 - Yes
 - No
 - N/A - We do not do hospital (consented) PM examinations
- Consent SOP
 - Yes
 - No
 - N/A - We do not do hospital (consented) PM examinations
- Consent form
 - Yes
 - No
 - N/A - We do not do hospital (consented) PM examinations
- Relative's information booklets
 - Yes
 - No
 - N/A - We do not do hospital (consented) PM examinations

Please provide additional information (if required)

15. Does your establishment receive relatives' instructions for organs/tissues when the Coroner's retention period has ended?

- Yes
- No

If no, please explain

16. How often is refresher training provided for individuals seeking consent for PM examination?

- For adult cases
 - Yearly
 - Every two years
 - Other – Please specify
 - N/A – We do not do hospital (consented) PM examinations
- For perinatal/paediatric cases
 - Yearly
 - Every two years
 - Other – Please specify
 - N/A – We do not do hospital (consented) PM examinations

17. How is consent training provided?

- Face to face training
- E-learning/on-line
- External training e.g. AAPT consent training event
- Other – please specify:
- N/A – we do not do hospital (consented) PM examinations.

Governance & Quality

18. Does evisceration of bodies at PM examination only commence once a pathologist has confirmed identification of the body and undertaken an external examination?

- Yes
- No

19. Does the audit schedule include audits of the following??

- Completeness and accuracy of mortuary records
 - Yes
 - No
- Compliance with HTA standards
 - Yes
 - No
- Bodies in storage (length of stay, condition and location)
 - Yes
 - No
- Identification of bodies (accuracy and number of identifiers)
 - Yes
 - No
- Traceability of bodies (including use of three identifiers from admission to release)
 - Yes
 - No
- Traceability of tissues and organs (including use of three identifiers from removal, transfer to the laboratory, storage/disposal in-line with consent (where applicable))

- Yes
- No
- Relatives consent wishes have been received from the Coroner to ensure tissue is not retained for longer than necessary
 - Yes
 - No
- Other (please provide further details)

20. Is completion of these audits up-to-date?

- Yes
- No – If no, please explain

21. How often are HTA governance meetings held?

- At least monthly
- At least quarterly
- At least annually
- We do not hold HTA governance meetings

22. How many permanent staff currently work in the mortuary? Please provide the number of permanent staff (as full time equivalent):

- In total:
- Trainees:
- RSPH Certificate qualified:
- RSPH Diploma qualified:
- Level 3 Diploma qualified:
- Level 3 & 4 Diploma qualified:
- Other: Please provide details

23. Is the number of staff sufficient for the level of activity at the establishment?

- Yes
- No
- Most of the time

24. Has your establishment used locum APTs from 1 April 2018 to 31 March 2019?

- Yes
- No

If yes, please detail the number of occasions and length of time locum APTs have been used:

25. Are there currently vacant APT positions at your establishment?

- Yes
- No

If yes, please provide number of vacant APT positions (as full time equivalent):

26. Do all pathologists (including visiting pathologists) have agreements in place to follow establishment SOPs and policies, professional guidelines, the requirements of the HT Act and HTA standards?

- Yes
- No

27.If staff other than mortuary staff undertake mortuary activities (e.g. porters, funeral directors, police officers working out-of-hours), are they trained in mortuary procedures?

- Yes
- No

If no, please provide further information

28.How often are mortuary staff competency assessed for the activities they undertake?

- At least annually
- At least every other year
- Other – please specify:

29.Does your establishment have a procedure for reporting incidents, including those that require reporting to the HTA (HTARIs)?

- Yes
- No

30.Are there Persons Designate who are registered for the HTA Portal that can report HTARIs in the absence of the Designated Individual?

- Yes
- No

31. Are all the procedures outlined in the GQ1a and the HTARI categories risk assessed on a regular basis?

- Yes
- No

If no, please provide further information

Traceability

32. Are bodies labelled with at least three identifiers (NB: first and last names are not considered separate identifiers)?

- Yes
- No

If no, please explain

33. For release of bodies from the mortuary, are three identifiers of the deceased provided by the funeral directors and crosschecked against the identification details attached to the body?

- Yes
- No

If no, please explain

34. Prior to a PM examination commencing, how many identifiers of the deceased are crosschecked from the PM authorisation documentation (Coroner's/PM consent form) against the identification details attached to the body? Please explain what these are?

35. How many identifiers of the deceased are requested from relatives when they arrange an appointment and attend the mortuary to undertake a viewing?

36. Are the identifiers of the deceased provided by the relatives upon attendance at the mortuary crosschecked on the body before the viewing proceeds?

- Yes
- No

37. What does your procedure for highlighting same and/or similar names of bodies in the mortuary include? Please select all that apply:

- Highlighted in the mortuary register
- Highlighted on the fridge door
- Highlighted on the mortuary whiteboard
- Use of a different coloured wristband
- Use of another indicator on the body
- Other – please specify:

38. Does removal of relevant material from the deceased for use for scheduled purposes take place in any areas other than the mortuary? Please select all that apply:

- Accident & Emergency
- Labour & Delivery Suite
- Neonatal unit
- Paediatric Wards
- Theatres
- Other – please specify:
- N/A – Removal does not take place in any areas other than the mortuary

39. Does storage of relevant material from the deceased for use for scheduled purposes take place in any areas other than the mortuary? Please select all that apply:

- Accident & Emergency
- Labour & Delivery Suite
- Neonatal unit
- Paediatric Wards
- Theatres
- Other – please specify:
- N/A – Removal does not take place in any areas other than the mortuary

40. Are there Persons Designate in each of these areas?

- Yes
- No
- Not applicable (activities do not take place in other areas)

41. If removal of tissue is undertaken as part of the Sudden Unexpected Death in Infants and Children (SUDIC) protocols, how is Coroner's authorisation for this removal received prior to the removal of the tissue?

- On a case-by-case basis
- Pre-emptive ('blanket') authorisation (the Coroner has agreed that samples can be removed whenever a case occurs)
- Coronial authorisation is not obtained
- Not applicable (removal of relevant material from the deceased is not performed)

42. If organs or tissues (including samples taken for toxicology) are sent off site for analysis, is this recorded?

- Yes
- No
- Not applicable (samples are not sent off site)

43. Does your establishment request confirmation that organs and tissues have arrived at the receiving establishment/laboratory?

- Yes
- No
- Not applicable (samples are not sent off site)

Premises, Facilities & Equipment

44. Is there a documented schedule of cleaning for the mortuary facility which includes concealed areas such as drains & gullies and the interior of body storage units?

- Yes
- No

If no, please explain

45. How many body storage spaces are there (excluding contingency arrangements)? Please provide number of storage spaces, for those that are not applicable, please write '0':

a) – Hub site ('0' if not applicable)

- Standard – fridge only
- Standard – freezer only
- Standard – fridge that can convert to freezer
- Bariatric – fridge only
- Bariatric – freezer only
- Bariatric – fridge that can convert to freezer
- Paediatric – fridge only
- Paediatric – freezer only
- Paediatric – fridge that can convert to freezer
- Other, e.g. cool room for bariatric cases.

b) – Satellite site ('0' if not applicable)

- Standard – fridge only
- Standard – freezer only
- Standard – fridge that can convert to freezer

- Bariatric – fridge only
- Bariatric – freezer only
- Bariatric – fridge that can convert to freezer
- Paediatric – fridge only
- Paediatric – freezer only
- Paediatric – fridge that can convert to freezer
- Other, e.g. cool room for bariatric cases.

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46. Are stand-alone ‘temporary’ storage units (such as Nutwell units) used regularly?

- Yes
- No

If yes, please explain

47. Is storage space sufficient to meet requirements?

- Standard – fridge
 - Yes
 - No
 - Most of the time
- Standard – freezer
 - Yes
 - No
 - Most of the time
- Bariatric – fridge
 - Yes

- No
- Most of the time
- Bariatric - freezer
 - Yes
 - No
 - Most of the time

48.If you answered 'no' or 'most of the time' above for any type of storage, please provide details (N/A if not applicable)?

49.Are all fridges and freezer temperatures monitored, alarmed and tested?

- At hub site
 - Yes
 - No
- At satellite site(s)
 - Yes
 - No
 - N/A - We do not have a satellite site
- Temporary units
 - Yes
 - No
 - N/A - We do not have any temporary units

50.If yes, how often are the temperature alarms tested?

- At least monthly
- At least quarterly
- At least annually
- Other – please specify:
- N/A – They are not tested.

51.Are the temperature alarm tests recorded?

- Yes
- No
- N/A – They are not tested

52.Is there a documented contingency plan for body storage?

- Yes
- No

53.What does the contingency plan for storage include? Please select all that apply:

- Temporary units
- Transfer to another mortuary/body store within the organisation
- Service Level Agreement (SLA) with other establishments and/or funeral directors
- Mutual Aid Agreement (MAA) with other establishments and/or funeral directors
- Other – please give details:
- N/A – we do not have a contingency plan

54. How many additional body storage spaces does the contingency plan provide? Please provide number of storage spaces or '0' if you do not have any contingency plans:

- Standard – fridge
- Standard – freezer
- Bariatric – fridge
- Bariatric – freezer

55. Have contingency storage arrangements been used in the last two years?

- Yes
- No
- N/A – we do not have a contingency plan

56. Is there a documented procedure for the management of long-stay bodies?

- Yes
- No

57. If yes, does the procedure specify when bodies should be moved into freezer storage?

- Yes
- No
- N/A – there is no documented procedure for long-stay bodies

58. How are bodies in storage fully shrouded, including the head/face and feet? Please select all that apply:

- Use of personal clothing
- Use of hospital shroud/gown
- Use of sheets
- Use of body bags
- Use of plastic body envelopes
- Bodies are not fully shrouded to include the head/face and feet
- Other, please detail:

59. Is your establishment a designated emergency mortuary?

- Yes
- No

60. What provisions are there for mortuary staff who work alone e.g. out-of-hours, during viewings? (NB: *Internal means within the mortuary only, external means to other areas or security companies*). Please select all that apply

- Do not lone work
- Contact security
- Contact porters
- Fixed panic alarm (external sounding)
- Fixed panic alarm (internal sounding)
- Personal panic alarm (external sounding)
- Personal panic alarm (internal sounding)
- Other – please give details:

61. What systems are in place to control access to the mortuary? Please select all that apply:

- Audio only
- Visual only
- Audio-visual
- Other – please give details:

62. Have all staff who work in the PM room been fit-tested for appropriate face mask PPE?

- Yes
- No

If no, please give details:

63. Are the following items of equipment regularly maintained and serviced?

- Fridges
 - Yes
 - No
 - Not applicable
- Freezers
 - Yes
 - No
 - Not applicable
- Hydraulics trolleys
 - Yes
 - No
 - Not applicable

- Hoists
 - Yes
 - No
 - Not applicable
- Post mortem tables
 - Yes
 - No
 - Not applicable
- Autopsy saws
 - Yes
 - No
 - Not applicable

64. Do you have any concerns about any aspect of your premises?

- Yes
- No

If yes, please provide additional information

65. Has capital funding been applied for in relation mortuary premises, facilities or equipment in the last two years?

- Yes
- No

66. What was capital funding requested for? (N/A if not applicable)

67. Was the capital funding application approved?

- Yes
- No
- Awaiting approval decision
- N/A – no capital funding has been applied for in the last two years.

68. If the capital funding application was not approved, what alternative options are being considered to address the issue with mortuary premises, facilities or equipment? (N/A if not applicable)

Samples stored for police purposes

69. Is relevant material currently stored for police purposes at your establishment?

- Yes
- No

70. Do you have any concerns regarding the ongoing storage of human tissue from police cases, in terms of the time it has been held?

- Yes
- No
- N/A – we do not store relevant material for police purposes.

Other

71. Any other relevant information? (Optional)