



Standards for  
**Management of Post-mortem  
Examinations**

March 2003

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# Contents

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<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>Background on NHS Quality Improvement Scotland</b>	<b>5</b>
<b>3</b>	<b>Background on Standards – Basic Principles</b>	<b>9</b>
<b>4</b>	<b>Development of the Standards for the Management of Post-mortem Examinations</b>	<b>11</b>
<b>5</b>	<b>Membership of the Project Group for the Management of Post-mortem Examinations</b>	<b>13</b>
<b>6</b>	<b>Overarching Principles – Management of Post-mortem Examinations</b>	<b>15</b>
<b>7</b>	<b>An Introduction to the Management of Post-mortem Examinations</b>	<b>17</b>
<b>8</b>	<b>Evidence Base for the Standards for the Management of Post-mortem Examinations</b>	<b>21</b>
<b>9</b>	<b>Standards for the Management of Post-mortem Examinations</b>	<b>27</b>
<b>10</b>	<b>Glossary of Terms</b>	<b>45</b>
	<b>Appendix 1: Core Data Set Relating to Standard 4</b>	<b>53</b>
	<b>Appendix 2: Reporting a Death to the Procurator Fiscal</b>	<b>57</b>



# 1 Introduction

This document introduces NHS Quality Improvement Scotland's *Standards for the Management of Post-mortem Examinations*. These standards apply to specific areas of the post-mortem examination process and cover the following areas:

- Pathology Practice – Hospital Post-mortem Examinations
- Authorisation and Information
- Storage, Handling and Disposal
- Record-keeping
- Education

The standards will be used by NHS Quality Improvement Scotland to assess performance in these areas in Trusts<sup>1</sup> throughout Scotland where post-mortem examination services are provided.

The initial sections of this document provide background information on NHS Quality Improvement Scotland and on the process used to develop the standards (Sections 2 and 3 respectively).

The development of the Standards for the Management of Post-mortem Examinations is outlined in Section 4, and the membership of the Project Group undertaking this work is given in Section 5. The overarching principles underpinning the standards are provided in Section 6.

Section 7 provides basic information about the management of post-mortem examinations, and the evidence underpinning the standards is presented in Section 8.

**Section 9 contains the Standards for the Management of Post-mortem Examinations**

Finally, Section 10 provides a glossary of terms used in the standards.

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<sup>1</sup> For simplicity, the term 'Trust' is used throughout this document to refer to all relevant NHS organisations as most of them (28) are Trusts. The exceptions are the three Island NHS Boards: Shetland, Orkney and the Western Isles.



## 2 Background on NHS Quality Improvement Scotland

NHS Quality Improvement Scotland was established as a Special Health Board on 1 January 2003 as a result of bringing together the Clinical Resource and Audit Group (CRAG), Clinical Standards Board for Scotland (CSBS), Health Technology Board for Scotland (HTBS), Nursing and Midwifery Practice Development Unit (NMPDU) and the Scottish Health Advisory Service (SHAS).

The purpose of NHS Quality Improvement Scotland is to improve the quality of healthcare in Scotland by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

A part of this remit is to develop and run a national system of quality assurance of clinical services. Working in partnership with healthcare professionals and members of the public, NHS Quality Improvement Scotland sets standards for clinical services, assesses performance throughout NHSScotland against these standards, and publishes the findings.

### **Project Groups**

For each service in the work programme, NHS Quality Improvement Scotland appoints a project group comprising appropriate healthcare professionals and members of the public to:

- oversee the development of, and consultation on, the standards;
- recommend an external peer review process; and
- report on its findings to the NHS Quality Improvement Scotland Board.

As part of their rolling programme, individual project groups ensure that the standards are regularly evaluated and revised so that they remain relevant and up to date (reflecting new procedures and treatments). They also ensure that targets of achievement are raised as performance improves.

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## **Development of Standards**

The way in which standards are developed is a key element of the quality assurance process. Groups working on behalf of NHS Quality Improvement Scotland are expected to:

- adopt an open and inclusive process involving a wide range of both members of the public and professional people through a variety of mechanisms;
- work within NHS Quality Improvement Scotland policies and procedures; and
- test standards through undertaking pilot reviews to ensure that they meet the principles of NHS Quality Improvement Scotland.

In addition to standards for specific services or conditions, generic clinical governance standards have been set which apply to all clinical services.

## **Review**

The framework for the NHS Quality Improvement Scotland review process is as follows:

- once the standards have been finalised, each relevant Trust/service is asked to undertake a self-assessment of its service against the standards;
- a review team visits the Trust/service on behalf of NHS Quality Improvement Scotland to follow up this self-assessment exercise with an external peer review of performance in relation to the standards; and
- NHS Quality Improvement Scotland reports the findings for the Trust/service, based on the self-assessment exercise and on the external peer review.

Peer review teams are multidisciplinary, including both healthcare professionals and members of the public. All teams are led by an experienced clinician and are supported by staff from NHS Quality Improvement Scotland.

All the processes being developed are subject to review and evaluation, and this will help NHS Quality Improvement Scotland improve its quality assurance system.

## 2 Background on NHS Quality Improvement Scotland

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### **Further Information**

For further information about the standards and reviews function of NHS Quality Improvement Scotland, or to obtain additional copies of these standards, please contact:

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Edinburgh Office  
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8-10 Hillside Crescent  
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[www.nhshealthquality.org](http://www.nhshealthquality.org)

Copies of all NHS Quality Improvement Scotland publications can also be downloaded from the website ([www.nhshealthquality.org](http://www.nhshealthquality.org)).



# 3 Background on Clinical Standards - Basic Principles

The standards set by NHS Quality Improvement Scotland are:

- focused on clinical issues and include non-clinical factors that impact on the quality of care;
- written in simple language;
- based on evidence (recognising that levels and types of evidence will vary);
- written to take into account other recognised standards and clinical guidelines;
- clear and measurable;
- achievable but stretching;
- developed by healthcare professionals and members of the public;
- consulted on widely;
- published on paper and electronically (on the Internet); and
- regularly reviewed and revised to make sure they remain relevant and up to date.

Some standards are common to all clinical services, others specific to particular conditions.

## Format of Standards and Definition of Terminology

All standards set by NHS Quality Improvement Scotland follow the same format:

- each standard has a **title**, which summarises the area on which that standard focuses;
- this is followed by the **standard statement**, which explains the level of performance to be achieved;
- the **rationale** section provides the reasons why the standard is considered to be important; and
- the standard statement is expanded in the section headed **criteria**, which states exactly what must be achieved for the standard to be reached.

As already mentioned, NHS Quality Improvement Scotland aims to set standards that are **achievable but stretching**. This is reflected in the criteria. Most criteria are **essential**, in that it is expected that they will be met wherever a service is provided. Other criteria are **desirable**, in that they are being met in some parts of the service and demonstrate levels of quality which other providers of a similar service should strive to achieve. Each project group is responsible for determining which criteria are essential and which are desirable.

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The criteria are numbered for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority. The distinction between ‘essential’ and ‘desirable’ is the only way in which criteria have been prioritised.

### **Generic Clinical Governance Standards**

As mentioned earlier in this document, generic clinical governance standards have been developed which apply to clinical services generally.

Copies of the generic clinical governance standards are available on request from NHS Quality Improvement Scotland or can be downloaded from the website ([www.nhshealthquality.org](http://www.nhshealthquality.org)).

## 4 Development of the Standards for the Management of Post-mortem Examinations

### Background

A review of post-mortem examination practices in Scotland, particularly in relation to organ retention and documentation on consent and guidance, was recommended by the Scottish Executive in response to strong public concern surrounding past practice. The Independent Review Group on the Retention of Organs at Post-Mortem, chaired by Professor Sheila McLean, was established in September 2000 by the Minister for Health and Community Care with the following remit:

*To review previous post-mortem examination practice in Scotland, in particular, in relation to organ retention, and current documentation on consent and guidance, taking account of developments across the UK; to develop a Code of Practice for Scotland with particular emphasis on issues of informed consent and the most effective mechanism for keeping that Code of Practice under review; and to clarify current legal issues with a view to making recommendations.*

The Review Group published its first report in January 2001 and one of its recommendations was that:

*The Clinical Standards Board for Scotland<sup>1</sup> should be encouraged to incorporate a standard relating to the post-mortem examination process in its generic standards as the most effective way of monitoring implementation of our Code of Practice for hospital post-mortem examinations.*

This recommendation was accepted by the Scottish Executive Health Department (SEHD), and following consultation with the Independent Review Group, it was agreed that in order to fully address the issues raised by the Review Group, a Project Group should be established to take this forward rather than incorporate a single standard into the generic standards.

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<sup>1</sup> This work was undertaken by the Clinical Standards Board for Scotland (CSBS) until December 2002. On 1 January 2003, NHS Quality Improvement Scotland, a new clinical effectiveness body was formed by integrating five existing clinical effectiveness organisations, one being CSBS. The work formerly carried out by CSBS will now be taken forward by NHS Quality Improvement Scotland.

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The remit of the Project Group for the Management of Post-mortem Examinations was to:

- develop robust standards for the following in relation to the management of post-mortem examinations:
  - Pathology Practice – Hospital Post-mortem Examinations
  - Authorisation and Information
  - Storage, Handling and Disposal
  - Record-keeping
  - Education
- recommend a review process; and
- provide a baseline report.

Before convening the Project Group, a scoping exercise was undertaken and Dr Robert Nairn (Consultant Pathologist, Crosshouse Hospital, Kilmarnock) reviewed current evidence and guidelines on this topic to provide a baseline that would inform the work of the Project Group.

The Project Group was established in August 2001 to develop standards and included healthcare professionals and members of the public. Draft Standards were published in March 2002 and two open meetings were held in Glasgow and Dunblane in April 2002. These were followed by two pilot visits, to test the measurability of the standards, in May 2002. Following this period of consultation, the Project Group carried out a comprehensive revision of the standards, in light of the valuable feedback received. This process has taken a number of months to complete, however, the Project Group felt it was important to consider all comments before amending the standards where appropriate.

## 5 Membership of the Project Group for the Management of Post-mortem Examinations

The membership of the Project Group for the Management of Post-mortem Examinations, chaired by Professor Sally Macintyre, Director, Medical Research Council (MRC) Social and Public Health Sciences Unit, University of Glasgow, is presented below:

Name	Title	NHS Board Area/Organisation
Sister Marjorie Andres	Acting Senior Nurse Midwife Manager	Ayrshire & Arran
Mr Robert Auld	Senior Anatomical Pathology Technician	Ayrshire & Arran
Professor Jeanne Bell	Consultant Neuropathologist	Lothian
Dr Marjorie Black	Consultant Forensic Pathologist	University of Glasgow
Ms Hazel Brooke	Executive Director	The Scottish Cot Death Trust
Ms Elaine Currie	National Chair	Stillbirth and Neonatal Death Society (SANDS)
Mr John Fegan	Member	Association for Children with Heart Disorders
Professor Charles Gillis	Chairman	Multicentre Research Ethics Committee (MREC) for Scotland
Professor Barry Gusterson	Head of Pathology Department	University of Glasgow
Dr Alan Houston	Consultant Cardiologist	Greater Glasgow
Dr Allan Howatson	Consultant Paediatric Pathologist	Greater Glasgow
Ms Rhona Jack	Portfolio Manager	Audit Scotland
Dr Aileen Keel	Deputy Chief Medical Officer	Scottish Executive Health Department
Dr Ian Laing	Consultant Neonatologist	Lothian
Ms Geraldine MacDonald	Convenor	Scottish Organisation Relating to the Retention of Organs (SORRO)
Professor Alison Macleod	Professor of Medicine and Therapeutics	University of Aberdeen
Mr Douglas McKay	Team Leader	Co-op Funeral Services
Dr Malcolm McWhirter	Director of Public Health Medicine	Forth Valley
Dr Robert Nairn	Consultant Pathologist	Ayrshire & Arran
Mr Will Scott	Branch Head, Health Planning and Quality	Scottish Executive Health Department
Mr John Service	Principal Procurator Fiscal Depute	Greater Glasgow

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The NHS Quality Improvement Scotland Board member specifically working with the Project Group for the Management of Post-mortem Examinations is The Very Reverend Graham Forbes.

Support from NHS Quality Improvement Scotland was provided by Ms Jan Warner (Interim Director, Standards and Reviews), Ms Hilary Davison (Review Team Manager), Ms Sharon Keane (Project Officer) and Mrs Karen McGeary (Project Administrator).

## 6 Overarching Principles – Management of Post-mortem Examinations

As detailed in Section 3, NHS Quality Improvement Scotland uses generic clinical governance standards of care that underpin all clinical services provided by NHSScotland. Generic standards provide a broader context for all NHS Quality Improvement Scotland's condition-specific standards, and the *Standards for the Management of Post-mortem Examinations* should be read in conjunction with these.

A number of key points should also be noted in order to interpret and apply the *Standards for the Management of Post-mortem Examinations*, namely:

- The standards are evidence-based and have been developed and finalised in consultation with many people across Scotland. They represent what are considered to be the key elements of care after death, in terms of post-mortem examination processes. The Project Group also recognised the need for a review of the whole clinical pathway of care for the deceased and their relatives, although this was felt to be outwith the remit of this Group. It therefore welcomed the Scottish Executive's commitment, as set out in its response to the final report from the Bristol Inquiry, to strengthening the support which NHSScotland provides to families when a bereavement takes place.
- Post-mortem examinations are an important part of clinical care, particularly in completing clinical investigations and providing additional information on how a disease might have affected a person and therefore they come within Trusts' clinical governance responsibilities. Standards for the Management of Post-mortem Examinations have been developed to ensure that the highest standards of care are in place and that data are collected to allow every stage of the process to be monitored. The standards apply to post-mortem examinations carried out either at the request of a relative or on the recommendation of a hospital. These need the authorisation of the next of kin and are referred to as hospital post-mortem examinations, and all age groups – perinatal, paediatric and adult – are included. Hospital post-mortem examinations should be distinguished from post-mortem examinations instructed by the procurator fiscal, which do not require authorisation from the next of kin.
- Taking account of any previously expressed wishes of the deceased and those of his or her relatives is vital when seeking to obtain authorisation for a hospital post-mortem examination and, where applicable, organ retention. The standards seek to ensure that, where required, authorisation is freely given and that information on every stage of the process is available and provided on request.
- The standards have been written to reflect the role of all hospital staff, including mortuary technicians, and medical and nursing staff, who are

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professionally in contact with the deceased and their relatives, rather than focusing solely on pathology.

- In the context of these standards, organ retention applies to whole organs taken from the deceased with the appropriate authorisation. The retention of samples such as slides containing cells or tissue blocks are part of a full post-mortem examination, and their retention will have been authorised as part of the post-mortem examination process by the next of kin. However, these tissue samples should be regarded as part of the medical record. It is recommended that the samples are retained by the hospital as part of the medical record because additional tests can be carried out on these samples if further information or new tests become available.
- In the case of stillbirths or neonatal deaths, the placenta is considered to be a by-product of pregnancy and is currently disposed of, unless, in the clinical judgement of the staff involved, it requires to be examined. It is the view of the Project Group that, for the purposes of these standards, the placenta is not included as a fetal or neonatal organ, and that the pathologist may examine the placenta for reasons of clinical information, teaching, or research, as part of good medical practice.
- While the standards only apply to NHS services, the Project Group recognise that most post-mortem examinations are carried out by the fiscal service, which is outwith the NHS. No authorisation is required for a fiscal post-mortem examination nor for the retention of material, including organs, tissue blocks and glass slides taken for evidential purposes. The standards are therefore highly commended to the Crown Office to be applied when post-mortem examinations are carried out under the jurisdiction of a procurator fiscal to establish the cause of death. In order to take this forward, the Review Group on the Retention of Organs at Post-Mortem has set up a sub-group which has, as a key part of its remit, the adaptation of the standards for use in fiscal cases. The Crown Office is fully involved in that work. The members of the Project Group stressed the importance of ensuring that relatives will be given as much information as possible.
- End of life issues, including post-mortem examinations, must be covered in the medical curriculum for doctors in training. At the request of the Minister for Health and Community Care, the chief medical officer is taking this forward with the deans of the medical schools and Trust medical directors.

The aim is to ensure clear, consistent standards across **all** aspects of post-mortem care, which will have the confidence of both the public and healthcare professionals.

# 7 An Introduction to the Management of Post-mortem Examinations

## Basic Facts About Post-mortem Examinations

A post-mortem examination (or autopsy) is a detailed internal examination of a body after death. The examination is carried out by a pathologist, who is a doctor specialising in the study of disease and is trained in this type of examination. Post-mortem examinations are carried out for four main reasons:

1. To investigate sudden and/or unexpected death.
2. When the cause of death is unknown.
3. Where more information is needed about an illness or a condition.
4. In the case of a baby, to provide information that may directly affect the family, now or in the future.

Post-mortem examinations are a well-recognised audit tool, which have been shown in various studies to reveal information that would have altered treatment and possibly affected survival in 10-15% of cases studied. Even with modern technological advances, the proportion of cases showing significant findings has not altered. For baby deaths, the post-mortem examination may help to plan the next pregnancy or may give reassurance that there is no risk of recurrence. Post-mortem examinations are also important in increasing our understanding of disease, detecting new diseases, and in supporting clinical education and research.

Where a family requests a post-mortem examination or where the hospital recommends this, authorisation is required in writing from the next of kin. As bereaved relatives highlighted the need for a consistency of approach across the country, the Independent Review Group on the Retention of Organs at Post-Mortem included in its final report, a draft standard information leaflet and authorisation forms. The draft standard national form has a number of sections which refer to:

- information about the deceased; and
- the wishes of the deceased or the relatives.

Where no further information is required, authorisation can proceed. If authorisation for a post-mortem examination is given, the form records whether authorisation is given for the removal and retention of tissue and/or organs, and how these may be used and disposed of in the future.

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The draft form is currently under consultation and review and, in the meantime, Trusts are using existing local consent procedures which follow the principles described above.

In a number of circumstances (see Appendix 2, p57), a death has to be reported by the doctor certifying the death to the procurator fiscal, who may decide that a post-mortem examination is necessary. In this case, the procurator fiscal instructs the pathologist to carry out the examination and authorisation is not required, although the relatives should be kept informed. It must be made clear to the relatives where the examination is a legal autopsy, and the fiscal service must not be inappropriately used by hospital staff to obtain an autopsy.

If a death occurs in hospital, the deceased is usually taken to the mortuary before being collected by a funeral director. A post-mortem examination, if authorised by the relatives, will be carried out within 2 working days (public holidays are not included). A post-mortem examination will not generally affect the timing of funeral arrangements. In cases where the procurator fiscal needs to be informed about a death, arrangements may take a little longer. After the post-mortem examination, the pathologist will produce a report which is sent to the doctor who requested the examination, or to the procurator fiscal.

The relatives should be offered a copy of the authorisation form and informed about how they may obtain the results of the post-mortem examination. Information from the post-mortem examination should be sent to the deceased's GP and other doctors who were involved in the care of the deceased.

### **Basic Facts About Organ Retention**

Much of what we know about disease today has been gained from the examination of post-mortem examination material. Post-mortem examinations are mainly carried out to determine the cause of death, and small tissue samples are routinely retained and processed to enable thin sections to be examined by microscopy. These tissue blocks are then stored. Organs may also need to be retained to make a diagnosis, especially the brain, which is a complex structure composed of a number of distinct and different areas. These organs and tissue samples can be used in the training of new doctors, for research, or for checking that the quality of care in hospitals meets high standards. It is also helpful to be able to refer back to post-mortem examination material as more information about certain conditions becomes available.

## 7 An Introduction to the Management of Post-mortem Examinations

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In the event of a hospital post-mortem examination, the next of kin will be asked to indicate whether they authorise the removal and retention of organs and tissues from the deceased, and how these may be used in the future (eg teaching, research purposes). Organs or tissues cannot be removed without the next of kin's authorisation. In a fiscal post-mortem examination, organs may be removed and retained to ascertain the cause of death, and may sometimes be used as evidence in legal proceedings. Organs or tissue cannot be removed and kept for longer, or used for other purposes, without authorisation of the next of kin. At present, the Human Tissue Act 1961 governs the post-mortem examination process, although this is expected to change.



## 8 Evidence Base for the Standards for the Management of Post-mortem Examinations

NHS Quality Improvement Scotland standards are evidence based, recognising that levels and types of evidence vary and include evidence relating to relatives' experience. The evidence base resources used include guidelines, evidence from systematic reviews and studies, expert opinion including official and 'expert' publications, and patient and service user input.

There is a wide range of guidelines, information and publications concerning the clinical aspects of post-mortem examinations. The principal document in the UK relating to post-mortem examinations is the guideline from the Royal College of Pathologists which also covers retention of tissue and organs. (The Royal College of Pathologists published new guidelines for post-mortem and organ retention, September 2002.)

During the last 5 years there has been a growing awareness of the need to review existing procedures that support post-mortem examinations, particularly in relation to the storage, retention and disposal of organs and authorisation for post-mortem examination, organ retention and disposal. Three publications in particular have been a valuable source of information: The Independent Review Group on the Retention of Organs at Post-Mortem; Scottish Enquiry, Interim Report, (January 2001) and Final Report, (November 2001) and the Royal Liverpool Childrens' Enquiry Report, (January 2001).

Information, evidence and publications used to inform the development of the standards is listed below.

### **Organ and Tissue Retention**

Bristol Royal Infirmary Inquiry. Bristol Heart Inquiry Interim Report. (May 2000). [www.bristol-inquiry.org.uk/interim\\_report/index.htm](http://www.bristol-inquiry.org.uk/interim_report/index.htm) [full document]  
url cited 06/03/02.

British Medical Association (BMA). Interim BMA Guidelines on Retention of Human Tissue at Post Mortem Examination for the Purposes of Medical Education and Research. London: BMA (October 2000).

Independent Review Group on the Retention of Organs at Post-Mortem. Independent Review Group on the Retention of Organs at Post-Mortem: Final Report. (November 2001). [www.show.scot.nhs.uk/scotorgrev/](http://www.show.scot.nhs.uk/scotorgrev/) [full document]  
url cited 06/03/02.

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Jack R, Twaddle S, et al. Organ Retention Validation Review. Edinburgh: Audit Scotland (March 2002).

[www.audit-scotland.gov.uk/publications/pdf/02pf01ag.pdf](http://www.audit-scotland.gov.uk/publications/pdf/02pf01ag.pdf) [full document]  
url cited 02/12/02.

Royal College of Pathologists (RCPath). Consensus Statement of Recommended Policies for Uses of Human Tissue in Research Education and Quality Control. London: RCPath (1999). [www.rcpath.org/activities/publications/consensus.pdf](http://www.rcpath.org/activities/publications/consensus.pdf) [full document] url cited 14/10/02.

Royal College of Pathologists (RCPath). Guidelines for the Retention of Tissues and Organs at Post Mortem Examination. London: RCPath (March 2000). [www.rcpath.org/news/tissue\\_retention.pdf](http://www.rcpath.org/news/tissue_retention.pdf) [full document].

Royal College of Pathologists (RCPath). The Retention and Storage of Pathological Records and Archives. Report of the Working Party of the Royal College of Pathologists and the Institute of Biomedical Science. 2nd ed. London: RCPath (1999). [www.rcpath.org/activities/publications/retention.pdf](http://www.rcpath.org/activities/publications/retention.pdf) [full document] url cited 14/10/02.

The Royal Liverpool Children's Inquiry. The Royal Liverpool Children's Inquiry Report. (January 2001). [www.rlcinquiry.org.uk/download/index.htm](http://www.rlcinquiry.org.uk/download/index.htm) [full document] url cited 14/10/02.

Scottish Office. Guidance for the Retention and Destruction of Health Records. NHS MEL (1993)152. Edinburgh: Scottish Office.

UK Parliament. Human Tissue Act 1961. London: HMSO.

## **Fetuses**

Department of Health (DoH). Disposal of Fetal Tissue. Health Service Guidance. HSG(1991)19. London: DoH.

Human Fertilisation and Embryology Authority (HFEA). Code of Practice. London: HFEA (1991).

Kohner N. A Dignified Ending: Recommendations for Good Practice in the Disposal of the Bodies and Remains of Babies Born before the Legal Age of Viability. London: Stillbirth and Neonatal Death Society (SANDS) (1992).

## 8 Evidence Base for the Standards for the Management of Post-mortem Examinations

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Scottish Office Health Department (SOHD). Sensitive Disposal of Fetuses and Fetal Tissue Following Termination of Pregnancy. SOHD/DGM(1992)4. Edinburgh: Scottish Office.

Stillbirth and Neonatal Death Society (SANDS). Pregnancy Loss and the Death of a Baby: Guidelines for Professionals. London: SANDS (1995).

### **Post-mortems**

Adickes E, Sims K. Enhancing Autopsy Performance and Reporting. A System for a 5-Day Completion Time. *Archives of Pathology & Laboratory Medicine* (1996); 120 (3): 249-253.

Barson A, ed. The Perinatal Post-Mortem in Fetal and Perinatal Pathology: Perspectives for the General Pathologist. Eastbourne: Praeger - for the Royal College of Pathologists (February 1982).

Clothier C, MacDonald C, et al. The Allitt Inquiry: Independent Inquiry Relating to Deaths and Injuries on the Children's Ward at Grantham and Kesteven General Hospital During the Period February to April 1991 [also known as Clothier Report]. London: HMSO (1994).

Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI). Post Mortem Protocol for Sudden Infant Deaths. London: CESDI (1993).

Hutchins G. Practice Guidelines for Autopsy Pathology: Autopsy Performance. *Archives of Pathology & Laboratory Medicine* (1994); 118 (1): 19-25.

Joint College Working Party - Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Pathologists (RCPath). Report on Fetal and Perinatal Pathology. London: RCPath (June 2001).

[www.rcpath.org/activities/fetalperinatalmain.html](http://www.rcpath.org/activities/fetalperinatalmain.html) [full document]

url cited 14/10/02.

National Advisory Committee on Scientific Services (NACSS). Autopsy Services in Scotland: A Report by the National Advisory Committee on Scientific Services. Edinburgh: The Scottish Office Home and Health Department & Scottish Health Service Advisory Council (May 1994).

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National Confidential Enquiry into Perioperative Deaths [NCEPOD - called CEPOD for this publication and NCEPOD since 1990]. National Confidential Enquiry into Perioperative Deaths Report - 1989. London: NCEPOD (1989). [www.ncepod.org.uk/reports.htm](http://www.ncepod.org.uk/reports.htm) [no print copies now available - online version is a summary] url cited 14/10/02.

Royal College of Obstetricians and Gynaecologists (RCOG). Why Mothers Die - Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1994-1996. London: The Stationery Office.  
[www.rcog.org.uk/mainpages.asp?PageID=476](http://www.rcog.org.uk/mainpages.asp?PageID=476) [executive summary and key recommendations] url cited 14/10/02.

Royal College of Obstetricians and Gynaecologists (RCOG). Why Mothers Die - Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1997-1999. London: The Stationery Office - on behalf of The Scottish Executive Health Department; The National Institute for Clinical Excellence and The Department of Health, Social Services and Public Safety, Northern Ireland.  
[www.rcog.org.uk/mainpages.asp?PageID=762](http://www.rcog.org.uk/mainpages.asp?PageID=762) [summary with access to full document] url cited 14/10/02.

Royal College of Pathologists (RCPath). The Autopsy and Audit: Report of the Joint Working Party of the Royal College of Pathologists, the Royal College of Physicians of London and the Royal College of Surgeons of England. London: RCPath (1991). [www.rcpath.org/activities/publications/aabook.html](http://www.rcpath.org/activities/publications/aabook.html) [full document] url cited 14/10/02.

Royal College of Pathologists (RCPath). Guidelines for Post Mortem Reports. RCPath (1993). [www.rcpath.org/activities/publications/pmrbook.html](http://www.rcpath.org/activities/publications/pmrbook.html) [full document] url cited 14/10/02.

Royal College of Pathologists (RCPath). Service Specification for Paediatric and Perinatal Histopathology - Guidance for Purchasers. London: RCPath (September 1995). [www.rcpath.org](http://www.rcpath.org) [organisation information]  
[www.rcpath.org/activities/publications/perinatal.html](http://www.rcpath.org/activities/publications/perinatal.html) [order information] url cited 14/10/02.

Rushton D. West Midlands Perinatal Mortality Survey, 1987. An Audit of 300 Perinatal Autopsies. *British Journal of Obstetrics & Gynaecology* (1991); 98 (7): 624-627.

## 8 Evidence Base for the Standards for the Management of Post-mortem Examinations

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## 9 Standards for the Management of Post-mortem Examinations

**STANDARD 1 - Pathology Practice – Hospital Post-mortem Examinations**

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**STANDARD 2 - Authorisation and Information**

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**STANDARD 3 - Storage, Handling and Disposal**

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**STANDARD 4 - Record-keeping**

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**STANDARD 5 - Education**

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## STANDARD 1 - Pathology Practice – Hospital Post-mortem Examinations

Standard Statement	Rationale
<p><b>Pathology Examination and Reporting</b></p> <p>1a. Where a post-mortem examination takes place, both the examination and report follow the guidelines set by the Royal College of Pathologists (RCPATH). The post-mortem examination is carried out as soon as appropriate after authorisation is received and the initial and final reports are sent to the clinician in charge of the case within a reasonable timescale.</p>	<p>There is evidence that post-mortem examinations and reports carried out to RCPATH standards result in increased accuracy of diagnoses and reporting of the cause of death, and provide useful information for relatives and clinicians.</p> <p>The information in the report must be made available promptly so that discussion with clinical staff involved in the case, and with the relatives, can take place as soon as possible after death.</p>

## 9 Standards for the Management of Post-mortem Examinations

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### Criteria

#### Essential

- 1a.1 Post-mortem examinations are audited according to the most recent RCPATH guidelines.
- 1a.2 Protocols and procedures are in place to ensure accurate identification of the deceased.
- 1a.3 Information for relatives, where requested, is available in non-medical language.
- 1a.4 The post-mortem examination is supervised, or carried out, by a pathologist on the specialist register of the General Medical Council (GMC).
- 1a.5 Paediatric and perinatal post-mortem examinations are supervised or carried out by a pathologist trained in this specific field.
- 1a.6 The post-mortem examination is carried out by the department performing the examination within 2 working days of receipt of authorisation.
- 1a.7 90% of initial reports are sent to requesting clinicians within 2 working days of completion of the post-mortem examination.
- 1a.8 90% of final reports are sent to requesting clinicians within 21 working days. Where reports are delayed, eg due to toxicology or histology investigations, information about the delay is available.
- 1a.9 Information from the post-mortem examination is communicated by the clinical team to the deceased's GP.

#### Desirable

- 1a.10 Other consultants who cared for the deceased in life are identified to the pathology department and also receive copies of the final report.



### Criteria

#### Essential

- 1b.1 The pathologist carrying out the post-mortem examination is provided with a clinical summary and a copy of the authorisation form which details the relatives' wishes. The pathologist has access to the deceased's medical records, where these are available.
- 1b.2 There is a procedure to encourage the requesting clinician to attend the post-mortem examination.
- 1b.3 Relatives are offered:
- the opportunity to speak to clinical staff involved in the care of the deceased and key information is provided in non-medical terms if possible; and
  - a copy of the post-mortem examination report if they wish it.

#### Desirable

- 1b.4 There is a designated administrator whose primary function is to be a point of contact for relatives, to ensure completion of all appropriate forms and co-ordinate communication between the clinical staff and relatives.
- 1b.5 A summary of the post-mortem examination report is available to relatives in non-medical language, if requested.

#### Essential

- 1c.1 Information on bereavement, and religious and cultural support is available.
- 1c.2 A translation service is available.

## STANDARD 2 - Authorisation and Information

Standard Statement	Rationale
<p>2a. Authorisation is given for all hospital post-mortem examinations, using the national authorisation forms when these become available. Forms should take into account the wishes of the deceased and where appropriate, the wishes of the relatives.</p>	<p>Authorisation for post-mortem examination is a sensitive subject for both those requesting it and those granting it. The authorisation process should be as straightforward as possible to minimise the risk of additional distress or confusion. There will be separate authorisation forms for adults and paediatric post-mortem examinations.</p>
<p>2b. Consultant clinical staff take overall responsibility for end of life procedures on the ward and maintain close contact with relatives, the pathology department and those involved in support of the deceased's family.</p>	<p>This minimises the risk of breakdowns in communication which can be distressing for both relatives and staff. Responsibility for the deceased remains with the consultant who cared for that person in life, until a post-mortem examination has been arranged or requested.</p>
<p>2c. Information about both the post-mortem examination and the authorisation process is available and is provided to relatives if they request this. Trusts undertake ongoing audit of the processes involved in authorisation of post-mortem examinations.</p>	<p>The use of a standard information leaflet supports the process of requesting and giving authorisation.</p> <p>Audit of the process of seeking authorisation, and the information supplied to relatives can assist in improving the clinical service.</p> <p>Audit of the authorisation process will build public and clinical confidence in the post-mortem examination process.</p>

### Criteria

#### Essential

- 2a.1 Authorisation forms in use incorporate the major headings of the template in Appendix 5 of the preliminary report of the Independent Review Group on Retention of Organs at Post-Mortem, only until the national standard paediatric and adult authorisation forms are available.

#### Essential

- 2b.1 There is evidence of close supervision of junior medical staff by consultants.

#### Essential

- 2c.1 Information leaflets in use follow the template found in Appendix 6 of the preliminary report of the Independent Review Group on Retention of Organs at Post-Mortem. The national standard information leaflet is used when it becomes available.
- 2c.2 Audit is facilitated by the Trust audit department, and local protocols are in place to demonstrate:
- audit of the authorisation process and relatives' experience; and
  - mechanisms to provide feedback to all staff involved.

## STANDARD 2 - Authorisation and Information (continued)

Standard Statement	Rationale
<p><b>Education</b></p> <p>2d. Where hospitals teach medical students on post-mortem examinations, this is explained during the authorisation process.</p> <p>2e. Where organs are retained for use in teaching, authorisation is obtained. It is made clear to relatives at that time that their authorisation may be withdrawn at any time.</p>	<p>Teaching is necessary for clinical education, and post-mortem examinations provide valuable opportunities for learning.</p>
<p><b>Research</b></p> <p>2f. Organs which have been taken for diagnostic purposes can only be further retained for research if appropriate authorisation is provided. Information about the purpose of any research will be made available to the relatives if requested.</p>	<p>Organs are a valuable resource for research which may advance medical knowledge and benefit society.</p>
<p><b>Additional Material for Research and Education</b></p> <p>2g. Authorisation is required if additional tissue slides, blocks or organs are considered valuable for education and research. Authorisation can be withdrawn at any time.</p>	<p>Material derived from post-mortem examinations is an essential part of medical education and provides opportunities for advancing medical knowledge for the future.</p>

### Criteria

#### Essential

2d.1 Authorisation forms and leaflets include information on teaching where appropriate.

#### Essential

2e.1 Relatives' wishes in relation to the use of organs for teaching are clearly indicated on the authorisation form.

#### Essential

2f.1 Information on research is provided for relatives as part of the authorisation process.

2f.2 Relatives' wishes in relation to the use of organs for research are clearly indicated on the authorisation form.

#### Essential

2g.1 There is a protocol for obtaining authorisation for research, which includes information about how this material is to be used and stored.

2g.2 There is evidence that authorisation has been obtained.

2g.3 There are local arrangements in place to provide feedback on the type of research undertaken.

2g.4 There is evidence of regular review of teaching stock to avoid excess retention.

## STANDARD 3 - Storage, Handling and Disposal

Standard Statement	Rationale
<p><b>Glass Slides and Tissue Blocks</b></p> <p>3a. Tissue samples are taken for diagnostic purposes. All glass slides and tissue blocks taken at post-mortem examination for diagnostic purposes are retained as part of the medical record of the deceased and are stored securely.</p> <p><b>Organs</b></p> <p>3b. Organs which require to be retained for diagnostic purposes are disposed of following diagnosis, with the knowledge and instruction of the relatives of the deceased.</p>	<p>The tissue samples retained are chemically treated to allow preservation for initial diagnosis. This tissue is retained as part of the deceased's medical record to allow diagnostic review and further examination which may benefit the deceased's family, and society in general, as medical knowledge advances.</p> <p>Glass slides and tissue blocks should also be retained for the following valuable purposes:</p> <ul style="list-style-type: none"> <li>• to support audit which will improve care;</li> <li>• for teaching and education of health professionals;</li> <li>• for possible legal and evidential purposes; and</li> <li>• for research purposes.</li> </ul> <p>Full diagnostic examination of some organ(s) requires a period of preparation and it may not be possible to return the organs to the body before the funeral (this would usually take place within 5 days).</p> <p>To promote public confidence in the post-mortem examination process, relatives need to be informed when organs cannot be returned to the body immediately after post-mortem examination, and have their wishes taken into account when the organs are disposed of.</p>

### Criteria

#### Essential

- 3a.1 Glass slides are held for a minimum of 10 years.
- 3a.2 Tissue blocks are held for a minimum of 30 years.
- 3a.3 There is a written policy to ensure secure storage.
- 3a.4 There is a written policy covering disposal where a decision is taken not to retain tissue samples.

#### Essential

- 3b.1 There is documentation of the relatives' wishes.
- 3b.2 Every hospital carrying out post-mortem examinations has a written protocol for the storage, handling and disposal of organs.
- 3b.3 For diagnostic cases, organs are retained for a maximum of 3 months after the microscopic report is completed. Any delays are documented.
- 3b.4 The arrangements for disposal of an organ are the responsibility of the department carrying out the post-mortem examination, in line with local protocols. Information on these arrangements is recorded in the departmental database. This information is also recorded in the database of the pathology department carrying out the analysis when this differs from the department carrying out the post-mortem examination.

## STANDARD 3 - Storage, Handling and Disposal (continued)

Standard Statement	Rationale
<p><b>Residual Tissues</b></p> <p>3c. Small pieces of residual tissue which are not processed or stored as part of the deceased's medical record are disposed of lawfully.</p>	<p>Samples require to be of a size to allow for processing. This sometimes results in small pieces of tissue remaining after block selection. All material should be accounted for.</p>
<p><b>Fetuses</b></p> <p>3d. Any fetus or embryo having pathological examination is disposed of lawfully and in accordance with parents' wishes.</p>	<p>Awareness and respect of all personal, religious and cultural values and beliefs are fundamental values of NHSScotland. Such awareness and respect reduces the risk of causing any additional distress.</p>
<p><b>Transport</b></p> <p>3e. Relatives and funeral directors are informed if the deceased, or organs taken for diagnosis, need to be moved to another hospital for post-mortem examination.</p> <p>Transport arrangements for the deceased and/or organs are fully documented.</p>	<p>Facilities for post-mortem examination are not available at all hospitals, which necessitates the movement of the deceased between hospitals. It is also sometimes necessary to transport organs to another site as regional centres exist for specialist examination.</p> <p>It is important to keep relatives informed of transport arrangements as this can reduce anxiety and facilitate funeral arrangements.</p>

### Criteria

#### Essential

3c.1 There is a written policy for the disposal of small pieces of residual tissue which includes recording how, where and when they are disposed of. Relatives are informed of these arrangements, upon request.

#### Essential

3d.1 There is a protocol in place which sets out local arrangements for disposal of fetuses and fetal tissue. Parents may make alternative arrangements if they wish, and these are documented.

#### Essential

3e.1 There is a written protocol for the movement of the deceased and organs between sites. This details how these will be moved and by whom. The protocol covers informing relatives and funeral directors.

3e.2 There is a system for recording:

- the organs transported and the reason why;
- the sending and receiving centres;
- who sent and received the organs and the dates; and
- dates when the organs are returned to the referring department.

## STANDARD 4 - Record-keeping

Standard Statement	Rationale
<p>4a. Every post-mortem examination is fully documented and the records retained in accordance with the most recent Royal College of Pathologists Guidelines (NB tissue blocks and slides are a part of the medical record). It is the responsibility of the head of the pathology department carrying out the post-mortem examination to ensure that the above information is recorded.</p>	<p>A full audit trail is required for each post-mortem examination to ensure that Trusts can account for the action taken before, during and after post-mortem examination.</p> <p>This is also required so that any enquiry can be dealt with efficiently and accurately.</p>
<p><b>Clinical Audit</b></p> <p>4b. Clinical audit is only carried out on named samples which were initially taken for diagnosis. This practice is subject to the rules of medical confidentiality.</p> <p>These samples can also be used to validate diagnostic tests and improve clinical care.</p>	<p>Clinical audit is a necessary part of medical practice. Quality assurance programmes are essential to the maintenance of standards which cannot be easily measured without access to pathology data. Clinical histories cannot be audited anonymously.</p>

### Criteria

#### Essential

*See Appendix 1, p53 for minimum data to be recorded in the post-mortem examination report.*

- 4a.1 Documentation from each post-mortem examination includes a copy of the following:
- authorisation form;
  - clinical summary; and
  - post-mortem examination report.
- 4a.2 A copy of the following documents are filed in the department carrying out the post-mortem examination:
- authorisation form;
  - clinical summary; and
  - post-mortem examination report.
- 4a.3 The medical records of the deceased contain a copy of the authorisation form and a copy of the post-mortem examination report.
- 4a.4 All samples taken for cytology, histology and all other investigations are detailed in the post-mortem examination report.

#### Essential

- 4b.1 There is evidence that material used for clinical audit and quality control has been subject to diagnosis and subsequent report.

## STANDARD 5 - Education

Standard Statement	Rationale
<p>5a. All medical staff in training in Trusts are instructed in completing the documentation required following death, the reasons for post-mortem examination, and the ethical and medico-legal framework in which death occur.</p>	<p>The documents required after a death need to be completed accurately and in a timely manner. Medical staff need to understand all the reasons why a post-mortem examination is performed and when a death needs to be referred to the procurator fiscal.</p>
<p>5b. All staff are aware that, after death, a body can still be a potential source of infection, and observe current Advisory Committee for Dangerous Pathogens (ACDP) and Health and Safety Executive (HSE) guidelines.</p>	<p>All staff in contact with the deceased are potentially at risk of cross-infection and need to be aware of the level of risk and how to manage it. They also need to be able to advise relatives of the risk involved in viewing and handling the deceased before and after post-mortem examination. Undertakers should be given sufficient information to minimise the risk of infection.</p>
<p>5c. Anatomical Pathology Technicians (APTs) receive training in all aspects of mortuary practice, which includes the educational and research value of a post-mortem examination as well as its diagnostic function and the risk of infection.</p>	<p>Anatomical Pathology Technicians (APTs) assist in the post-mortem examination and need to understand the laws governing the post-mortem examination, including authorisation.</p>

### Criteria

#### Essential

- 5a.1 There is an induction programme, with input from pathologists, for all clinical staff dealing with death, which covers:
- reasons for a post-mortem examination;
  - the authorisation process;
  - religious and cultural issues;
  - issuing death certificates;
  - cremation regulations; and
  - deaths that need to be reported to the procurator fiscal.
- 5a.2 Further training is available in communication skills and the bereavement process.

#### Essential

- 5b.1 All staff involved in handling the deceased before and after a post-mortem examination are aware of current Health and Safety regulations, including control of infection notification procedures.
- 5b.2 Control of infection notification procedures are in place for the deceased (if required).

#### Essential

- 5c.1 Anatomical Pathology Technicians (APTs) are qualified and hold a certificate in anatomical pathology or equivalent, or work under supervision.



# 10 Glossary of Terms

accreditation	A process, based on a system of external peer review using written standards, designed to assess the quality of an activity, service or organisation.
anatomical pathology technician (APT)	An individual who assists pathologists during post-mortem examinations, which may involve taking part in the autopsy itself, or collecting specimens and taking notes.
assessment	The process of measuring the quality of an activity, service or organisation.
audit	Systematic review of the procedures used for diagnosis, care, treatment, and rehabilitation, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient.
authorisation	The granting of permission. Formerly referred to as 'consent'. The concept of giving permission, which was introduced by the Scottish Independent Review Group on the Retention of Organs at Post-Mortem, was felt to be more appropriate than consent in this context.
autopsy	Dissection and examination of a body after death in order to determine the cause of death or the presence of disease process.
clinical governance	A framework through which NHS organisations are accountable for both continuously improving the quality of their services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish. Management of clinical risk at an organisational level is an important aspect of clinical governance. Clinical risk management recognises that risk can arise at many points in a patient's journey, and that aspects of how organisations are managed can systematically influence the degree of risk.
clinical history	Record of medical events and treatments.
clinical service	Service provided by healthcare professionals.
clinical staff	All medical, midwifery and nursing staff who cared for the deceased during life and after death.
Clinical Standards Board for Scotland (CSBS)	The Clinical Standards Board for Scotland was a statutory body, established as a Special Health Board in April 1999. Its role was to develop and run a system of quality control of clinical services designed to promote public confidence that the services provided by the NHS met nationally agreed standards, and to demonstrate that, within the resources available, the NHS was delivering the highest possible standards of care. On 1 January 2003, CSBS was merged, along with four other bodies, to form NHS Quality Improvement Scotland. See NHS Quality Improvement Scotland.
clinical summary	Abbreviated medical history presented in a logical manner.

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clinician	An expert clinical practitioner who specialises in clinical work as opposed to laboratory-based studies.
college	In the UK, the term college, when used relating to healthcare, as for example in “The Royal College of...”, refers to organisations which usually combine an education role with promotion of professional standards.
consent	The granting of permission. Consent is now referred to as authorisation. See authorisation.
Control of Infection Notification Procedures	Guidelines for applying good practice in ensuring infection risks are managed.
core data set	The essential information related to a specific medical condition - may include demographic, clinical management and outcome data used for audit and research.
criterion(s)/criteria(pl)	Provide the more detailed and practical information on how to achieve the standard, and relate to structure, process or outcome factors.
CSBS	See Clinical Standards Board for Scotland.
cytology	The study of cells using a microscope.
data source	The source of evidence to demonstrate whether a standard or criterion is being met.
deceased	A formal word for dead.
desirable (criterion/criteria)	Good practice that is being achieved in some parts of the service and demonstrates levels of quality to which other providers of a similar service should strive.
diagnosis	Identification of an illness or health problem by means of its signs and symptoms. This involves ruling out other illnesses and causal factors for the symptoms.
diagnostic	The process of determining the nature of a disorder by considering signs and symptoms.
DNA – Deoxyribonucleic acid	Material in the nucleus (brain of the cell) that codes what that cell will become structurally and functionally.
embryo	The developing organism from human conception.
essential (criterion/criteria)	A criterion that should be met wherever a service is provided.

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## 10 Glossary of Terms

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evaluation	The study of the performance of a service (or element of treatment and care) with the aim of identifying successful and problem areas of activity.
evidence-based	The process of systematically finding, appraising and using current research findings as the basis for clinical decisions.
fetal	Relating to, or resembling a fetus.
fetus	The unborn child before the age of viable life, currently set as 24 weeks in gestation.
fiscal post-mortem examination	Post-mortem examination carried out at the request of the procurator fiscal.
General Medical Council (GMC)	Governing body for medical practitioners. Website address: <a href="http://www.gmc-uk.org/">www.gmc-uk.org/</a>
generic standards	Standards that apply to most, if not all, clinical services.
gestation	The period during which a fertilised egg develops into a baby.
glass slide	The glass plate used to carry material (tissue or cells), and placed on the microscope for examination.
GMC	See General Medical Council.
GP	General Practitioner.
guidelines	Statements which help in deciding how to treat particular conditions.
HDL	See Health Department Letter.
Health and Safety Guidelines	Guidelines relating to health and safety issued by the Health and Safety Executive and other relevant bodies.
Health Department Letter (HDL)	Health Department Letter (formerly known as Management Executive Letter - MEL), formal communications from the Scottish Executive Health Department to NHSScotland.
healthcare professional	A person qualified in a health discipline.
histology	The science concerned with the study of the structure, composition and function of tissues under a microscope.

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<b>Independent Review Group on Retention of Organs at Post-Mortem</b>	A Review Group under the chairmanship of Professor Sheila McLean was established to “review previous post-mortem practice in Scotland, in particular, in relation to organ retention and current documentation on consent and guidance, taking account of developments across the UK; to develop a Code of Practice for Scotland with particular emphasis on issues of informed consent and the most effective mechanism for keeping that Code of Practice under review; and to clarify current legal issues with a view to making recommendations”. The Review Group published its report (also known as the ‘McLean Report’) in 2001. Website address: <a href="http://www.show.scot.nhs.uk/scotorgrev">www.show.scot.nhs.uk/scotorgrev</a>
<b>informed consent</b>	The principle by which a patient/user is informed about the nature, purpose and likely effects of any treatment proposed, before being asked to consent to accepting it. See authorisation.
<b>Island NHS Board</b>	Island NHS Boards do the work of both NHS Boards and Trusts, in that they have a strategic and operational role. There are three Island NHS Boards, covering Shetland, Orkney and the Western Isles.
<b>limited post-mortem</b>	A post-mortem carried out on only part of the body, as agreed on an authorisation form.
<b>Management Executive Letter (MEL)</b>	Formal communications from the Scottish Executive Health Department to NHSScotland, now known as Health Department Letters (HDLs).
<b>medical confidentiality</b>	The rules which govern limitation of disclosure of a patient’s medical information.
<b>medical records</b>	Patient’s notes; documentation of care.
<b>medico-legal framework</b>	The structure that supports both medicine and the law in forensic medicine.
<b>MEL</b>	See Management Executive Letter.
<b>microscope</b>	An instrument used to obtain an enlarged image of small objects.
<b>monitoring</b>	The systematic process of collecting information on clinical and non-clinical performance. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.
<b>mortuary</b>	A special unit where deceased are kept until formal arrangements for post-mortem examination and/or release are made.

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<b>multidisciplinary</b>	A multidisciplinary team is a group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided, and geographical/socio-economic factors in the local area.
<b>NHS Board</b>	NHS Boards replaced the separate Board structures of Health Boards and NHS Trusts. The NHS Boards cover the same geographical area as the old Health Boards. The overall purpose of NHS Boards is to ensure the efficient, effective and accountable governance of the local NHS system, and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.
<b>NHS Quality Improvement Scotland</b>	NHS Quality Improvement Scotland is a statutory body, established as a Special Health Board in January 2003. Its role is to focus on improving the quality of patient care and the health of patients. It will have a particular emphasis on the quality of care and the patient journey for vulnerable groups. NHS Quality Improvement Scotland has been created by the merger of five organisations: Clinical Standards Board for Scotland (CSBS); Health Technology Board for Scotland (HTBS); Scottish Health Advisory Service (SHAS); Nursing and Midwifery Practice Development Unit (NMPDU), and the Clinical Resources and Audit Group (CRAG). Website address: <a href="http://www.nhshealthquality.org">www.nhshealthquality.org</a>
<b>NHSScotland</b>	The National Health Service in Scotland.
<b>neonatal</b>	A term used to describe the first four weeks after birth.
<b>paediatric medicine</b>	The general medicine of childhood.
<b>pathogens</b>	Any agent that can cause disease.
<b>pathological examination</b>	The examination of organs, tissues and cells.
<b>pathologist</b>	Doctor who identifies diseases by studying cells and tissues using a microscope.
<b>patient</b>	A person who is receiving care or medical treatment. A person who is registered with a doctor, dentist, or other healthcare professional, and is treated by him/her when necessary. Sometimes referred to as a user.
<b>peer review</b>	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review. In the NHS Quality Improvement Scotland approach, all members of a review team are equal.

perinatal autopsy	The post-mortem examination carried out on stillbirths and babies less than 4 weeks old.
post-mortem	Relating to the period after death, and also a loosely used term for autopsy.
primary care	The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.
procurator fiscal	The procurator fiscal is required by law to investigate deaths resulting from unnatural, suspicious or unknown causes.
protocol	A policy or strategy which defines appropriate action in specific circumstances. Also covers the adoption, by all staff, of national or local guidelines to meet local requirements in a specified way, resulting in what are known as local protocols.
public health medicine	A specialty of population-based medicine.
quality assurance (QA)	Improving performance and preventing problems through planned and systematic activities including documentation, training and review.
Quality Assurance Manual	Document outlining the methods and procedures to be used in setting standards and reviewing services.
rationale	Scientific/objective reason for taking specific action.
RCPATH	See Royal College of Pathologists.
residual	Remaining or left behind.
Royal College of Pathologists (RCPATH)	The professional and advisory body overseeing education and qualifications of pathologists. Website address: <a href="http://www.rcpath.org/">www.rcpath.org/</a>
Scottish Executive Health Department (SEHD)	The Scottish Executive Health Department is responsible for health policy and the administration of NHSScotland. Website address: <a href="http://www.show.scot.nhs.uk/sehd/">www.show.scot.nhs.uk/sehd/</a>
self-assessment	Assessment of performance against standards by individual/clinical team/Trust providing the service to which the standards are related.
Specialist Register of the General Medical Council	Since 1 January 1997, it has been a legal requirement that, in order to take up a consultant post in the NHS, a doctor must be included on the Specialist Register.

specialty	An area of medicine in which professional specialisation is required.
specimen	A sample of tissue.
standard statement	An overall statement of desired performance.
statutory	Enacted by statute; depending on statute for its authority as a statutory provision. Required by law.
stillbirth	The birth of a baby that shows no evidence of life (heartbeat, respiration or independent movement) at any time later than 24 weeks of conception.
sudden infant death syndrome (SIDS)	The sudden, unexpected death of an infant less than two years old from an unidentifiable cause.
tissue	Organs contain tissue, collection of cells which give organs their special function. Samples of tissue (typically small slices about a quarter of an inch thick) are usually taken during a post-mortem examination for examination with a microscope.
tissue block	A sample of an organ embedded in paraffin for processing and examination.
tissue sample	A piece of an organ used for pathological examination.
toxicology	The study of poisonous materials and their effects upon living organisms.
Trust	A Trust is an NHS organisation responsible for providing a group of healthcare services for the local population. An acute hospital Trust provides hospital services. A primary care Trust delivers primary care/community health services. Mental health services (both hospital and community based) are now usually provided by primary care Trusts.



# Appendix 1 Core Data Set Relating to Standard 4

## Hospital Database Information

Name of deceased	
Date of birth	
CHI number (medical record number)	
Name, address and telephone of next of kin	
Fiscal or hospital post-mortem examination	
Date of authorisation for hospital post-mortem examination	
Date death form completed	
Post-mortem examination reference numbers	
Other associated pathology number	
Date of preliminary report	
Date final post-mortem examination report	
Date body received by undertakers	
Date information sent to GP	
Record of information given to relatives	
Record of communication of findings to the relatives	
Number of glass slides	
Number of tissue blocks	
Record of organs retained	
Relatives' instructions regarding disposal	
Record of transport of organs	
Date organ sent	
Date organ returned	
Date of organ disposal	
Method of organ disposal	
Tissue samples stored for DNA	
Skin/tissue sent for fibroblast culture	
<i>University records shall provide a confidential audit trail back to the clinical record</i>	
<i>University records shall identify receipt, use, dispersal and disposal of any tissue or sample</i>	

Source: Alder Hey Report, recommendations.

## Post-mortem Report (Data Set)

### General

### Perinatal (Additional Data)

<b>Demographic Details</b>	
Name of deceased	Mother's name
Date of birth	Mother's date of birth
Maiden name	
CHI number (medical record number)	
Fiscal or hospital post-mortem examination	
Post-mortem examination reference number	
Requestor	
Source of request	
Date, place of death	
Date, place of examination	
<b>Report</b>	
Record of specific instructions from the procurator fiscal or clinicians	
Type of post-mortem – full/limited	
Clinical history	
Macroscopic report	<b>Measurements</b>
Microscopic report	External measurements
Date of preliminary report	Organ weights
Date of final report	
Name of pathologist and those in attendance	
Record of retained organs,	
List of histology taken	
Record of photographs, X-rays	
List of other specimens (eg genetics, microbiology samples, etc)	
<b>Summary</b>	
Summary of findings	
Clinico-pathological correlation	

Source: *The Bulletin of the Royal College of Pathologists* 1993(84):11-14

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## Appendix 1 Core Data Set Relating to Standard 4

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Case Notes	Pathology Dept	Relatives
Signed authorisation form	Authorisation form	Authorisation form
Copy of preliminary post-mortem report	Request (clinical history) form	
Copy of final post-mortem examination report	Post-mortem examination report	
Copy of neuropathology report (if applicable)	Copy of neuropathology report (if applicable)	Copy of final report (if requested)
	<b>Any correspondence</b>	



## Appendix 2 Reporting a Death to the Procurator Fiscal

The procurator fiscal has a duty to investigate certain deaths. The categories of deaths concerned may change from time to time and you are advised to refer to the booklet *Death and the Procurator Fiscal* and any supplementary guidance issued for fuller details and advice. Generally the procurator fiscal will enquire into any sudden, suspicious, accidental, unexpected and unexplained death. However, the procurator fiscal may enquire into any death brought to his or her notice if he or she thinks it necessary to do so. In particular, the procurator fiscal will want to know from you of any death where the circumstances or evidence suggest that the death may fall into one or more of the following categories.

- Any death due to violent, suspicious or unexplained cause.
- Any death related to occupation, for example industrial disease or poisoning.
- Any death involving fault or neglect on the part of another.
- Any death as a result of abortion or attempted abortion.
- Possible or suspected suicide.
- Any death as a result of medical mishap, and any death where a complaint is received which suggests that medical treatment or the absence of treatment may have contributed to the death.
- Any death resulting from an accident.
- Any death due to poisoning or suspected poisoning, including by prescription or non-prescription drugs, other substances, gas or solvent fumes.
- Any death arising out of the use of a vehicle including an aircraft, ship or train.
- Any death due to a notifiable infectious disease, or food poisoning.
- Any death by drowning.
- Any death in legal custody.
- Any death by burning or scalding or as a result of a fire or explosion.
- Any death of a person of residence unknown, who died other than in a house.
- Certain deaths of children – any death of a newborn child whose body is found, any death from sudden infant death syndrome, any death due to suffocation including overlaying, any death of a foster child.
- Any death at work, whether or not as a result of an accident.
- Any death where a doctor has been unable to certify a cause.



## Our Commitment

We will:

- involve patients and the public in all parts of our work;
- work with and support NHS staff in improving standards;
- assist NHSScotland in delivering the highest quality of NHS care to each patient;
- base conclusions and recommendations on the best evidence available;
- be open and transparent in all our work through wide circulation of reports written in language that can be understood by all and is jargon free;
- seek to avoid duplication of effort through working closely with other national organisations involved in improving the quality of care within the NHS; and
- ensure our own work is subject to quality assurance and evaluation.



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