AGENDA ITEM
7.9

QUALITY & SAFETY COMMITTEE

ASSURANCE OF MORTUARIES AND BODY STORES SECURITY AND DIGNITY IN CTMUHB

Date of meeting	22/11/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Dr Dom Hurford, Interim Medical Director
Presented by	Dr Dom Hurford, Interim Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
CMO	Chief Medical Officer
CTMUHB	Cwm Taf Morgannwg University Health Board
HTA	Human Tissue Act
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda

1. SITUATION/BACKGROUND

1.1 CMO letter to CTMUHB on 5th November 2021 seeking assurances about mortuary security in light of the distressing recent events that occurred in Kent. Prompted us to review our procedures regarding:

- Body storage maintains dignity of the deceased
- Security of premises are secure
- Security arrangements must protect against unauthorised access

1.2 We have sent an assurance statement to the CMO. This SBAR is to outline the assurance for CTMUHB's own governance

1.3 CTMUHB has three main body storage facilities on our acute hospital sites, and two smaller facilities at Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon

1.4 Three main sites have both post-mortem and body storage facilities, only the Royal Glamorgan Hospital is presently conducting post mortems as a central hub. All meet Human Tissue Act (HTA) Licence standards and are governed by the Health Board

1.5 Temporary host the South Wales 02 Body Store on behalf of the Local Resilience Forum, aligned to Prince Charles Hospital Mortuary Department

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 We have immediately implemented checks of all our relevant Standard Operating Procedures (SOPs) to further enhance security and dignity protection measures. Specific assurance was asked for:

GQ1(c): Procedures on body storage which prevent practices that disregard the dignity of the deceased

4 Standard Operating Procedures are adhered to ensuring that the dignity of the deceased is preserved. These compromise:
Handling bodies in the Mortuary, Storage of bodies in the Mortuary, Basic Post Mortem Procedure and Release of Deceased and Associated Property

SOP Key criteria:

- All bodies are shrouded or placed in body bags as appropriate

- Dignity is checked on arrival to the mortuary using a Mortuary Checklist
- Dignity check is conducted on release of all the deceased to ensure the person is in a dignified and acceptable state of presentation
- Our security checks prevent unauthorised access to the mortuary which may compromise the dignity of the deceased
- The Mortuary Manager is highly visible across all sites providing extra checks and updates with reference to preserving the dignity of the deceased
- Periodic local inspection is also conducted by the Cellular Pathology Operational Manager and Designated Individual

b.PFE1(d): That premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access (page 16 of the above document)
c.PFE1(e) Security arrangements must protect against unauthorised access and ensure oversight of visitors and contractors who have a legitimate right of access (page 16 of the above document)

CTMUHB Policy for Mortuary and Bereavement Security

Key aspects assuring security include:

- All access points to the mortuary are controlled either by security magnetic locks operated by authorised users only or access with a Master Key
- Keys are of a "master key" variety and cannot be readily duplicated and Mortuary and Bereavement staff with keys must ensure they can account for them at all times.
- Keys must not be lent or borrowed and any missing / lost / stolen keys must be reported as soon as detected
- A list of keys and who has them is maintained and regularly audited by the Mortuary Manager
- Continuous CCTV on all HTA Licenced sites, in line with HTA standards. Recordings retained for 31 days for general areas; reviewed if there is an incident or complaint
- CCTV viewed by Mortuary Staff to check the identity of people as they enter the premises
- All authorised visitors to the mortuary are accompanied at all times
- Contractors are subject to the Health Board Contractors policy.
- The Mortuary Manager is highly visible across all sites providing extra checks and updates with reference to preserving security.
- Periodic local inspection is also conducted by the Cellular Pathology Operational Manager and Designated Individual.

Body Stores at YCC and YCR

- Not HTA Licenced (do not conduct Scheduled Activities), but high standards for both security and preservation of dignity are maintained.
- New buildings with secure swipe card and key entry for a list of authorised personnel.
- The Designated Individual regularly inspects these body stores to ensure high standards.
- No long term storage at these sites.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Instigate, across all CTMUHB Mortuary sites:

- Review the list of Health Board personnel with swipe card or key access confirming authorisation levels. List is limited to mortuary staff, portering staff and site managers
- 6 monthly authorisation checks will be established from now
- Awareness raising sessions across mortuary and portering services will be conducted in light of this recent news
- Review of all key entry access points with a view to converting all to swipe card entry/magnetic locks
- Audit of personnel, identified by swipe card entry, out of hours through IT systems

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Dignified Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.

	If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** the report.