

Services for the Care of the Deceased

Specification Document

Annex x

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SPECIFICATION

The service will provide a fully managed service for the care of the deceased comprising the following:

1. Body storage facility at both Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust to the standards detailed in this specification. This includes, but is not limited to, the delivery, installation, maintenance, governance and operation of body storage facilities at each hospital site which is compliant with all statutory and regulatory requirements for the management of those individuals who have died in hospital in a compassionate, dignified and secure manner.
2. Transportation between the body storage facilities at each hospital and the Supplier's mortuary
3. At the supplier's mortuary facility, the provider will deliver the maintenance, governance and operation of a fully licensed body storage facilities for the management of those individuals who have died in hospital, including facilities for the viewing of the deceased by next of kin and significant others, and the completion of coronial postmortems where required.

The hospital-based facility serving Kettering General Hospital NHS Foundation Trust (KGH) will be located at **Kettering General Hospital, Rothwell Road, Kettering, Northamptonshire NN16 8UZ.**

The hospital-based facility serving Northampton General Hospital NHS Trust (NGH) will be located at **Northampton General Hospital, Cliftonville, Northampton NN1 5BD.**

The service is commissioned by Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH), operating as University Hospitals of Northamptonshire (UHN). The service will be accountable and responsible to the UHN Chief Nurse via the Head of Pathology Services or nominated deputy at each site.

The service will support the Trusts in the care of all those who die in hospital irrespective of their normal place of residence. Table one details the numbers of hospital deaths anticipated. Please note that this level of activity is not guaranteed.

Hospital Deaths (TABLE 1)		
Site	Total Hospital Deaths 2023	Predicted Total Deaths 2038 (assumes 27% growth in line with ONS)
Kettering General Hospital NHS Foundation Trust (KGH)	1401	1785
Northampton General Hospital NHS Trust (NGH)	1523	1941
TOTAL	2924	3726

The service will take full responsibility for the dignity and security of the deceased from the moment they arrive at the hospital-based body storage facility until the time they leave the supplier's mortuary facility in the care of funeral directors or other authorised individual(s). The service will be delivered by appropriately qualified and experienced staff with due regard to all pertinent legislation and standards. This includes, but is not limited to, the Human Tissue Act 2004 (HT Act) and the Human Tissue Authority (HTA) Codes of Practice A – Fii (excluding Fi).

The supplier will be responsible for ensuring that there is always a timely flow through the hospital-based body storage facilities such that there is always sufficient capacity to accommodate those who have died in hospital without delay. To achieve this, they will work proactively with the hospital operational teams.

Notwithstanding the above, for individuals who have died in hospital and may/will require post mortem examination, the provider will ensure that bodies are transferred within two working days of admission to the hospital body storage facility. This transport service will meet all applicable legislation and standards and take due regard of the dignity of the deceased.

Additionally, for individuals who have died in hospital and the Medical Examiner has determined that there is no need for a coronial referral / post mortem, the provider will ensure the body is removed to their mortuary facility or collected from the hospital body

storage by the nominated funeral directors or other authorised individual within three working days of that decision having been taken.

The supplier must treat the deceased with the same due regard to dignity and safeguarding as it does its other patients / service users.

The supplier will be expected to support UHN Values – Courage, Accountability, Compassion, Integrity and Respect.

1.0 INTRODUCTION

1.1 Northampton General Hospital (NGH) and Kettering General Hospital (KGH) joined together on 1st July 2021 to work collaboratively as a group under University Hospitals of Northamptonshire NHS Group (UHN).

1.2 Although KGH and NGH now work together collaboratively under UHN separate contracts must be entered into as UHN is not a legal entity.

1.3 The requirement is a contract for each hospital providing a fully managed body storage service and associated transport for a period of five (5) years, with the option to extend for a further five (5) years on two (2) consecutive occasions (maximum term fifteen (15) years).

1.4 This will include:

1.4.1 All staff needed to maintain this service on a 24 x 7 basis

1.4.2 Full compliance with Human Tissue Authority standards throughout the duration of this contract

1.4.3 All transport between the hospitals and Provider's mortuary

1.4.4 The full administration processes associated with the care of the deceased, including but not limited to the identification of the deceased, receipt of the body into the hospital-based storage facilities, the release of the body to the appropriate authority or transfer to the provider's mortuary facilities, and the management of the deceased's property its release to their next of kin or other authorised individual such as funeral director.

1.4.5 Overseeing all aspects of the transfer of individuals requiring forensic, paediatric, or other specialised post mortem from the hospital or their mortuary facility to the coroner's preferred specialised facility

1.4.6 Facilities to enable the bereaved to visit the deceased

1.4.7 Liaison with funeral directors, faith leaders, and other relevant parties to ensure that the deceased does not remain in the mortuary for more than two (2) weeks following Medical Examiner or Coroner's approval to release the body

1.4.8 Provision of facilities for the timely completion of a coronial post

mortem if required

1.4.9 Liaison with and support for hospital chaplaincy teams where a hospital funeral is required

1.4.10 Provision for the longer-term storage of a body where the circumstances necessitate (freezing)

2.0 CORE SERVICE PROVISION

The service will be based upon an anticipated number of deaths in each hospital per annum as stated in Table One (reproduced below for ease).

Hospital Deaths (TABLE ONE)		
Site	Total Hospital Deaths 2023	Predicted Total Deaths 2038 (assumes 27% growth in line with ONS)
Kettering General Hospital NHS Foundation Trust (KGH)	1401	1785
Northampton General Hospital NHS Trust (NGH)	1523	1941
TOTAL	2924	3726

This level of activity is not guaranteed and it should be noted that not all deceased will be resident in Northamptonshire, and where bodies need to transfer outside the county, the provider will work with relevant parties in the area to which the individual should return for funeral, including coronial staff, funeral directors and the bereaved family to ensure transfer as swiftly as possible.

It has been determined that to support the Trusts, the capacity detailed in Table Two will be required for the duration of this contract. This excludes any additional capacity required as a result of a mass casualty event for which flexibility will be required.

The expected capacity requirements are as shown in Table Two

For Hospital Deceased (TABLE TWO)						
Site	Bariatric Fridge Spaces	Standard Adult Fridge Spaces	Paediatric_ Fridge Spaces (if not using adult fridges)	Stillbirth and Neonatal Fridge Spaces	Products of Conception / other	Freezer Space
Onsite at Kettering General Hospital NHS Foundation Trust (KGH)	2	23	2	1 x single door full height fridge	Within stillbirth and neonatal provision	0
Onsite at Northampton General Hospital NHS Trust (NGH)	2	25	2	1	Outside scope - managed via Histopathology	0
Within Provider's Mortuary for KGH hospital deceased	2	50	2	1 x Double Width Full Height Fridge	Within stillbirth and neonatal death provision	2
Within Provider's Mortuary for NGH hospital deceased	2	50	Within adult numbers	1	1	2
TOTAL	6	150	4	1	2	4

2.1 Inclusion and Exclusion Criteria

This service includes all those who die in the care of KGH and NGH. These deaths may take place within the emergency departments, wards and departments of the hospitals or at their satellite sites. The service is available to all deceased, with appropriate provision to be made for infants, children and adults irrespective of the location of their usual residence, including those who die in hospital whilst visiting the area from elsewhere in the country or overseas.

The service excludes all those who die at home, in the community, or in hospitals other than those operated by KGH and NGH.

2.2 Service Delivery

The body storage service will be provided 24 hours/day, seven days/week, including bank holidays, to ensure appropriate arrangements are in place for those who have died in the hospital.

The service will be proactively managed to ensure that bodies are stored and moved or transported with respect and dignity, with due regard to appropriate governance arrangements and legislation, including but not limited to the Fuller requirements, security, the proactive management of capacity, the remote logging and monitoring of temperature and other relevant aspects of the storage environment, and the onsite rectification of any faults to ensure that there is no unplanned down time within the facility.

The service, including the body storage facility on each hospital site, will be available 24 x 7, with resilient arrangements in place for periods of maintenance or unexpected down time. These arrangements must ensure the privacy and dignity of all the deceased accommodated there. When the facility is not staffed (e.g. out of normal working hours), there should be a mutually agreed, robust, tested, security management system in place.

The provider will work to the quality standards set by the Royal College of Pathologists and any other relevant regulatory body. Additionally, the provider must consistently meet the standards of the Human Tissue Authority (HTA) and hold a valid HTA licence throughout the duration of this agreement.

Each body will be the responsibility of the provider from the time it enters the hospital-based body storage facility until it is released to the nominated funeral director or other authorised individual or transferred to an alternative location at the request of the coroner (e.g. forensic or paediatric post mortem required). This includes during the period of transportation between the hospital and the provider's mortuary facility.

The deceased will be transported to and within the provider's mortuary facility in line with Fuller requirements and any subsequent applicable standards/legislation. This includes, but is not limited to, the availability of Closed-Circuit Television (CCTV), vehicle tracking, processes for the safe transport of the deceased's property, and all appropriate body transfer documentation.

2.3 Identification of the Deceased

All bodies will be accurately labelled in line with HTA and local policies, with particular attention to the use of three unique identifiers.

The provider will operate clear admission and release procedures which follow HTA guidance. Accurate and timely records will be in place to ensure that the deceased can be identified and traced and tracked from admission to the hospital body storage facility through to release to the nominated funeral director or other authorised person. These will be subject to regular audit.

In the event that the deceased is unidentified, they will be proactively managed in accordance with mutually agreed and documented procedures. Unidentified individuals will be stored in designated refrigerators and all identifiable features (e.g. tattoos/birthmarks) will be clearly documented. The provider may be required to work with the local police force in the identification of the deceased. The bereaved will be supported at all stages of their loved one's time in the provider's care.

The provider will be proactive, considerate and compassionate in the handling of the property and effects of the deceased and return them to the next of kin or their nominated individual in a respectful manner.

The bereaved will have the opportunity to visit their loved one seven (7) days/week and such visits will take place in a respectful environment which meets the needs of all faith groups. There should be no limit on the number of visits a loved one may make, although it is not expected, unless there are exceptional circumstances, that these will take place outside the hours of 8am – 6pm. All visits should be pre-arranged.

The provider will develop and maintain a good working relationship with hospital staff, chaplains, relevant faith communities, and appointed funeral directors.

2.4 Body Storage

The hospital-based body storage provision will be sited at a mutually agreed location at both the KGH and NGH hospital sites. It will meet all statutory, security, and privacy and dignity standards. It will operate clear admission and release procedures which comply with the requirements of the HTA.

A standalone body storage facility will be located on the KGH hospital site. A

standalone body storage facility will also be located at on the NGH hospital site. Each will have capacity as detailed in table two (above).

The technical specification for the facility on each hospital site is detailed in appendix 1 of this document.

Notwithstanding the requirement to ensure sufficient capacity is maintained on each hospital site, all bodies will be collected for transfer to the supplier's mortuary facility within three (3) calendar days of entering the hospital-based storage facility. These collections will take place daily between 8am and 5pm. Collections will take place at weekends and on bank holidays.

The service will support the urgent transportation of the deceased for faith reasons or to enable tissue donation where consent to this has been obtained by the clinical team and the Medical Examiner/Coroner. The provider will ensure that staff are available to support this and that it has documented processes in place for these occurrences.

The service will operate clear, documented admission and release procedures which follow HTA recommendations throughout both the hospital and mortuary facilities. These will be subject to audit by the commissioner.

Policies will be developed and implemented for the moving and handling of all bodies with dignity and respect. This includes arrangements for those who either have a body mass index (BMI) greater than 40 kg/m² or are 40kg above ideal weight for height (bariatric policy) and for infants and children. Staff will be trained in the implementation of these policies and the use of any manual handling aids/equipment.

Prior to entry to the hospital body storage facility, the last offices will be performed by hospital staff in accordance with mutually agreed procedures and the body placed in a shroud/body bag as per the aforementioned procedure. All identification labels must be securely in place before the deceased leaves the ward or department.

Entry to both the hospital-based body storage area and to provider's mortuary facility must be regulated. A secure access system (e.g. *swipe system*) with an audit trail and CCTV will be operational at all times. A policy must be in place to ensure that only those with a legitimate reason to access can enter clinical and body storage areas, and that all visitors are accompanied at all times whilst there. This includes, but is not limited to, funeral directors, maintenance staff, visiting clinicians, students etc. The CCTV footage must be reviewed against access

logs on at least a monthly basis and all areas of non-compliance advised to the Trust within two hours of being identified.

The provider will work proactively with the hospitals where there is a need to respond to a mass fatality situation, liaising with all relevant agencies to establish any necessary additional temporary body storage facilities on the hospital site where required, or arrange for the movement of bodies which have been authorised for release to the funeral director or faith community as a matter of urgency.

The provider will document and report all Human Tissue Authority Reportable Incidents (HTARI), undertake a robust investigation, and share resultant action plans and learning outcomes with Trusts.

Any areas of non-compliance with HTA standards will be advised to Trusts within two hours of the issue being identified.

3. BODY TRANSPORTATION

All arrangements for the transportation of bodies to the supplier's mortuary facility or other agreed location will be the responsibility of the supplier.

All transportation will take place in a vehicle appropriate for the purpose, offering dignity and respect for the deceased, vehicle tracking, and CCTV coverage enroute.

To comply with Fuller recommendations, all deceased will be accompanied by a driver and a second member of staff who are fully trained for this role and have clear processes to follow in the event of accident or breakdown in order to safeguard the deceased.

Any accident or incident which takes place during the transportation of a body will be advised to the Trust within two hours of the occurrence.

4 SPECIFIC FAITH ARRANGEMENTS IN RESPECT OF HOSPITAL DEATHS

The supplier will at all times work proactively with Medical Examiners, Faith Leaders and the Coroner in respect of those deceased who have faith-based wishes for the care of their body.

Where a death in hospital is expected, arrangements may be agreed prior to the death occurring to aid this. The clinical team will notify the supplier in this instance.

Where the bereaved require chaplaincy support once the deceased has entered the provider's mortuary, the provider will have robust arrangements in place with community faith leaders other than where a hospital funeral is planned where chaplaincy support will come from the relevant hospital chaplaincy team.

5 ACCOMMODATION

5.1 Administrative Accommodation and Facilities on the Hospital Sites

The supplier will have access to a designated desk space on each hospital site for their team whilst onsite. This desk space will be on the hospital site but may not be in the immediate vicinity of the body storage area. It will have access to hospital telephones and the hospital public Wi-Fi to enable connection to the provider's IT systems. This desk space is offered free of charge to the provider and will include standard desk with lockable drawers and standard office chair.

Parking and/or on-site drop-off/pick-up areas for the supplier's staff will be facilitated to enable service delivery. Within office hours this parking is not guaranteed to be on the main hospital site, however out of hours parking will be on site for the security and safety of staff.

Provision will be made for the supplier's transport vehicle to park adjacent to the onsite body storage facility.

5.2 Facilities for the Bereaved

The hospital acknowledges the importance to families and friends of the facility to view their next of kin and its key place in the grieving process and regrets that there will be no facility to offer this within the hospital onsite body storage facility.

The provider will work with the Trusts to establish processes to ensure that, in the event of a miscarriage, stillbirth or neonatal death, the deceased infant is not transferred off the hospital site until the mother is discharged from hospital care and will work proactively with bereavement midwives and chaplaincy teams to ensure that processes are in place to ensure that the infant, once placed in the hospital body storage, may be returned to the bedside if necessary.

The bereaved should have the opportunity to visit their loved one once transferred to the provider's mortuary should they wish. The provider shall ensure that the facilities for the bereaved visiting their mortuary are welcoming

and offer privacy for both conversations and for viewing the deceased. These areas should have wheelchair access and, if appropriate, interpretation facilities should be made available. For those bodies transferred to the providers own mortuary facility off site, it is the hospital's expectation that:

- For stillborn infants and neonatal deaths unlimited access to view the deceased once transferred to the mortuary should be available daily between the hours of 8am and 6pm
- For children who have died in hospital, unlimited access to view the deceased should be available daily between the hours of 8am and 6pm
- For adults who have died in hospital daily between the hours of 8am and 6pm

Where the identity of the deceased has been unknown, arrangements should be made sensitively and in a timely manner with the coroner to ensure that viewing for the purposes of identification is undertaken as necessary.

A range of written information should be available for the bereaved in respect of the registration of death, arranging a funeral etc. This should be available in the most common languages spoken in the area and should be targeted at the age of the deceased. For example, information provided to bereaved parents of a child should not refer to notifying pensions agencies of the death.

Chaperone facilities should always be available for the bereaved. All those viewing their loved one should be sensitively informed of the condition of the body, including information relating to the colour, temperature, and physical appearance of the deceased. Where the body is being viewed prior to postmortem and with medical equipment still in place (e.g. dressings, NG tube, ET tube, IV lines etc) this must be explained to the bereaved sensitively and with due regard to the context of the death.

There will be a comfortable waiting area, conveniently located toilet facilities for the bereaved, including those with disabled access, and both accessible and standard parking facilities will be available.

5.3 Management of Patient's Property

The provider will work with the hospitals to document, ratify, and implement auditable security procedures for the recording of all personal property including, but not limited to, clothing, money, and jewellery.

A full signed record will be maintained of all property present with the deceased on arrival at the hospital-based body storage facility, including but not limited to items on the body itself such as dentures, rings etc. This record, and the property, itself, will accompany the deceased to the provider's mortuary facility. Other than specific religious items and 'comforters' for infants and children, no other items of property will be placed within the body bag. This record will be cross checked when the deceased is released to the next of kin, funeral director, or other authorised person.

6. GOVERNANCE

The provider will operate in an open and transparent manner with the hospitals and will co-operate fully in the investigation of complaints, incidents, safeguarding and other concerns as required.

The provider will work proactively with the hospitals in relation to the implementation of PSIRF (Patient Safety Incident Response Framework) and other policy changes as required.

6.1 Incidents

- The supplier will be expected to work with the hospitals in an open and collaborative manner in relation to the reporting, investigation and learning from any incidents which take place in relation to this agreement.
- All incidents will be reported in accordance with the Trust's Incident Policy and to support where necessary the Trust in the adoption of the national Patient Safety Incident Response Framework (PSIRF) as and when that takes place. The process for this will be agreed in a Standard Operating Procedure.
- The supplier will inform all moderate or above incidents to the Trust within 60 minutes of the incident. This requirement is applicable 24/7. All incidents rated moderate or above will be communicated to the next of kin of the patient concerned under the Duty of Candour.
- The supplier will record, investigate and report on all incidents that occur, no matter how minor. The provider will present a detailed review of incidents together with a mitigating action log at the monthly Performance Review Meetings.
- Serious incidents will be raised immediately with the hospital and depending

on the nature of the incident an agreement will be reached as to how the investigation process will be managed / reported. The parties will work collaboratively from lessons learned and changes implemented.

- All data breaches involving personal identifiable data must be reported to the hospital within 24 hours. A serious data breach will be treated as a Serious Incident and will thus follow the process described above. Supplier staff must take immediate action to recover the data as soon as possible, and so reduce the seriousness of the data breach.

6.2 Complaints

- The supplier will be expected to work with the hospital in an open and collaborative manner in relation to any complaints received.
- Where a complaint has been received by the hospital, the hospital's policy will be followed in terms of timescales. Any complaints received directly by the provider which relate to Trust must be communicated to the Trust via the Nominated Officer email account within 24 hours.
- The supplier will have a written formal complaints procedure and will share this and associated policies with Trusts. These should make it clear how to lodge a complaint, and to whom. The information given to the complainant by the supplier shall make it clear how their system works.
- Any person who requires extra support understanding the complaint policy (or who lacks capacity for this) should be supported as much as reasonably practicable to enable them to raise concerns about their care. This may be having contact with an IMCA, through easy read complaints information or any negative comments during care provision being highlighted with a low threshold.
- Any complaint which has been made by an Eligible Person and/or by an Eligible Person's representative, shall be referred to the Trust or, if appropriate, to the CQC. If complaint relates to an element of care provided by the Trust, it will be referred to the Trust for resolution.
- The supplier may seek support and advice from the Trust's Patient Advice & Liaison (PALS) Service if required.
- Information on complaints received, the outcome of resultant investigations, and change implemented by the supplier shall be provided monthly to the Trust in a report to be considered at the contract review meeting. The supplier must make available to the Trust (without limitation) individual complaint records and complaint reports for inspection.

6.4 Feedback from the Bereaved

The provider will ensure that it has in place a suitable process for gaining

feedback from the next of kin or representatives of the deceased, with due regard for its sensitive nature and appropriate timeliness of seeking their views.

Any lessons learned from feedback will be captured and appropriate changes to practice made, in partnership with the Trust as appropriate.

These results will be reported and reviewed monthly via the Performance Review meetings.

6.5 UHN Policies and Procedures

All policies relevant to this service are available via the respective Trust's intranet site. Key policies are listed below but are not exhaustive. The provider will ensure that all staff read and keep updated with any subsequent amendments to these policies during their employment. These will be attached for your information.

- Records Management Policy
- Confidentiality and Data Protection Policy
- Infection Prevention and Control Policy
- Complaints Policy
- Health & Safety Policy
- Incidents
- Risk Management
- IG/IT & Security Policies
- Privacy & Dignity Policies
- Waste Management
- Whistleblowing Policy
- Last Offices Policy/Procedure or equivalent

The provider is required to evidence on a quarterly basis that all their own policies relevant to this service are current and include an appropriate review date.

6.6 Safeguarding

The supplier will be expected to work with the Trusts in an open and collaborative manner in relation to the reporting, investigation and learning from any safeguarding incidents which may be raised.

Where vulnerability has been identified, this will be discussed with the referring service and appropriate plans implemented. Any allegations regarding members of Trusts' staff will be investigated in line with the Trust's Allegations that an Employee may be harming a Child/Young Person/Adult at Risk Policy.

Where a safeguarding allegation has been made about a provider member of staff, the individual will be suspended from service whilst appropriate investigations are undertaken, and replacement staffing provided, to ensure the safe treatment of the deceased and the protection of the member of staff.

The Service will be expected to appoint a dedicated Safeguarding Champion who will support the safeguarding agenda within the service

Upon request, the provider will participate in Safeguarding Audits in line with each Trust's Corporate Safeguarding Teams Audit calendar where appropriate.

6.7 Information Governance & Data Protection

The supplier will act as Data Controller from the time that the body enters the body store, including when being transported from the body store to the Supplier's mortuary facility, until it is transferred to the funeral director or another authorised individual.

The supplier is responsible for ensuring that all staff involved in the delivery of this service meet standard information governance requirements and comply with data privacy and security requirements in relation to the processing of data on all software/hardware for which the provider is the Data Controller.

A Data Processing and Information Sharing Agreement (DPIA) will be implemented which all provider staff will need to understand and declare compliance with.

Likewise, audits will be undertaken on any third party as part of this contract where data privacy risks are considered to be a concern in order to safeguard the data and protect the privacy rights of those data subjects involved. The provider will continue to seek sufficient guarantees from those who it works with to ensure it is

compliant with current data protection/GDPR rules as they apply to this service.

Where relevant, the supplier will ensure that its annual Data Security and Protection (DSP) self-assessment is completed to a satisfactory assurance level and will be available for the hospitals to audit and view at <https://www.igt.hscic.gov.uk>. A minimum level two will be maintained across all controls on a continuous basis.

The supplier will ensure that all third-party suppliers that it engages or asks to provide services on its behalf as part of this Service will have appropriate contracts and data processing agreements in place to cover all eventualities, liabilities, warranties and legal obligations. All contracts and agreements will set out specific requirements as a minimum e.g. the data processing activity to be undertaken, the Incident Reporting Escalation Process, the purpose and storage limitation requirements for processing data etc.

6.8 Electronic Communication

All electronic communication will follow agreed Information Technology, Information Governance and Security policies and be undertaken within the timeframes agreed.

6.9 Clinical Records

All supplier staff involved in the operational management and delivery of this service will be required to have completed mandatory IG/IT training modules before being given access to any system which handles patient information and data flows. This includes handling patient records; both paper and electronic, telephone, Trust and any provider IT systems.

Where the deceased has been stillborn, the relevant clinical record will be that of the mother.

There will be a documented process for the management of clinical records in relation to the deceased. This will ensure that records are held securely and available to medical examiners in a timely manner. Clinical Records will not travel with the deceased to the Supplier's mortuary facility.

Where the deceased requires preparation of the body and timely cremation/burial in accordance with their faith, this shall be accommodated unless the Medical Examiner is required to refer the death to the coroner. The relevant processes will be documented and any training in their implementation given by the provider in

conjunction with the hospital Medical Examiners and faith leaders. These processes will be auditable and compliance reported as part of the performance reporting process at least quarterly.

6.10 Audit

The supplier will be required to take part in audits throughout the year which will continue to demonstrate Human Tissue Authority compliance using standards in place at the time, including, but not limited to, those with specific reference to tissue retention and security.

The outcome of these audits and any resultant action plans will be shared with the Trust in an open and transparent manner.

6.11 Infection Control

The supplier must have a current Infection Prevention and Control policy and provide continued assurance of adherence to that policy for all staff.

The supplier will demonstrate that it has safe systems and processes in place for the management of the deceased to prevent any cross infection between the deceased and staff. These systems and processes will be audited quarterly and the results, including action plans, shared with the Trust.

The provider must consider any changing guidance in relation to any infectious disease or public health concern and share any changes in policy or process in relation to these with the Trusts.

6.12 Health and Safety

The supplier will have a Wellbeing and Health and Safety Policies in place to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employees, and others who may be affected by its activities. This includes their safety and well-being when transporting the deceased between the hospital site and the supplier's mortuary facility.

Both organisations will work to The Management of Health and Safety at Work Regulations 1999 and take all reasonable steps to communicate information about risks which they may create in order to control the risk of harm to a suitable level.

All provider employees must receive health, safety and fire awareness training on commencement of employment with mandatory annual refreshers thereafter. Fire safety training and other relevant site safety training and information will be provided by the Trust to all provider employees working out of the hospital sites.

Supplier staff will report all concerns, accidents, injuries, incidents and near misses taking place in respect of this service to the Trusts so that realistic actions can be taken to reduce the risks of harm as soon as is reasonably practicable.

Risk Assessments are required to be carried out by the providers for all significant hazards that employees may be exposed to in the delivery of this service and to implement suitable controls to reduce the risk of harm to an acceptable level. This includes, but is not limited to, the physical environment and the systems of work applied therein, and the transportation of the deceased

The supplier will ensure person specific assessments, e.g. ill-health assessments, Display Screen Equipment (DSE) Workstation Risk Assessments, Expectant or New Mother Risk Assessment, Personal Emergency Evacuation Plans, or other relevant requirements are completed for employees whilst engaged in the delivery of this contract, and advise the Trusts of any applicable identified person specific hazards that could impact any site safety requirements.

7 WORKFORCE

In order to provide the service, the providers will need to ensure that all staff have the qualifications, experience, and competencies to undertake the full scope of duties under the terms of this specification.

The supplier will liaise with the Trusts with regard to any training requirements identified in relation to specific pathways, policies and procedures. This is likely to include, but is not limited to provision of the following by the provider:

Training on policies, procedures and processes in line with regulatory bodies requirements at go live and as required through the service for those staff identified as impacted

Accountability for ensuring that all relevant staff, including porters and nursing staff are trained in:

- the preparation and transfer of the deceased to the body storage facility
- the logging and handling of all deceased patient's property
- other training identified as appropriate through the course of mobilisation and when the service goes live

A named individual will be appointed to manage this service and will hold the relevant qualifications and experience. Given that this is a complex, regulated service delivered on two hospital sites, the Trusts expect that the provider can demonstrate that this role has adequate protected time to deliver a high quality, resilient, compliant service.

7.1 Staff Quality assurance

All staff will be required to hold current enhanced DBS clearance, checks to be repeated every three (3) years, and the provider will be expected to have undertaken the following checks:

- Verification of Identification
- Right to Work
- Employment History
- Work Health Assessment
- Professional Registration and Qualification Checks
- Health Professionals Alert Notice (HPAN) Check where relevant
- All staff delivering this service will receive an induction and be trained and competent to deliver a wide range of duties as appropriate to their role or profession.

Staff delivering services on the hospital site will also be required to hold an Honorary Contract with the hospitals during their employment in the service.

Every staff member involved in the service will receive an annual appraisal and have a comprehensive learning and development plan in place.

All supplier staff will wear appropriate uniforms, where applicable, on site, as well as identification and personal protection equipment as relevant to their role.

Notification of any provider staff leavers must be provided to the hospitals and a leaver's form must be completed with surrender of Trust identification cards and any access passes, etc.

7.2 Professional Registration / Competencies

Evidence of relevant professional registration and competencies must be supplied by the provider and be valid throughout the duration of the contractual period. Where revalidation takes place during the contract period, the provider must demonstrate that it has robust processes in place to ensure this is obtained and provide updated copied to the Trust.

Those supplier staff engaged in delivering this service will have received all appropriate mandatory training and be subject to regular appraisal and review by the provider. Mandatory training must include, but is not limited to:

- Information Governance
- Health and Safety
- Infection Prevention and Control
- Equality and Diversity
- Health and Safety
- Manual Handling, with particular reference to the safe and dignified management of the movement of the deceased
- Fire Prevention and Safety

A Workforce Report will be required on a quarterly basis and is to include revalidation, professional registration, staff turnover, sickness absence, appraisal and training data for all staff within the service.

Adherence to National and Statutory Guidance:

The supplier will comply with national/statutory guidance and all relevant legislation including, but not limited to:

- All Health and Safety legislation
- All information governance and data protection regulations including GDPR
- Recruitment of staff, DBS checks and related guidance
- Equality Act and related guidance and legislation
- Modern Slavery Act

Key Performance Indicators

Monthly review meetings will take place. All relevant reports from the provider to be considered at this will be received by the Trust five (5) working days after the end of the relevant month/quarter. These should include, but not be limited to those metrics detailed in table three:

TABLE THREE: PERFORMANCE METRICS

Standard	Minimum Achievement	Frequency of Reporting	Method of Reporting	Consequences
Evidence of HTA Standard Compliance by site	100%	Monthly	Statement of Compliance	Mutually agreed action plan to address any areas of non-compliance 1% monthly contract value penalty for actions within plan not achieved
Number of bodies received by site and category (adult / bariatric / paediatric / stillbirth and neonatal / products of conception)	N/A	Monthly	Activity Report	N/A
Percentage capacity used by site by day	N/A	Monthly	Activity Report	N/A
Transfer times for move of bodies by site from hospital sites to provider's mortuary: Adult deaths (excluding faith deaths)	100% within 3 calendar days	Monthly	Activity Report	Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by site from hospital sites to provider's mortuary:	100% within 3 calendar days	Monthly	Activity Report	Attainment 90% - 99% - Mutually agreed action plan to address any areas of non compliance

Paediatric deaths (excluding faith deaths)					Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by site from hospital sites to provider's mortuary: Stillbirth and neonatal deaths / products of conception (excluding faith deaths)	100% within 1 calendar day of release of body by clinical team upon mother's discharge	Monthly	Activity Report		Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by site from hospital sites to provider's mortuary: Organ donation	100% on day transfer requested	Monthly	Activity Report		Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Number and percentage of faith deaths released within 12 hours of medical examiner decision	100%	Monthly	Activity Report		Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by site from hospital sites to provider's mortuary: Adult deaths (excluding faith deaths)	100% within 3 calendar days	Monthly	Activity Report		Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by	100% on day	Monthly	Activity Report		Attainment 90% - 99% - Mutually

site from hospital sites to provider's mortuary: Paediatric deaths (excluding faith deaths)	requested			agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Transfer times for move of bodies by site from hospital sites to provider's mortuary: Stillbirth and neonatal deaths (excluding faith deaths)	100% within 1 calendar day of release of body by clinical team upon mother's discharge	Monthly	Activity Report	Attainment 90% - 99% - Mutually agreed action plan to address any areas of non-compliance Attainment below 90% - 1% monthly contract value penalty for actions within plan not achieved
Safety and security report – confirmation of monthly audit of security and access logs and review of CCTV footage by site, including actions arising.	100% compliance	Monthly	Audit report, including cross-reference with incident reporting where breach identified	Absence of report 1% monthly contract value penalty
Safety and security during transfer between hospital site and provider's mortuary – confirmation of monthly audit of vehicle tracking and CCTV footage by site (e.g. NGH to mortuary, KGH to mortuary), including actions arising	100% compliance	Monthly	Audit report, including cross-reference with incident reporting where breach identified	Absence of report 1% monthly contract value penalty
Incident Report: <ul style="list-style-type: none"> Serious incidents individually by site with actions and lessons learned Incidents by site with themes and 		Quarterly	Quarterly narrative report with supporting data	Absence of report 1% monthly contract value penalty

lessons learned / actions taken					
Complaints Report – Complaints by site timescale for investigation, themes and lessons learned / actions taken				Included within quarterly narrative report above	Absence of report 1% monthly contract value penalty
Safeguarding Report including training date, safeguarding incidents/issues, and safeguarding audit data		Quarterly		Included within quarterly narrative report above	Absence of report 1% monthly contract value penalty Non-compliance with metrics - mutually agreed action plan to address any areas of non-compliance with £1000 penalty (cumulative) for each action not achieved
Bereaved family feedback using a mutually agreed feedback tool		Quarterly	Satisfaction levels with service over 90%	Included within quarterly narrative report above	Absence of report 1% monthly contract value penalty Non-compliance with metrics - mutually agreed action plan to address any areas of non-compliance with £1000 penalty (cumulative) for each action not achieved
Workforce report: <ul style="list-style-type: none"> • Vacancies • 100% Right to work and identity verification • 100% DBS compliance • 100% Mandatory Training Compliance • 100% Appraisal and revalidation 		Quarterly	100% compliance with metrics where indicated All other metrics	Workforce dashboard with associated narrative	Absence of report 1% monthly contract value penalty Non-compliance with metrics - mutually agreed action plan to address any areas of non-compliance with £1000 penalty (cumulative) for each action not achieved

<ul style="list-style-type: none"> Sickness/absence rates Other metrics by mutual agreement in response to specific issues / concerns	reported			
Mass casualty protocols implemented	Number of instances by site	In next reporting period	Narrative report	Absence of report where protocols have been implemented 1% monthly contract value penalty
Planned down time by site	Instances	Monthly	Narrative report	1% monthly contract value penalty for more than 2 instances of service - impacting planned down time per site in any calendar month
Unplanned down time by site	Instances	Monthly	Narrative report	1% monthly contract value penalty for more than 2 instances of service- impacting unplanned down time per site in any calendar month