



ABERDEEN

CITY COUNCIL

Internal Audit Report

Communities, Housing & Infrastructure

Crematorium

Issued to:

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EXECUTIVE SUMMARY

Following concerns raised over the recovery of baby ashes from Crematoriums across Scotland, the Scottish Government established an Infant Cremation Commission chaired by Lord Bony, which published its report on 17 June 2014. The report made a number of recommendations for change in relation to practice in order to maximise the recovery of babies ashes.

The objective of this audit was to ensure that new practices which have been implemented at Aberdeen Crematorium as a result of the aforementioned report and subsequent recommendations, are working as intended and have addressed the concerns which were raised in the report.

28 of the 64 recommendations made in the report required direct action from Aberdeen Crematorium. Of these 21 have been actioned and changes to practice have been duly implemented. 6 require legislation to be passed at National Government level before they can be finalised while the remaining action requires the finalisation and publication of the National Cremation Investigation Report.

Changes to practice at the Crematorium have been driven not only by the recommendations in the report but also by visits to other Crematoriums within Scotland and the adoption of 'best practice' observed. Since adoption of these revised practices, all babies ashes to date have been recovered at the Crematorium.

Procedures at the Crematorium are updated following any amendment to practice directed by National Bodies, meetings attended by Management with other Crematorium where improved techniques are discussed or following any recognised training which staff have attended. Staff are encouraged at all levels not to deviate from the procedures but are also encouraged to challenge any practices in the Procedures which they feel are incorrect.

It is important that at all stages, instructions from the applicant are followed and that these are appropriately recorded. To this end a selection of cremations were 'followed' from application to cremation. Minor recommendations were made in regards to the recording of information within the current process. These have been accepted and adopted in amended procedures at the Crematorium. Additionally the Performance and Development Manager selects a random sample of cremations and follows these through from application to cremation every 6 months with the results being recorded on a database. To date, no issues have been found.

During a visit to the Crematorium, Internal Audit observed practices that were clear and logical. Management within the Service have overseen, accepted and implemented a number of changes to core practice and methodology at the establishment and appear to be positive and accepting of the need for adaption and change where required. While no guarantees can be given that an incident will not occur again in the future, the Service has taken significant steps in addressing the concerns which were raised and current practice should, as far as possible, minimise the likelihood of any recurrence of previous incidents.

1. INTRODUCTION

- 1.1 Following concerns raised over the recovery of baby ashes from crematoriums across Scotland, the Scottish Government established an Infant Cremation Commission chaired by Lord Bonomy, which published its report on 17 June 2014. The report examined procedures at crematoriums and sought to establish good practice for future implementation to ensure that baby ashes could be recovered. It also recommended changes and new bodies at a national level, to be covered by future legislation.
- 1.2 The objective of this audit was to ensure that new procedures which have been put in place at the Crematorium are working as intended and that they have addressed the national concerns which were raised in 2014/15. This involved establishing whether actions in response to relevant recommendations from the Infant Cremation Commission report have been implemented, changes to procedures have been effective, and appropriate records are being maintained.
- 1.3 The factual accuracy of this report and action to be taken with regard to the recommendations made have been agreed with Mark Reilly, Head of Public Infrastructure and Environment, and Graham Keith, Performance & Development Manager.

2. FINDINGS AND RECOMMENDATIONS

2.1 The Infant Cremation Commission Report

- 2.1.1 The report from Lord Bonomy was published on 17 June 2014, and made 64 recommendations. Of these, 28 were relevant for individual crematoriums, with the remainder intended for action by the Scottish Government, NHS Scotland and professional organisations which support the cremation process.
- 2.1.2 A number of the recommendations related to ensuring that the physical procedures regarding the cremation of babies be aligned with best practice which was demonstrated at other crematoriums demonstrating higher rates of ashes recovery. This has been reflected in the Service's procedures.
- 2.1.3 Due to the different techniques which were to be employed it was recommended that risk assessments should be carried out and that health and safety guidelines would have to be updated to reflect these new techniques. Internal Audit was able to verify that the new procedural guidelines in place at the crematorium contain reference to safe handling of equipment in light of the new techniques, that risk assessments for staff have been carried out, and all staff currently involved in cremations have signed documentation to confirm they have read and understood the procedures and guidelines.
- 2.1.4 The report recommended that a new policy statement be produced which should include a commitment to the sensitive treatment of baby ashes and that this should be published and made available to the general public. It was also recommended that this policy be passed to Funeral Directors and healthcare staff to be included in guidance which can be given to families. The Service confirmed that the policy which has been produced and approved at Committee in March 2015 has been passed to both Funeral Directors and the NHS for distribution and inclusion in materials which can be given to families. Additionally the policy has been published on Aberdeen City Council's website which contains links to specific procedures relating to the cremation of babies. This has been included to allay fears of malpractice in the cremation of babies and to provide clarity over the process.
- 2.1.5 Recommendations as to the treatment of ashes were also made, specifically that ashes must not be scattered unless at least 14 days written notice has been given by the applicant of the deceased. Application forms have been amended to include a section which specifically makes mention of the fact that ashes will be scattered in the Garden of Remembrance where ashes have not been collected or no written instruction has been received within 8 weeks of the cremation. It was also recommended that forms make clear that there is a chance that no ashes will be recovered. The amended forms in use make this clear.
- 2.1.6 All documentation relating to cremations must now be retained for a minimum period of 50 years. There are currently 17 years of documents retained and the Service confirmed that they would comply with the requirement to retain all documentation for the required 50 years. The Records Management Officer is currently investigating options for more efficient long term retention of these records: scanning of the documentation is being investigated as this would provide a more space effective solution. Currently paper records are held at the crematorium.
- 2.1.7 A further recommendation required that Local Authorities facilitate, where requested, discussions between themselves and families of the deceased to discuss potential memorials. The Service confirmed that discussions had been held with the Stillbirth and Neonatal Death Society (SANDS) and one parent who had asked for discussions to commence. Consideration is being given to construction of a memorial although this has been delayed until after the publication of the National Cremation Investigation Report,

which commenced in June 2014 led by The Right Honourable Dame Elish Angiolini DBE QC. This National Investigation intends to investigate all cremation cases lodged with them and provide parents with an individualised response. Evidence is being analysed and witnesses interviewed throughout 2015.

- 2.1.8 Of the 28 applicable recommendations from Lord Bonomy's report, it was reported to Committee on 18 March 2015 that 14 had been completed, 5 were in progress and 9 required legislation before they could be implemented.
- 2.1.9 Of the 5 in progress, 4 have since been completed whilst the remaining one is awaiting the publication of the National Cremation Investigation Report in order to allow all parents affected by the cremations of babies at Aberdeen Crematorium to discuss a potential memorial.
- 2.1.10 Of the 9 which were awaiting legislation, 3 have been implemented, and 3 have been progressed as far as possible and await the implementation of legislation before the process can be finalised. The remaining 3 require legislation: specifically the passing of the Burial and Cremation Bill (Scotland) which was recently introduced to the Scottish Parliament and will require to be discussed and amended prior to being implemented.

2.2 Records

- 2.2.1 It is important that instructions from cremation applications are carried through to the instructed action. A sample of 6 cremations were examined to determine if the records which were present were full and complete and able to be traced from application to records of collection or scattering of ashes.
- 2.2.2 In all cases forms were fully completed and the instructions on the application forms were mirrored in the schedules for the day at the crematorium. As per the recommendations contained within Lord Bonomy's report a senior member of staff within the Crematorium ensures that all details are correct prior to proceeding with the cremation. A 'yellow identification card' has been produced which is required to be signed by a senior crematorium staff member to say that everything is in order and the cremation can proceed. In all instances this card had been signed.
- 2.2.3 The card additionally contains boxes for signatures to confirm that the ashes have either been collected or scattered in accordance with the applicant's wishes. Again in all cases the cards had been fully completed.
- 2.2.4 Requests for cremation times are usually received from Funeral Directors and confirmed following a check of available times and from this the initial Daily Schedule is compiled at the crematorium. The actual application forms for cremation and any supporting documentation is received at the Bereavement Services Office. For the 6 examples selected all applications and supporting documents were present. Once all of the information which has been received has been verified as correct an Operator Sheet is produced based on the information from the application forms and the Daily Schedule. Following this a confirmation sheet is produced which confirms that a further check has been performed between the applications, Operator Sheet and Daily Schedule and that all information is correct.
- 2.2.5 Confirmation sheets had been completed for the 3 days which were chosen in which the 6 cases were present. The BACAS system which the Service uses generates a unique reference number for each cremation and this is entered on to the 'yellow card' and also on the Operator Sheet, and should additionally be added on to the Daily Schedule sheet. The Operator and Daily Schedule sheets are kept together at the Crematorium and the

Daily Schedule sheet is used as a working paper to record actions taken in conjunction with the 'yellow card'.

- 2.2.6 It was noted that on 2 occasions the unique BACAS generated number had not been transferred to the Daily Schedule while on a further occasion the Daily Schedule had not been annotated to confirm that ashes had been scattered, although the 'yellow card' had been updated with this information. It would provide greater assurance if all records were fully completed, as in the event of the 'yellow card' being mislaid and the ashes having been already disposed of, full assurance could not be gained as to what had happened to the ashes.

Recommendation

The Service should ensure that BACAS unique reference numbers are present for all records on Daily Schedule Sheets.

The Service should ensure Daily Schedule Sheets are always updated to confirm that the instructions for ashes have been complied with.

Service Response / Action

Agreed. The above recommendations have been implemented and the procedures added to the Crematorium's Operational Procedure Guidelines.

Implementation Date

Implemented

Responsible Officer

Angus Beacom,
Crematorium Manager

Grading

Important within audited
area

2.3 Procedures

- 2.3.1 Following on from the recommendations in Lord Bonyon's report officers from Aberdeen City Council visited Seafeld Crematorium in November 2013 to observe techniques, specifically the cremation and recovery of baby ashes. These techniques were implemented promptly thereafter at Aberdeen Crematorium. Officers then visited crematoriums in Inverness, Craigton and South Lanarkshire in May 2014 to further observe and share practice. It was subsequently reported to the Communities, Housing and Infrastructure Committee in March 2015 that since the new procedures were implemented, to date all ashes from baby cremations have been recovered.
- 2.3.2 Detailed procedures have been drafted and are held at the crematorium which detail all aspects of the cremation process. This document is described by the Service as a living document in that it will be updated following any amendments to procedures or change in practice. Following changes, all staff sign to state they have read and will comply with the specific instructions which are given in the guidance.
- 2.3.3 In addition to the instructions at the crematorium, draft instructions for the completion and checking of forms have recently been drawn up for staff at the Bereavement Services Office. These are still subject to consultation before they are finalised and issued to all staff.
- 2.3.4 The Service has been proactive in ensuring that procedures and techniques are of a high standard. An audit of practices at the crematorium was commissioned in July 2015 from the Federation of Burial & Cremation Authorities (FBCA), a professional organisation of which the majority of crematoriums in the United Kingdom are members. The purpose of the audit was to provide technical guidance and to audit procedures and techniques currently in place and being practiced. The FBCA visited the crematorium in September 2015, and provided a report on 12 October 2015.

- 2.3.5 The report noted that staffing levels at the crematorium were sufficient and that staff were appropriately certified to operate the equipment. The equipment onsite was additionally noted as being of a high specification. It was observed that equipment was being used in an effective and efficient manner with the operators demonstrating a comprehensive understanding. Advice was offered and concluded in recommendations at the end of the report with regards to minor alterations when cremating infants in order to maximise recovery of ashes.
- 2.3.6 The Service has confirmed that these recommendations have been incorporated in to revised Procedural Guidelines as of October 2015 and that practices have also been amended.
- 2.3.7 In addition to the assurance which can be taken from the FBCA audit, during a visit to the Crematorium, Internal Audit were given a walkthrough of the processes from the removal of the coffin in the Service area to the storage of ashes and it was noted that the process was clear, logical and in keeping with the procedures described in the guidelines.
- 2.3.8 It is important that all documentation is present, with application forms fully completed and instructions as to the treatment of ashes complete, prior to cremation. One of the recommendations from Lord Bonomy's report related to ensuring that a senior member of staff at the crematorium could satisfy themselves that all information was present and correct before commencement of the cremation. Prior to any cremation either the Manager or a senior member of the crematorium staff confirms that all paperwork is present and they sign the 'yellow card' which has a unique identification number on it, to confirm that they are satisfied the cremation can commence.
- 2.3.9 It was observed that this 'yellow identification card' is used to identify either boxes of pre 24 week fetuses, baby coffins or adult coffins and is present with the coffin or boxes and is placed in a card holder on the cremator during cremation. On completion of the cremation the remains are transferred to a further machine (except the ashes of babies) for further reduction and the card is placed in a cardholder on that machine. Finally the ashes are then placed in an urn to which is attached a pre-printed label containing the unique identifying number which is also present on the 'yellow card'. The urn and the 'yellow card' are transferred to a storage room to await collection or scattering. This ensures that the ashes can be identified at any time.
- 2.3.10 Whilst the Service records all actions taken electronically (on the BACAS system), this is only completed at the point the 'yellow card' and any supporting documentation is returned to the Bereavement Services Office - following collection or scattering of the ashes. In the interim there may be a risk of loss or damage to the card, which could mean loss of this information. To mitigate against this loss, the Service might consider updating the electronic records at this point in the process, or storing the 'yellow cards' separately from the ashes.

Recommendation

The Service should consider updating electronic records at this point in the process, and storing Urns and identification cards separately to mitigate against the risk of any physical loss.

Service Response / Action

The updating of the electronic Cremation Register records at the Crematorium following the final outcome of the ashes has been considered. This would mean increasing the number of officers accessing and updating the Cremation Register and this may compromise the control and accuracy of the record keeping. As this is an extremely important task, it has been decided that the updating of this register will remain under the control and responsibility of the Bereavement Services Registrar.

To mitigate the physical loss/damage of the Yellow Instruction Card, the final outcome of the ashes will also be added to the Daily Schedule as per the previous recommendation at 2.2.6. This procedure has been implemented and added to the Crematorium's Operational Procedure Guidelines.

<u>Implementation Date</u>	<u>Responsible Officer</u>	<u>Grading</u>
Implemented.	Angus Beacom, Crematorium Manager	Important within audited area

2.4 Future Assurances

- 2.4.1 It is important from a reputational perspective and also from the perspective of having due respect for the general public in what will be a difficult time for them, to ensure that future practices at the Crematorium are of a consistently high standard.
- 2.4.2 The Federation of Burial and Cremation Authorities (FBCA) and the Institute of Cemetery and Crematorium Management (ICCM) have both been tasked with overseeing cremations of babies and non-viable foetus's and are to provide Crematoriums with advice. Both the Crematorium Manager and the Performance and Development Manager attend meetings of both groups on a regular basis where issues are discussed and best practice is shared which is gleaned from all crematoriums across Scotland. This information is then shared with staff at the crematorium and written in to the procedural documentation.
- 2.4.3 The Procedural Document is additionally described as a live document and staff are encouraged to challenge anything in the document where they feel it may be inaccurate, although they are not encouraged to deviate from the procedures in the document. Staff along with their mentors are to attend training on a regular basis which will be facilitated by the FBCA and they are encouraged to share procedures and any new techniques with Management and other staff and for this to be incorporated in to the procedural documentation.
- 2.4.4 Additionally the Performance and Development Manager selects a random sample of 10 to 15 cremations every 6 months and follows the procedure through from application to cremation to ensure that actions taken were correct and that ashes have either been collected or scattered in accordance with the applicants wishes. The Performance and Development Manager confirmed that were any issues to be discovered during this testing then additional random samples would be checked and procedures amended if necessary. Records of audit checks on random samples are maintained on a database.
- 2.4.5 The Service has to date implemented all procedures which it is capable of doing without additional legislation. Practices have been amended at the Crematorium which have led to the recovery of all ashes from baby cremations. Staff are undergoing continuous training and the Procedural Manual is being updated on a regular basis with the most current techniques. Additionally the Service has requested and received an independent audit from the FBCA to gain additional assurances over techniques being practiced at the Crematorium.
- 2.4.6 While it is not possible to gain 100% assurance that the current culture within the Crematorium will prevent any incidents in the future, the Service has taken relevant and timely actions to address the concerns raised by Lord Bonomy's report. The practices witnessed during Internal Audit's visit to the Crematorium suggested a culture which is reactive and accepting of change where required.

AUDITORS: D Hughes, C Harvey and D Henderson

Appendix 1 – Grading of Recommendations

GRADE	DEFINITION
Major at a Corporate Level	The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss, or loss of reputation, to the Council.
Major at a Service Level	<p>The absence of, or failure to comply with, an appropriate internal control which could result in, for example, a material financial loss to the Service/area audited.</p> <p>Financial Regulations have been consistently breached.</p>
Significant within audited area	<p>Addressing this issue will enhance internal controls.</p> <p>An element of control is missing or only partial in nature.</p> <p>The existence of the weakness identified has an impact on a system’s adequacy and effectiveness.</p> <p>Financial Regulations have been breached.</p>
Important within audited area	Although the element of internal control is satisfactory, a control weakness was identified, the existence of the weakness, taken independently or with other findings does not impair the overall system of internal control.