

Community Services Select Committee

10th November, 2010

Mortuary Service Provision in West Sussex: Business Case

Report by Executive Director, Communities and Head of Regulatory Services

Executive Summary

This report builds on the work of the Mortuary Services Task Force, which reported to this Select Committee in March 2010. Its purpose is to examine four possible scenarios for the future development of the Coroner's Service, as set out below. The following broad Conclusions have been drawn:

i) A purpose built public mortuary for West Sussex (Task Force Recommendation 6a)

This was the Task Force's preferred option. An outline costing exercise has been undertaken, informed by benchmarking with current or recent mortuary schemes at Bristol, Bournemouth and Gloucester. However this analysis is not yet sufficiently robust to make an informed decision, so these conclusions must be seen as tentative. This is a very specialised area, and would require further investigation.

A purpose-built Mortuary and Courtroom would provide the Coroner and the county with an 'ideal' solution, but it is an expensive option, with a potential capital cost broadly estimated to be around £4.5m, including land purchase. Using land currently owned by the Council might be seen as a sensible option but having considered the current portfolio there are no obviously suitable sites. There is also an opportunity cost of using land already owned by the Council in the loss of the capital receipt that would have otherwise been achieved upon sale. Land-use issues, construction and facility management, together with staffing implications, make this a challenging project, although one which a number of local authorities have turned to in cases where hospital mortuaries have become untenable. This situation has not arisen in West Sussex to date.

In purely financial terms, the case has not so far been made against the County Council's capital rules. A less expensive, Mortuary-only development (as at Bournemouth) could be considered, costing perhaps £3m, but some of the benefits of creating an integrated facility would be lost. The authority would need to assess the value of the non-financial benefits of such a facility, and the risks of not providing it, in order to reach a balanced decision.

ii) Utilisation of an existing building for the provision of a mortuary (Task Force Recommendation 6b)

This was subsidiary to the Task Force's main recommendation, and

investigations to date do not suggest it should be pursued unless a clear opportunity were to emerge. No appropriate sites have so far been identified, and there is no significant perceived financial advantage over the new-build option.

iii) Developing existing partnership with the NHS in West Sussex to provide a joint mortuary facility

Given that there are adequate hospital mortuary facilities at Worthing and Chichester there is little incentive for the NHS in West Sussex to participate in creating a *new* joint mortuary. Indeed, these hospitals have recently invested in improving their facilities and WSCC has part-funded this programme. Furthermore, hospitals' use of post mortem facilities is minimal, so there is not a complete alignment of interests. Having said that, the hospitals are keen to continue the existing partnership and (with the continued financial support of WSCC) to maintain and improve the facilities. The unification of the Worthing and Chichester hospitals within a single NHS Trust offers the prospect of harmonisation of procedure and record-keeping, and the creation of some efficiencies which will undoubtedly benefit the coronial service. The significance of hospital-based pathologists who also work for the Coroner may be a further reason to build on existing arrangements.

iv) Continuing with existing Service Level Agreement (SLA) approach

The current arrangements work reasonably well, but could be improved. As with Option iii) above, there is every prospect of harmonising arrangements within NHS West Sussex, and potentially putting the SLAs on the same basis when the current arrangements expire in 2012. However, it will not be possible to meet all the Task Force's aspirations for the Coroner's service under the SLA system, and concerns as to whether WSCC is receiving best value for money will remain.

Summary Conclusion

The research undertaken for this report does not conclusively and unequivocally signpost any one course of action: there are advantages and disadvantages in each. Cost pressures are implied in all scenarios and the authority may take the view that non-financial considerations are the determining factors.

Recommendations

Based on the available scenarios, the Select Committee is requested to decide on its preferred option(s) for further investigation, as described below:

Feasibility Study of Purpose-Built Mortuary

1) To develop the Task Force's preferred Option (Option i) above) further, it would be necessary to commission a Feasibility Study by a specialist architect: this would examine appropriate locations, identify possible sites which meet development criteria, and develop a site plan. A Feasibility Study would enable a much more accurate view of costs to be achieved, and, subject to consultation with stakeholder interests, pave the way for a formal investment decision to be made. This study would require a budget of some £50,000. There would however be little point in pursuing this option unless a purpose-built mortuary was agreed to be the authority's goal.

Service Level Agreements

2) In the short-to-medium term, it is considered essential that the Coroner's Service achieves a greater level of assurance that hospital mortuary facilities are robust and can be retained. This particularly applies to the current ad hoc arrangement with East Surrey Hospital, facilities shared with the Surrey Coroner. It is therefore recommended that:

- i) a Service Level Agreement (SLA) or an equivalent formal arrangement is entered into with East Surrey Hospital, along the lines of the other SLAs and without increasing existing costs;
- ii) the Service Level Agreement with St Richard's Hospital be finalised under the best terms that can be negotiated, allowing for a contribution to any further improvements where a justification can be demonstrated;
- iii) the existing Worthing Hospital SLA is kept under review, with an emphasis on controlling costs;
- iv) the costs and benefits of re-opening the Princess Royal Mortuary at Haywards Heath are evaluated;
- v) SLAs are synchronised with an end-date of 31st March 2012, to allow alternative arrangements, if approved, to be put in hand in the meantime.

Partnerships or other arrangements involving the Private Sector

3) Although this option did not feature in the original brief, and has not been researched in detail, opportunities for and models of partnership working with private sector companies have become apparent. Such models may offer an alternative method of accessing capital and/or services, although not necessarily at an advantageous cost to WSCC. A further possible variant might be a 'hybrid' solution, involving WSCC, hospital mortuaries and some input from the private sector. The Select Committee's views are invited (see para 5.3).

Providing for Emergency Mortuary

4) As part of the decision-making process, the Select Committee is invited to consider the weight it attaches to the need to provide for an Emergency Mortuary, as described in paras 2.8-2.10 and Appendix 4. Such provision would require a larger site, which would have implications for the location and a significant additional cost, perhaps £500,000.

1. Introduction

1.1 In March 2010, the Mortuary Services Task Force reported to the Community Services Select Committee (CSSC) on the findings of its initial study into options and recommendations for the future provision of mortuary services in the county, and in fulfilment of West Sussex County Council (WSCC)'s obligation to provide appropriate support to HM Coroner in carrying out her duties. The Task Force consisted of four CSSC members, including the then Chairman, Mr Stevens. In its Terms of Reference it was asked to focus on three questions:

- What is the current provision for West Sussex?

- Is it fit for purpose and sustainable in the long term?
 - If not, what options can be considered to ensure adequacy of provision for the future?
- 1.2 The Task Force considered evidence from a number of sources, including officers responsible for the Coroner's service and for Emergency Management. Members undertook fact-finding visits to mortuaries currently used by the Coroner. It also made a study of a new mortuary facility constructed in Bristol.
- 1.3 The Task Force studied the capacity for body storage in the county, and computed future likely need. Projections took account of factors such as the effect on death rates of an ageing population, and the expected increase in obese bodies.

Summary of Task Force Findings

- 1.4 The Coroner in West Sussex is reliant upon pathology and body storage facilities at local hospitals, since WSCC does not possess its own mortuary. The Task Force considered this situation was unsatisfactory, chiefly for the following reasons:
- WSCC lacks full control over the management and finance of mortuary facilities, and may not be receiving good value for money;
 - Current arrangements are restrictive in terms of access to facilities and service to the bereaved;
 - Hospital storage capacity is in some cases not absolutely guaranteed to WSCC, and is of variable quality; each hospital has its own systems and recording procedures;
 - The hospital arrangements restrict the number of post mortems that can be carried out in any day: increased productivity could result from an owned-facility;
 - There is a concern about the ability to respond to emergencies within the county, which would require rapid expansion of post mortem and body storage capacity;
 - Existing arrangements are not 'future-proofed' against increases in an ageing population, and the rising prevalence of obese bodies requiring special storage facilities;
 - There is a strong preference to possess within a WSCC-owned facility specialist capabilities such as forensic pathology, toxicology, and the ability to conduct children's post mortems. Such cases generally have to be sent outside the county at present, incurring additional cost; conversely, possessing such a facility could be a source of income;
 - The lack of a dedicated Coroner's court room and associated facilities means that additional costs are incurred to hire rooms for this purpose.

The Task Force's Recommendations

- 1.5 The Task Force's preferred long-term option was that an accessible, purpose-built public mortuary for West Sussex be built to meet the Coroner's day-to-day needs (Recommendation 6a). As an alternative, the refurbishment of an existing building should be considered (Recommendation 6b).
- 1.6 In the short-term, the Task Force recommended that the existing arrangements should be reviewed, and where possible strengthened to meet the deficiencies

identified. This would involve discussion with the district and borough councils, other partners, consultation with religious and cultural groups, and the development of the Service Level Agreements (SLAs) with the hospitals providing mortuary facilities.

- 1.7 In response to the Task Force's work, the Cabinet Member for Public Protection requested the Director Operations, Communities and the Head of Regulatory Services to prepare a business case to evaluate four principal options:
1. A purpose built public mortuary for West Sussex (Task Force Recommendation 6a)
 2. Utilisation of an existing building for the provision of a mortuary (Task Force Recommendation 6b)
 3. Developing existing partnership with NHS West Sussex to provide a joint mortuary facility
 4. Continuing with existing Service Level Agreement (SLA) approach

This offers a contrasting and complex menu of options. The present report provides an initial approach to this brief.

2. Review of Current Situation and the needs of the Service

Hospitals and Body Storage Capacity

- 2.1 The Task Force found that body-storage capacity in hospitals used by the Coroner amounted to 255. However the Coroner's required share of this capacity at any given moment is difficult to compute, not least because the contributing hospitals do not possess a uniform method of retaining or managing data. Mortuary usage is split between Hospital Bodies and Coroner's Bodies, and can be assessed both by total number of bodies, and numbers of days stored. As the Coroner often needs to hold bodies for considerable periods, the latter method is considered more reliable. At St Richard's Hospital the ratio between Hospital and Coroner usage has been observed to be very stable over time. Based on the percentage of storage days at St Richards of 42%, as applied to the 255 overall available capacity, the Task Force identified the Coroner's current body-storage need to be around 107 bodies at any one time. Comparison with the case study mortuary at Bristol, showed that a similar capacity had been catered for when compared to the relative populations of the areas concerned. The Task Force went on to compute a notional target for capacity of 122 by 2026. This was based on a current need of around 100, inflated by predicted population growth of 2% in each five-year period, and a further allowance of 15% for peak usage during the winter.
- 2.2 Faced with the difficulties presented by the available data, the Task Force was aware of the need to avoid spurious accuracy. However, there is no compelling reason to doubt that the proposition that the Coroner's future body storage needs should be planned at about 120 capacity. Comparison with the benchmark authorities bears this out: for instance Gloucester, with a population of 580,000, is planning for up to 90 bodies.
- 2.3 Since the Task Force's study, hospital capacity has been adversely affected by the enforced closure of the mortuary facility at Princess Royal Hospital, Haywards Heath (30 spaces), which is currently deemed not fit for purpose.

This means that (with the earlier closure at Crawley Hospital) West Sussex possesses no mortuary facilities in the north of the county. It is therefore increasingly reliant on East Surrey Hospital at Redhill. The possibility exists that the facilities at Princess Royal Hospital could be made good, such that the mortuary could re-open; however, this is only likely to happen if WSCC agrees to make significant financial contributions to improving an NHS resource, as has already occurred at Worthing and St Richard's Hospitals. The cost/benefit of adding back these 30 spaces (albeit within the West Sussex boundaries) would need to be assessed.

- 2.4 The Task Force was concerned to learn about the possibility of ground water flooding in the mortuary at Worthing Hospital: this last occurred in July 2008. Since then the Hospital has invested in flood barriers and sensing devices in the drains: as such the advice received is that this problem is not expected to recur.
- 2.5 The overall situation has improved with the opening of the extension at St Richards Hospital, providing an extra 48 spaces. East Surrey has also expanded its capacity to 100. Current total capacity for hospitals in regular use by the Coroner is illustrated in the following table, although WSCC can only claim a part share in them:

St Richards, Chichester	62
St Richards Extension	48
Worthing Hospital	100
East Surrey Hospital, Redhill (shared with Surrey Coroner)	100
Total	310

Commentary on Current Position

- 2.6 The overall body-storage capacity does not present an immediate day-to-day concern, although its geographical distribution is unsatisfactory, and likely to result in additional marginal costs and other inefficiencies, as well as shortcomings in standards of customer care. It is worth noting however that just over two thirds of deaths (and subsequent post-mortems) in West Sussex occur in the areas covered by St Richard's and Worthing hospitals. It is considered good practice for West Sussex to be self-sufficient within its own boundaries, and therefore the reliance on Redhill, currently without the security of a service level agreement, is a potential for concern. These facilities are shared both with the Hospital itself, and the Surrey Coroner. However the present Transportation contract for bodies to Redhill has been renegotiated to 2012 at no extra cost to WSCC.

Availability of Pathology Services

- 2.7 As well as mortuary provision, which the Task Force looked at in some detail, as summarised above, the Coroner's work relies heavily on the availability of suitably qualified staff to perform post mortems, in particular pathologists. Pathologists undertaking coronial work are of two kinds – hospital consultants who choose to undertake work for the Coroner in their spare time, and freelance pathologists. Pathologists should be regarded as a scarce resource, and key to the continuing sustainability of the service. It has been established through discussion with NHS and freelance practitioners that in a national context there is a growing reluctance to perform post mortem work. Indeed it

is no longer a mandatory part of a pathologist's training, and entrants to the profession are increasingly unlikely to gain the necessary practical experience. Coronial work is less well remunerated than NHS or private work. West Sussex is fortunate that the immediate position is apparently stable, but this is not guaranteed for the future. The Coroner's approach to this problem is to secure the services of freelance Home Office pathologists, when not engaged on their core duties. In any event, it is essential that the services of pathologists are retained, and this consideration will feature in the discussion of alternative options, below.

Response to Emergency Situations

- 2.8 The Task Force was very concerned about a perceived lack of the County Council's ability to respond to the coronial impact of certain emergency situations, where a large number of bodies (and/or, it has to be said, body-parts) might arise suddenly. The Task Force noted that hospital mortuaries would not be able to cater for the need in some instances to isolate infectious bodies. Current Emergency Management arrangements include a designated emergency pan-Sussex mortuary for up to 100 bodies at Woodvale, Brighton, but this facility is also outside of direct WSCC control, and its availability cannot be guaranteed. In West Sussex there are two nominated sites for setting up the National Emergency Mortuary Arrangements (NEMA), at Horsham and Tangmere. NEMA comes at a very substantial cost, and with the need for certain criteria to be met - for instance, fatalities must exceed a threshold of approximately 250 before approval from the Home Office can be obtained to utilise these temporary mortuary facilities. However both the nominated sites are sub-optimal for the purpose of an emergency mortuary. The Horsham site has a hard-standing area but lacks utilities; the Tangmere site also has hard-standing, but has some constraints related to land contamination.
- 2.9 In terms of exposure to risk, there is a particular vulnerability below the level of mortality (250 bodies) that can trigger the NEMA arrangements. This argues that a robust provision should plan for emergency expansion up to this level. This topic is expanded in Appendix 4. The two main points are 1) that a proportionately larger site would have to be selected to accommodate emergency facilities; and 2) certain items of infrastructure (eg utility provision) would have to be anticipated and provided for at the design stage. The preferred size of area needed for this purpose adjacent to a built mortuary, would be of the order of 5,000 m² (1.2 acres approx).
- 2.10 The Task Force took the view that this lack of responsiveness and control was a strong justification for creating a purpose-built mortuary, over which WSCC had full jurisdiction, and which not only catered for day-to-day requirements, but had the ability to expand very rapidly in response to such a crisis. The significance of Gatwick in this context and the preponderance of current facilities on the coast would argue that such a facility should be located in a central or northerly site in the county, with excellent transport links. The evident dilemma concerns how much resource to devote to an eventuality that it is hoped will never occur. Viewed as a potential regional asset however, such a facility would have a broader application, and if this option were to proceed, discussions with neighbouring county authorities would help to establish the appetite for partnerships at this level.

Financial and Efficiency Considerations

2.11 The Task Force's priority concerns were sustainable capacity, improved service to the public, and a suitable emergency response capability. However members were fully aware of the challenging agenda presented by the preferred option of constructing a new mortuary facility, especially in the current constrained financial climate. One of the main purposes of this report therefore, is to evaluate the various options from a financial perspective and identify possible efficiencies and additional income. This section summarises the financial considerations which collectively are likely to inform a decision about the future development of the service, under the more detailed business case scenarios developed in sections 3-6 below:

- 1) to develop a business case for the construction of a mortuary, it will be necessary to show, in addition to service-related improvements, an acceptable net financial outcome from the investment involved. Specifically, it will be necessary to compare the savings made through the cessation of the hospital partnerships with both the capital costs of construction and the revenue costs of running a new facility (para 3.7).
- 2) It will be necessary to analyse any efficiencies that would arise from the Task Force's preferred option. The following areas will be addressed (para 3.11):
 - Savings from retaining functions within the county
 - Savings on temporary accommodation hire
- 3) It will be necessary to gain at least a preliminary understanding of what a new facility would cost to own and run, both in terms of staffing and property management (para 3.12-3.16).
- 4) It will be necessary to identify any potential to realise additional income, or to transfer costs properly belonging to other agencies under any of the business scenarios. The following areas will be addressed:
 - Bodies released by Coroner but remaining in store (para 3.17)
 - Community Bodies (para 3.18)
 - Other Income (para (3.19)
- 5) It will be necessary to investigate whether other tiers of local government (district and borough councils) should be involved in providing and/or funding a newly-designed service (para 3.20). Finally it will be desirable to understand whether central government funding is available to support Mortuary construction and/or the further development of the service (para 3.21).

Business Case Analysis for the Options Specified

3. A purpose built public mortuary for West Sussex (Task Force Recommendation 6a)

Introduction

- 3.1 This option would in principle address the concerns of the Task Force in para 1.4, while providing improved, integrated support to the Coroner, enhanced public service, financial certainty and overall WSCC control which are not currently available to the authority. It would also ensure a modern facility in full compliance with regulations. To achieve these aims, a number of challenges would have to be met, namely site selection and planning issues, the financing of the necessary capital and revenue expenditure, the implications of relinquishing the use of the current hospital facilities, and determining how the new facility would be staffed and the premises overheads covered.

Benchmarking with other current schemes

- 3.2 The research carried out for this report has included making comparisons with other similar mortuary building schemes. The Task Force made considerable use of the example of the Bristol Mortuary and Courthouse, completed in 2009. Further examples of projects under construction in 2010, at Bournemouth and planned, at Gloucester have now been studied: they are referred to in the narrative below, and summarised for comparative purposes at Appendix 3. Some of the issues referred to for WSCC were relevant at Bournemouth and Gloucester, namely a desire to improve customer service, a frustration at the lack of control and over-reliance on hospitals, and the opportunity to create efficient, integrated facilities. However neither scheme sought to address the Emergency Planning perspective, whereby the new facility would contribute to a major event response.
- 3.3 The most compelling issue, with all the cases studied, has been the imminent withdrawal of hospital facilities, due to the risk of their being declared not fit for purpose, together with the risk of non-compliance with regulations. The opportunity existed for withdrawal from agreements with hospitals which were due to terminate. The same situation is true only to a limited extent in West Sussex, (as discussed in paras 2.1-2.6 above) so the immediate case for investment may not be so pronounced as in the examples studied.

The components of a new Coroner's Facility/Mortuary

- 3.4 The suggested components of an 'ideal' facility are listed at Appendix 1. Two elements can be distinguished: the 'mortuary' aspects of the Coroner's work (pathology, body storage etc); and the 'legal' aspects (courtroom and ancillary rooms). While there would be a strong preference to locate these together, it may be possible to consider them separately.

Site Selection and Planning Issues

- 3.5 Recommendation 6a envisages a new-build facility on a greenfield or other site. It is not within the scope of this report to comment on specific locations or sites, beyond endorsing in general terms the Task Force's preference that a new facility should be located centrally within the county, and be close to the arterial road network.
- 3.6 The preliminary commentary from WSCC Capital and Asset Management has emphasised the challenge that a site-search would offer. A use such as a Mortuary would not necessarily be welcome adjacent to residential development, and many (such as those at Bristol and Gloucester) are relatively remote. The requirement that a mortuary have an attractive look-and-feel may

nonetheless place it in competition with residential uses. However to site a mortuary at a former industrial location as a more 'convenient' solution in land-use terms, would be unlikely to offer the atmosphere of dignity and respect that such a facility demands, nor would it be acceptable to customers of the service. All of these factors would tend to suggest that the site of a mortuary would command a 'premium' associated with its specialised and sensitive functions. The benchmark studies suggest that development projects have incurred significant fee costs due to consultancy in relation to planning issues and the search for appropriate sites.

Capital Finance & Revenue Budget Implications

3.7 WSCC will perform a rigorous and challenging appraisal of any proposed capital scheme, to ensure that it represents value for money. The governing financial principle is that the cost of capital funding, assessed at 9% per annum, should be returned to the authority in terms of savings and/or increased income, in order to justify the scheme: in other words, it should, year-on-year, at least 'pay for itself'. Overall comparisons suggest that the cost of a comprehensive Mortuary and Court facility, including land acquisition, would be in the region of £4.5m. For a £4.5m scheme, the finance charge at 9% would be £405,000. Capital rules would then dictate that this cost would have to be absorbed within the Coroner's net Revenue Budget, through the savings or new income generated by the project. Applying this example, the Coroner's current base budget of £1,018,300 would have to reduce to £613,300 (60%), through the net savings arising from the development. This would take account of the new expenditure and income, in simplified terms as shown below:

	£
Savings on payments to hospitals etc	a
Less: additional costs of running new facility etc	(b)
Add: any additional income from new facility	c
Product: to at least equal finance cost	d

3.8 In performing a preliminary costing of a Mortuary facility, advice has been taken from WSCC Financial Services and Capital and Asset Management, and the brief has been discussed in outline with a specialist mortuary construction company. Evidence from the other recent schemes has also been assessed. Nonetheless the information so far obtained does not amount to a comprehensive costing, and must therefore be viewed with caution, although it gives an indication of the general size of the likely budget, and other related issues to consider.

Comparison: Gloucester

3.9 Para 3.4 and Appendix 1 set out the components and capacity of an 'ideal' facility, comprising Mortuary and Courtroom facilities. A similar facility is being planned at Gloucester, at an estimated cost of £4.5m, including land purchase of around £0.55m. The size of this new development is approximately 1,200 square metres, and the indicative cost correlates reasonably well with an industry benchmark for new-build, of £4,000 per m². The building cost comprises construction and fixtures and fittings, including refrigeration units, mortuary tables, and other specialised equipment. The planned facility will serve a population of 580,000, a little over two-thirds of the West Sussex population. In terms of body storage, Gloucester have catered for 60 bodies,

expandable to 90. This is broadly in proportion to the Task Force's finding that a 'future-proofed' facility for West Sussex should provide for up to 120 bodies.

Comparison: Bournemouth

- 3.10 The Bournemouth facility is a mortuary-only facility, since a joint-facility could not be afforded and courtrooms exist elsewhere. Furthermore there is no cost of site acquisition, since the land, adjacent to a cemetery, is already publicly owned. As such, the estimated cost is £2.34m, jointly funded between three local authorities. It is currently under construction and due to open in Spring 2011. Further details of comparative projects are given in Appendix 3.

THE COSTING EXERCISE

Efficiency Savings from running a new facility

- 3.11 It has been necessary to consider and evaluate financial savings that could arise from WSCC owning its own mortuary. Those so far identified include:
- It is assumed for the purpose of this exercise that WSCC would withdraw completely from the current partnership arrangements with hospitals when the Service Level Agreements end, as they are anticipated to do on 31st March 2012. This would save some £450,000 of current expenditure. The details of the payments to hospitals are set out in para 6.5 below;
 - Saving on costs of outsourcing specialist services, especially Children's post mortems, which currently go to St Bartholomew's and Great Ormond Street Hospitals in London: the Coroner has suggested on current volumes that some £12,000 pa could be saved by creating an in-house capability;
 - Saving on cost of hiring hotel rooms especially for jury inquests (this assumes the new facility would include a courtroom). This issue has been thrown into a new light by the recent announcement from the Court Service that a charge of £300 per day will henceforth be levied for the use of its court facilities as a Coroner's Court. The Coroner's estimated annual use is 100 days, at a potential and previously unforeseen cost of £30,000. Some of this could hopefully be saved by making use of county accommodation and other low- or no-cost options. However this will not always be possible due to short timescales for the convening of a court and competing pressures on suitable premises.
 - Saving on existing office accommodation costs, assuming that the Coroner and her administrative support were to relocate to the new premises.

It has not yet been possible to evaluate these potential savings to a degree that would withstand the challenge they are certain to encounter in an overall capital evaluation process.

New Facility Costs - Staffing

- 3.12 A major impact of leaving the hospital mortuary network and setting up an independent facility, is the loss of the support of the NHS management hierarchy. This somewhat intangible component clearly has considerable value within the current SLA arrangements, even if it is not directly costed. To replace it, the other projects studied have all sought to appoint a Mortuary Manager, to manage the facility in its forensic, legal and customer-facing aspects, and provide senior-level support to the Coroner. On the advice so far

received, this is likely to be a highly responsible post commanding a salary in the region of £50,000, or possibly more. The success of the project would owe a great deal to the calibre of this person. An additional staffing complement of 3 Mortuary Technicians would cost around £100,000.

- 3.13 If WSCC were to withdraw from the Hospital contracts, it is likely that there would be some redundancies among the hospital mortuary technician staff. Potentially these could move to a new WSCC facility through TUPE (Transfer of Undertakings (Protection of Employment)) arrangements, if they chose to do so. The impact of this cannot be costed accurately at this early stage. As a comparison, the Coroner's office at Bournemouth commented that all staff were willing to transfer and hospital employees were expected to 'TUPE across'.
- 3.14 It should be noted that exposure to the open market is likely to have an inflationary effect on rates of pay for Mortuary Technicians, over and above NHS rates. Benchmarking has suggested that projects typically under-budget for continuing pay costs.
- 3.15 As described in 2.7 above, the key skills of Pathologists would have to be retained, and their willingness to work at and travel to a new location would have to be further evaluated. A freelance pathologist may be willing to travel, but one whose main work lay with a particular hospital, less so. This is a significant issue for any new facility. The Coroner plans to make flexible use of freelance Home Office Pathologists to maintain the service. However, pay differentials, and the increasing scarcity of suitably qualified and experienced individuals in the future, suggest that it may become necessary to pay retainers to Pathologists to ensure that their services remain available. Again this cannot be directly costed at the present. Arguably this factor would be a product of professional and market circumstances generally, and not directly related to the creation of a purpose-built mortuary. It may therefore represent a future budget pressure on the service under any scenario.

New Facility Costs – Premises Management

- 3.16 Once again, it is not possible to predict costs accurately, due to the variables and uncertainties involved. However, it is clear that a mortuary represents a high-overhead proposition. In particular, energy costs will be disproportionately heavy, due to the needs of powering large refrigerated units, high-specification air conditioning and other specialist equipment. However, using broadly comparable figures from the Bristol Mortuary, given in full in Appendix 2, running costs are likely to be of the order of £100,000 per annum.

INCOME

Coroner's Bodies released to relatives but not claimed

- 3.17 The Task Force noted two situations in which WSCC currently bears costs in excess of its formal legal responsibilities. The first of these are bodies released by the Coroner, which remain uncollected for a certain period in the mortuary. In theory a charge could be made for this service to the estate of the deceased. However, a legal ruling in 2006 prevented WSCC doing this, because the authority does not own its own mortuary. If this situation was remedied, a source of income could result. The size of this has yet to be estimated, either under the current circumstances, or any future regime in which excess days

incurred a charge but there was an incentive to avoid it. This is one of the most clear-cut income possibilities so far identified, but may turn out to be modest. It is referred to again in a consideration of joint working with the hospital trusts.

Community Bodies

- 3.18 The second situation concerns the long-standing issue of Community Bodies, ie those bodies that are not claimed by any relatives. Legally, these bodies are the responsibility of district and borough councils under their environmental health powers. It is not within the scope of this report to investigate this issue, although the continuing discussions with stakeholders, including the districts and boroughs, about the future of the Coroner's service would be an opportunity to address it further. The SLA for Worthing Hospital shows that WSCC paid the hospital just under £10,000 for community bodies in 2009-10. Conversely at St Richards, Community Bodies are not differentiated, but absorbed in the overall SLA.

Other Income

- 3.19 Evaluating additional future income which a WSCC-owned Mortuary could generate is difficult to approach on a scientific basis. It is however likely that they would take some time to build up to full potential, and might require some investment in terms of marketing the services available. In its fullest sense, this potential could include developing the facility as a centre of excellence both within and beyond the borders of West Sussex, but would require some more intensive market research to predict or quantify. These ideas include:
- Providing Police Authorities with toxicology services;
 - Providing Home Office Pathology services: (this would be a possibility if the Coroner regularly used Home Office Pathologists at the new premises)
 - Selling post mortem and mortuary facilities back to hospitals;
 - Providing services to academic institutions (eg universities offering Criminology and related qualifications);
 - In-sourcing, ie providing services to other coroners or local authorities

The Role of Districts and Borough Councils

- 3.20 The proposition of creating a County Mortuary raises questions about the role and involvement of the West Sussex District and Borough Councils (DC/BCs). It is the duty of WSCC to resource the Coroner. However the responsibility to provide mortuary facilities formally rests with the DC/BCs, although it is considered that WSCC has a broad discretionary remit under the 'Well-being' powers contained in the Local Government Act, 2000. It follows that discussions would be necessary between the two tiers of local government to agree an approach to such a project, its location, and the respective responsibilities and (if appropriate), the financial contributions each would make.

Central Government Funding

- 3.21 The Task Force recognised the value of seeking grant aid from Central Government. The Bristol Mortuary project benefited from a £0.9m Home Office

grant, specific to the provision of a forensic suite. This has been approached in two ways, and with the following results:

- From the Emergency Management perspective, the Regional Resilience Team at the Government Office for the South East (GOSE) has responded that it is strongly supportive of authorities, singly or in combination, strengthening their emergency response capabilities, but has no funds available to offer;
- A request was made to the Ministry of Justice (MoJ), now the department with responsibility for the Coroner's Service. Although the MoJ would support an expansion of the resources available to the Coroner in principle, it has no operational responsibilities, and due to the current state of the public finances it is unable to offer any grant subsidy for such an undertaking.

STRATEGIC CONSIDERATIONS AND SUMMARY

Relinquishing Hospital Contracts

- 3.22 WSCC currently has a Service Level Agreement (SLA) in place with Worthing Hospital, running to 2012, and two others in prospect with St Richards Hospital, to 2012 and 2014 respectively. The arrangements with East Surrey Hospital for post mortems originating in the Haywards Heath area, are currently informal, and creating a written agreement is seen as a priority, especially as the Surrey Coroner also claims a share of these facilities. These collectively represent the continuing agreement to share hospital mortuary facilities. Developing and delivering a purpose-built new facility, if agreed, would probably be a 3-5 year project, and at an appropriate time SLAs would not be renewed. Part of the strategic evaluation of such a project would be to consider the impact on the facilities at the hospitals concerned, and whether any continuing use could be made of these public assets if WSCC were to withdraw. Any impact on relationships between WSCC and the NHS Trusts that such a withdrawal might have, would also be a factor to consider.

Summary of Purpose-Built Mortuary vs Existing Arrangements

- 3.23 The table in Appendix 2 illustrates the Capital cost and Revenue implications of Task Force Recommendation 6a, viewed against the current costs of the Coroner's service. It is intended for indicative purposes only at this stage, and a more thorough and detailed exploration of the financial position will be required if this project is to move toward implementation. The conclusions that can be broadly drawn are as follows:
- The cost of a comprehensive facility (Mortuary & Court) is estimated to be about £4.5m, including cost of land;
 - The annual revenue cost of this capital finance would be around £405,000 pa (40% of the Coroner's current net budget);
 - The potential saving on payments to Hospitals is of the order of £450,000;
 - There are other savings and income potential, currently unquantifiable in full, but there is some confidence in at least £50,000 pa;

- However, the running costs of a new facility, comprising Staff and Premises, would also have to be found: these cannot be assessed accurately at this stage, but may be in the region of £260,000 pa;
- **It follows that in broad terms, the case for a comprehensive project does not meet the WSCC capital rules, and would be under-funded by about £160,000 pa;**
- **Alternatively, a scaled-down option (Mortuary only) may be affordable according to this methodology, at a cost of some £3m.**

4. Utilisation of an existing building for the provision of a mortuary (Task Force Recommendation 6b)

4.1 This part of the brief is recognised as subsidiary to the main Recommendation 6a. As such, many of the foregoing comments concerning Recommendation 6a also apply. Initial advice from WSCC Capital and Asset Management has been that this project should best focus on the 'new-build' scenario. No existing WSCC building has yet been identified as appropriate, although a more exhaustive search could be undertaken, probably requiring consultancy support. Most sites in WSCC ownership or control are earmarked for disposal or for other purposes, and therefore come with opportunity costs. The Capital and Asset Management view is that this is not necessarily a cheaper option, even if a suitable opportunity could be identified, than Recommendation 6a. This view has been endorsed by informed sources in the private sector, namely that refurbishment may deliver a similar cost to new-build. Given the complexities of site-selection mentioned in paras 3.5/3.6 above, it is recommended that this option is kept in reserve for further investigation if other options fail to deliver a satisfactory solution.

5. Developing existing partnership with NHS West Sussex to provide a joint mortuary facility

5.1 Given that there are adequate hospital facilities at Worthing and Chichester there is little incentive for NHS West Sussex to participate in creating a *new* joint mortuary. Indeed, these hospitals have recently invested in improving their facilities and WSCC has part-funded this programme. Furthermore, hospitals' use of post mortem facilities is minimal, so there is not a complete alignment of interests. Having said that, NHS West Sussex is keen to continue the existing partnership and (with the continued financial support of WSCC) to maintain and improve the facilities. The unification of the Worthing and Chichester hospitals within a single NHS Trust offers the prospect of harmonisation of procedure and record-keeping, and the creation of some efficiencies which will undoubtedly benefit the coronial service. The significance of hospital-based pathologists who also work for the Coroner is a further reason to build on existing arrangements.

5.2 Development of the partnership further will inevitably call for additional investment by WSCC. For instance, St Richard's Hospital has signified a wish to upgrade its refrigeration equipment, and is seeking agreement to sharing these extra costs. This would be on top of a contribution of £58,000 to the St Richards Mortuary extension.

Other Commercial Partnership Options

5.3 Research for this project has suggested other partnership possibilities with commercial organisations (ie limited companies) involved in the mortuary and funeral sector. These could include joint investment in capital schemes, or leasing facilities operated by management companies. As these options were not within the original brief, they are merely noted here, but could be explored further if circumstances merited. One of the benefits of working with commercial organisations is to gain from their customer-care skills. The current research has thrown into relief the very disjointed service which a bereaved person may experience from the public and private sectors at a time of great stress. An approach which improves services, reduces the number of individual transactions arising from a death, and minimises disruption, is very much in the spirit of the Task Force's aspirations for the Coroner's service, and may deserve further investigation. For instance, an example of a hospital mortuary being run by a limited company has been identified.

6. Continuing with existing Service Level Agreement (SLA) approach

6.1 The Service Level Agreements (SLAs) at Worthing and Chichester have been negotiated with different conditions, reflecting the historical differences between the management and record-keeping at these hospitals. Since 1st April 2009, the hospitals have merged under the Western Sussex Hospitals NHS Trust. A further likely development is the amalgamation of their respective Pathology departments. This offers the prospect of uniting the SLA terms and conditions to provide a standardised basis for assessing needs and predicting future costs with greater confidence.

Problems with current SLAs

6.2 Unsatisfactory aspects of the SLA arrangements in their current form have already been alluded to, in discussing the Purpose-Built Mortuary option. They include lack of overall control, restrictions on access, emergency capability, and general efficiency. On the question of efficiency, a more detailed examination of the SLAs identifies the following concerns:

- Costs are subject to inflation in line with National Health Service (NHS) methodology. This typically exceeds standard measures of inflation: for instance the projected payments to St Richard's Hospital for 2010/11 show a net 6.9% increase over 2009/10, (excluding the new extension). However, it should be noted that medical inflation tends to run higher than average Retail Price Index inflation;
- Charges within the SLA include notional amounts for capital oncosts associated with NHS accountancy conventions. For St Richard's, this capital charge amounted to approximately £43,000 in 2009/10, out of a total of £117,000. St Richard's wishes to introduce new refrigeration equipment, at further cost. At Worthing the capital charge element is in the region of £100,000 out of a total of £250,000, to reflect costs of refurbishment. This gives WSCC a cost equating with long-term ownership of and responsibility for the land and buildings, and could be viewed as excessive.
- Decisions about enhancements to facilities remain in the hands of the NHS Trust and the respective pathology departments: WSCC may be drawn into

sharing long-term investment costs which are not necessarily supportive of its overall objectives for the service.

Opportunities for moving beyond SLAs

6.3 Notwithstanding some problematic aspects of the joint-use of hospital facilities, relationships are cordial and meet day-to-day needs, allowing for a geographical bias towards the coast. Hospital mortuaries represent a public asset which, suitably maintained, should be seen to support the public need. Hospitals' own post mortems are typically very few in number, and their maintenance of laboratory facilities and body stores in excess of their own needs has served the county well. Joint-working could mutually assist the partnership, as the following example illustrates:

- Bodies released by Coroner but remaining in store: As noted at para 3.17 above, WSCC is unable to charge for bodies not claimed by relatives in a timely way. However, it may be possible, through the hospital trust, and in collaboration with funeral directors, to invoice the estate of the deceased. The Head of Pathology at St Richard's has signified a willingness in principle to consider this. This has some income potential, but it may be relatively modest.

6.4 One of the advantages of the SLA approach is that a degree of predictability is achievable, so that budgets can be forecast on the basis of historic but stable information about WSCC's usage of mortuary facilities. Accordingly the Task Force was in favour, in the short-to-medium term, of seeking to extend and standardise these arrangements.

6.5 The current situation with Service Level Agreements (SLAs) is as follows:

Hospital	End date	Conditions	Estimated Annual Cost 2010/11 £
Worthing	31/3/2012	1,000 Coroner's bodies pa; 50 stored at any one time; 4 Post mortems pwd; Annual cost subject to Dept Health inflation	260,000
Community Bodies			10,000
St Richards main SLA	31/3/2012	Post mortem service (99% share of facility costs)	95,000
		Body Storage service (41% share of facility costs)	30,000
St Richards Extension	31/3/2014	41% of 48-space storage	10,000

Non-SLA arrangements:

East Surrey, Redhill	No formal agreement	Ad hoc arrangements shared with Surrey Coroner	45,000
		Table of fees	
Total			450,000

In each case there are further miscellaneous costs for additional bodies, pathology and transport.

- 6.6 The cost of SLAs and other hospital services for 2010/11 is expected to be in the region of £450,000, and is likely to continue to inflate at the rate in excess of normal inflation. Bearing in mind that payments to hospitals already account for nearly half of the Coroner's budget, this inflationary pressure requires underwriting from WSCC at a time when the authority is striving to exercise greater control over costs generally. Within the Coroner's budget, Staff, Professional and Mortuary costs amount to some 97%, leaving little flexibility to absorb these increases.

Conclusions

- 6.7 It is clear that the hospital mortuary arrangements must continue at least until 31st March 2012. In the meantime they must be managed in the most cost-effective manner. It would also be desirable to regularise and so far as possible protect an allocation of space at East Surrey Hospital, through a written agreement. However, the possibility of reopening the Princess Royal Mortuary at Haywards Heath, and returning all coroner's cases to West Sussex, should not be ignored, if it can be economically financed.

7. Consultation

- 7.1 Consultation and research for this report has included the Coroner, WSCC officers for Emergency Management, Financial Services and Capital and Asset Management; benchmarking with other local authorities; central government agencies; Hospital Pathology Departments; private sector organisations involved in mortuary and funeral services.

8. Resource Implications and Value for Money

- 8.1 Resource considerations, both capital and revenue, are embodied in the report, together with a consideration of efficiencies and potential income generation.

9. Risk Management Implications

- 9.1 The risks referred to in this report can be summarised as follows:
- Lack of assured, quality facilities and specialist skills over which WSCC has control, in sufficient quantity and in the right location;
 - Inability to manage and control rising costs effectively;
 - Inability to respond effectively to emergency situations where a rapid expansion of temporary mortuary facilities is required;
 - A disjointed service to the community, through uncertainty about the roles and responsibilities of the various public sector stakeholders; inability to respond effectively to demographic pressures

10. Crime and Disorder Act Implications

- 10.1 N/A

11. Human Rights Act Implications

- 11.1 This project addresses itself to the whole community, and has at its core principles of human dignity and equality. Respect for the deceased, and sensitivity towards the bereaved, (who may or may not be resident in West Sussex) is of paramount importance. Special consideration should be shown towards religious and cultural practices that may have a bearing on how the Coronial service should be delivered. It follows that (as the Task Force recommended) appropriate consultation with religious and cultural groups in the county should be undertaken at the project planning stage, to ensure that any future service provision meets their needs.

Kieran Stigant

Executive Director Communities
and Interim Chief Executive

Graeme Macpherson

Head of Regulatory Services

Contact: Lance John, Ext 77427

Background Papers

Community Services Select Committee, 31st March 2010: Mortuary Service Provision in West Sussex – Report by Mortuary Services Task Force; Minutes of this meeting

Cabinet Member Response: Letter from Cabinet Member for Public Protection to the Chairman, Community Services Select Committee, dated 30th April 2010, commissioning the current report (Agenda Item 3b of Community Services Select Committee, 12th May 2010)

Information, including plans, of mortuary projects at Bristol, Bournemouth and Gloucester, supplied by those authorities

Avail Consulting: Specification for Emergency Mortuary Sites & Structures (2005), produced for the Home Office

COMPONENTS OF INTEGRATED CORONER'S (MORTUARY) FACILITY

a) Mortuary

- Pathology Laboratory: 4 post mortem tables; 1 screened-off forensic post mortem table
- Body Storage area to take 120 bodies
- Administration Office (2x work stations)
- Coroner's Office
- Mortuary Manager's Office
- Family Waiting Room
- Family Viewing Room (adjacent to body store)
- Training/Meeting Room
- Male & Female Changing Rooms + Showers
- Toilets – Staff & Visitors
- Enclosed Waste Disposal/Laundry collection area
- Generator
- Car Park (say 20 spaces minimum)
- Adjacent flat site with potential to accommodate modular demountable emergency mortuary facility (250-300 bodies)

b) Legal

- Court Room (large meeting room)
- Coroner's Retiring Room
- Jury Retiring Room
- Witness Waiting Room

**Mortuary Service Provision in West Sussex: Business Case
New Facility (Mortuary & Courtroom) – Example Costing**

NB Most figures are estimates, and this is intended as a rough, indicative costing

Mortuary and Courthouse: this example assumes a costing towards the upper end of the scale; a cheaper option (say £3m) would be a Mortuary without Courthouse

1) <u>Revenue & Capital Costs & Target Saving</u>	Report Para ref	£	£
Cost of new facility	3.7		4,500,000
Grant funding	3.21		none
Annual Cost of Capital on £4.5m (SAVINGS TARGET)	3.7		405,000
Current cost of Coroner's Service (2010/11)	3.7		1,018,300
Target budget with new facility	3.7		613,300
<hr/>			
2) <u>Revenue Costs and Savings for new Mortuary & Court Facility</u>			
a) <u>Savings from ending Hospital Contracts</u>			
Paid to Hospitals under SLAs etc	3.11 & 6.5	-450,000	
Children's post-mortems conducted on-site	3.11	-12,000	
Ad-hoc courtroom costs avoided	3.11	-10,000	
Formal courtroom costs avoided (new levy)	3.11	-30,000	
Savings on Coroner's current Office occupation	3.11	<u>minimal</u>	
			-502,000
b) <u>Costs of running new facility</u>			
<u>Staff</u>			
Mortuary Manager	3.12/13	60,000	
Mortuary Technicians x3	3.12/13	<u>100,000</u>	
			160,000
<u>Premises (based on Bristol example)</u>			
Rates	3.16	24,000	
Water & Sewerage	3.16	4,000	
Electricity	3.16	26,500	
Gas	3.16	24,000	
Other fuel costs	3.16	6,500	
Security	3.16	2,500	
Waste Disposal	3.16	11,500	
Laundry	3.16	<u>5,000</u>	

			104,000
<hr/>			
c)	<u>Increased Income from WSCC-owned facility</u>		
	Body Storage in excess of Coroner's requirements	3.17	unquantifiable
	Community Bodies	3.18	-10,000
	Toxicology Work for Police	3.19	unquantifiable
	Academic Work for Universities	3.19	<u>unquantifiable</u>
			-10,000
d)	Total Net Saving	3.23	-248,000
	Target Saving		405,000
	Deficit on proposal at this level of Cost		157,000

Summary of Comparisons between Mortuary projects studied

	Bournemouth	Gloucester	Bristol
Components of Facility	Mortuary only: pathology lab with separate forensic lab; viewing room and large office combination; body-handling area, small office, changing and rest room. Public area: bier and interview/reception room and DDA compliant toilet; plant in roof void	Pathology & viewing facilities, storage and court room; Coroner's office; garden area for contemplation	Mortuary, including pathology suite, and Courthouse
New-build, or conversion	New build (replacement of existing mortuary on same site); no land cost	New build; land purchased	Mortuary (New build) £2m; Law Courts (refurbished) £333k; no land costs
Financial breakdown of building and fitting costs	£2.34m; paid for by savings and the balance joint-funded between DCC, Poole & Bournemouth. Construction cost £1.9m; £75k fittings; balance fees	Original budget £4.9m total, now trimmed back to £4.5m. Comprises Land £0.55m, Construction £3.7m, plus Fees	Total cost £2.7m included £400k site cost; Funded by 4 local councils and Home Office grant of £864k towards pathology suite
Square footage (buildings)		Approx 1,300 m ²	Mortuary 605 m ² ; Court 737 m ² ; total 1,342 m ²
Body-storage capacity and potential to expansion for emergencies	100; 4 general PM tables plus 1 forensic	60 + space for 30 overflow; 4 general PM tables plus 1 forensic	110; 6 PM tables + 1 forensic PM table; would cater for winter pressures
Facilities for dealing with 'dirty bodies'/ isolating contaminated cases; obese bodies	One forensic table, as above; all fridges obese-sized, some cater for bariatrics	One specialised/forensic room; 12 fridges for obese bodies	One forensic table, as above
Additional income potential	Saving from hospital contracts; infectious bodies not sent to Brighton; in-sourcing infectious work	Expect to save £350k, mainly from hospital contracts; also not needing to hire expensive hotels for inquests; reduce	Children's Post mortems; attract business from elsewhere, incl NHS trusts; forensic work for police; save court costs.
Staffing levels	4 full-time; 1 part-time	Not yet decided, but there will be a centre manager	7 Technicians & Manager

Any problems with Pathology services	Hospital pathologists will support new facility	Not a problem to date, but under review	
	Bournemouth	Gloucester	Bristol
Impact on existing Hospital mortuary contracts	Contracts with 2 local hospitals being terminated; staffing TUPE-ing across	Hospital Mortuaries becoming non-compliant and contracts expiring	Hospital mortuaries closing and/or becoming non-compliant
Population of Coroner's district; number of Post mortems	480,000; 2,400 Coroner deaths; 900 post mortems	580,000; 2000 Coroner deaths; 1,250 post mortems; 325 inquests	1,100,000. Approx 2,500 post mortems
Improvements to customer service	Regulatory standards failing (Human Tissues Authority and Health & Safety compliance)	NHS facilities out of date. Seen as regional centre of excellence and for training	Eliminate risk of bodies accumulating due to lack of facilities and attendant distress
'Lessons learned'	Sought to eliminate perceived shortcomings of Bristol Mortuary design	Had to explore a number of sites before finding acceptable option	Don't 'cut corners'; appoint manager early on; ensure plant etc compatibility with authority's existing systems
Date of Opening	Open early 2011	Open early 2012	Opened April 2009

1. Responding to emergency situations is discussed at paras 2.8-2.10 of the main report. This Appendix expands on the implications for a new-build Mortuary project. If the building of a Mortuary were under consideration, it would be desirable to determine whether the facility should also have the capability to serve as an Emergency Mortuary in the event of a situation involving mass fatalities. The Task Force was strongly in favour of making this dual provision. These considerations could then be factored into the site location and design. The main implication at the planning stage would concern the size of site selected. To provide for emergency expansion alongside the permanent Mortuary, a significantly larger site would be required.
2. Even though emergency sites have been provided at Hop Oast and Tangmere, as explained at para 2.8 of the main report, these are far from ideal. It would be preferable to create the potential for such a facility alongside a permanent built structure. This would capitalise on pre-existing resources and on-site skills at a centralised hub. A properly-conceived emergency mortuary site would have the potential to function as a regional resource, with an income capability.
3. Responding to an emergency would be an undertaking of great complexity, involving many agencies. Alternative strategies are available to provide the necessary logistics, hardware, utilities and personnel, including a bought-in package. An emergency mortuary hub would help to mitigate the high costs involved.
4. Different temporary building formats are possible, for instance portacabins, modular demountable units, or tented structures anchored to pre-existing fittings in the ground. A properly-provisioned site would also include electric cabling and water supply.
5. The purpose of an emergency site would be to cater for up to 300 bodies (in addition to 'normal' body storage) and the Disaster Victim Identification (DVI) functions that would follow a major incident. This would involve accommodating around 100 specialist staff, as well as authorised visitors, including family members of the deceased. Appropriate parking and access for heavy transport would be needed. The site would have to be capable of being secured (ie ring-fenced) for operational purposes, but at normal times could in theory function as a public open space or car-park. It would not all necessarily have to be hard-standing, but would need to be a robust, well-drained surface.
6. An Emergency Mortuary would seek to make the best use of pre-existing facilities in the permanent Mortuary. The concept of 'flow', whereby individual cases move through a logical sequence of processes, is very important in all mortuaries and especially with emergency situations. Thus the permanent Mortuary would be constructed with an eye to the ways in which flows between it and the emergency mortuary alongside could be managed efficiently.
7. An assessment of the components of an emergency mortuary can be based on published standards (2005) applied by the Home Office. Even allowing for economies through requisitioning of the permanent facilities, it is estimated that an additional ground area of up to 5,000 m² (1.2 acres approx) would be needed adjacent to the permanent Mortuary, including increasing parking spaces to 100 from a normal provision of 30.