

# DRAFT

## **Relocation of RUH, Bath Public Mortuary and Post Mortem service to Flax Bourton, Bristol.**

Briefing Paper for Cllr Martin Veal

### **1.0 Background - Bristol**

1.1 The original Public Mortuary in Bristol closed many years ago as a result of costs. In the past five years UBHT (Bristol Royal Infirmary) closed its Mortuary and only has a body store attended by two staff. Frenchay and Southmead Hospitals have merged to form North Bristol NHS Trust and are to build a new hospital in the next five years. There is no intention to re-build a Mortuary there but there will be a body store in each hospital.

**In short, within five years there will be no Mortuary provision in Bristol unless something is built.**

1.2 There have not been any dedicated Forensic Mortuary facilities within Bristol in living memory and there is an increasing need for this given the advances in DNA technology etc (sealed rooms etc). The Home Office has given a grant for this.

1.3 The decision was taken to build a Mortuary at Flax Bourton (south of Bristol, just past Bristol airport when traveling from Bath) following earlier plans to re-build at the new North Bristol Trust hospital proved to be too expensive.

### **2.0 Background – Bath**

2.1 The Royal United Hospital has always provided a Public Mortuary facility on site. There is a hospital body store which doubles as a Public Mortuary facility. Both hospital (eg patient dying post-operatively or with an unknown cause of death) and community autopsies (eg drop dead in street, road traffic accidents, suicides etc ) are performed on site. The RUH has always kept its facilities up to date to meet accreditation requirements and expanded body store capacity twice recently to meet demands.

2.2 The RUH has the largest mortuary of any local hospital.

	Body storage	Mortuary tables
Southmead Hospital	48	3
Frenchay Hospital	53 bodies	4 plus one high risk table
Weston General Hospital	24	2
<b>Royal United Hospital</b>	<b>72</b>	<b>4</b>

2.3 The catchment area for the RUH extends to include Chippenham and Trowbridge which is further than the community deaths boundary which would go up to the border with Wiltshire. 799

post mortems were performed in 2006 at the RUH including over 650 for the Bristol Coroner (42% hospital cases, 58 %community cases), 142 cases for the Somerset Coroner (almost exclusively community) and a handful of hospital consent post mortems.

### **3.0 Background – Project Plan for Flax Bourton**

3.1 The first official approach to the RUH regarding the Flax Bourton plans was a letter written to the Medical Director in early July by Ms Gee (Principal Solicitor, Bristol City Council) asking about the potential effects on the Trust of moving the Coroners post mortems away. This was replied to by Dr Chris Meehan, Consultant Pathologist, and sent by hardcopy and e-mail (Appendix A).

3.2 In mid-August Dr Meehan was attending a meeting the Coroner’s Solicitor Mrs Vivienne Edwards at the Flax Bourton offices when he was told by Mrs Edwards that she had been talking with Ms Gee and that ‘the RUH Bath is not going to be included in the project as the budget withdrawal implications were too big.’ Nothing was received in writing.

3.3 In early December Dr Meehan contacted Mrs Edwards to ask if the Coroner would consider building the Forensic Unit in Bath as the RUH were hoping to re-build the laboratory facilities and a Forensic Unit could be included. Mrs Edwards then stated that planning permission had been granted for the build in Flax Bourton including a Forensic unit. She advised that he speak to Ms Gee. When she returned from leave on 20<sup>th</sup> December Ms Gee revealed that all current RUH Coroner cases (ie both Hospital and Community deaths) were to be transferred to Flax Bourton for autopsy. All decisions had been taken.

3.4 A meeting was called for 3<sup>rd</sup> January at Flax Bourton to discuss the mortuary plans with the architect and the build co-ordinator. Before the meeting started the architect and build co-ordinator stated that they had not been aware that any hospital cases were to be performed at the mortuary. A Forensic Pathologist (Dr Hugh White) who has been heavily involved with the project also stated that he thought Bath cases were excluded “as it would be a logistical nightmare.’ He was told that the decision had already been taken.

**3.5 There has been minimal communication with the RUH Bath staff about the project and the evidence would suggest that the addition of Bath cases was a relatively late event. The Coroner only wrote to confirm his intentions the day after this meeting on 4<sup>th</sup> January 2007.**

### **4.0 Case as presented to Bristol City Council 23<sup>rd</sup> November 2006.**

**Report of The Director of Central Support Services - Coroner’s Service Accommodation – Flax Bourton (Officer presenting report: Stephen McNamara , Head of Legal Services ) (Appendix B)**

**4.1** Page 5 “*Royal United Hospital mortuary is a reasonable standard facility with 4 tables, which*

*has recently been refurbished.”*

No justification given to mothball Mortuary or any suggestion there are any problems with quality of work or facilities.

**4.2** Page 9” *Personnel. No advice sought from Human Resources on the basis that the proposal is that staff will remain based as present in the Coroner’s service”.*

The mortuary staff in Bath are employed by RUH Bath NHS Trust. To close several Mortuaries and re-locate work and staff with possible redundancies would usually require Personnel advice.

### **4.3 Business Case**

**There are several serious flaws in the published business case/financial plan**

4.3.1 The total anticipated annual cost of using hospital mortuaries is given as £631K and the Flax Bourton proposal costed at £606K.

The anticipated saving on £631K is £41K – 6%.

(Medical staff costs are not included on the balance sheet as at the RUH Coroner’s work is not in the NHS contract. It is paid separately in accordance with a nationally agreed fee structure which is the same regardless of where the post-mortem takes place.)

#### **4.3.2 BUT**

The **income** includes a “potential” £15K for forensic cases from other jurisdictions but is not certain.

The following **expenditures** are not included for Flax Bourton

- Human Tissue License - £6000 per annum
- CPA accreditation - £1800 per annum
- IT - there is no inclusion of any computer software, hardware or IT support. This will be required to meet accreditation standards and Human Tissue Act requirements. (? Cost but not cheap)
- TUPE costs. (Transfer of Protected Employment )
- Inclusion of Specialist Management Costs (eg Health and Safety, Infection Control, Lifting and handling, Clinical Pathology Accreditation)
- No trainee costs. If all other Mortuaries are to close then there will need to be provision of a trainee to replace staff turnover. The basic cost of this is £15k per annum.
- Costs of transfer of case notes.

#### **4.3.3 Wider Cost Implications for Bath**

- Relatives will have to pay extra to retrieve bodies because of the distance from Bath to Flax Bourton. The cost suggested by the Project Co-ordinator at the recent meeting was £60 per case. For 600 RUH Bath bodies this would represent a total of £36,000 if this figure is accurate.

- The RUH will still have to staff a body store. Whilst there will still be Community post-mortems from the Frome Coroner there will be a net **loss of income to the Trust in the order of £80K**. This funding will either have to be found from the PCTs or by cutting other services.

#### 4.3.4 The bottom line

For a predicted overall saving of £41K which includes unconfirmed income of £15K and omits several significant costs (at least £10K), the RUH and the people of Bath will lose in excess of £100K.

## 5.0 Beyond the building and Flax Bourton – Quality Issues

### 5.1 Transport of Bodies

Can the movement of bodies 18 miles each way for exactly the same procedure performed by the same people (also travelling) be justified? There will also be increase mileage for the Coroners undertakers who transport community deaths to the Mortuary as well as undertakers driving from Bath to Flax Bourton to pick up the bodies once investigations are completed. Case notes will also have to be transported back and forth with the associated risks and confidentiality issues.

### 5.2 Relatives Experience

It is known that relatives prefer to attend mortuaries that are part of a hospital rather than a stand alone facility (from Department of Health publication on Mortuary Facilities).

The time and distances involved in getting to Flax Bourton are considerable. If there is to be an inquest then the relatives will have to travel to Flax Bourton to formally identify the body as well as to attend the inquest at a later date.

### 5.3 Bereavement Support

The RUH has a Chaplaincy Service which supports relatives. It would be most unlikely that the same support could be given once the body is moved off site.

### 5.4 Quality of clinical feedback

The recent National Confidential Enquiry into Peri-operative Deaths (NCEPOD) highlighted the importance of autopsies for clinical audit. By moving post-mortems away from the clinicians the quality of feedback is reduced. At the hospital the clinician may be able to attend, whereas off-site this will not be practical. Whilst clinicians (surgeons, anaesthetists from ITU and less often physicians) do not attend frequently they will make significant efforts in key cases.

## 6.0 Summary

### 6.1 Business case

As stated 6% cost improvement but several serious omissions and inclusion of unconfirmed income. Global costs for RUH and Bath residents would go up as staff needlessly drive around and expect the public to pay extra for funeral transport costs that are off Bristol City Council's balance sheet.

### 6.2 Quality

Relatives to attend a Medico-legal centre rather than a Hospital.

Loss of communication with hospital bereavement services.

Reduced teaching, training and audit for hospital staff.

### 6.3 Environmental

For the same service by the same staff:

- 600 bodies doing an extra minimum 36 miles each.
- Pathology staff driving increased distances.
- Relatives driving to Flax Bourton for identifications.

**6.4 On business, quality and environmental impact grounds this is not good for the people of Bath and the surrounding area.**

Dr Chris Meehan , Consultant Pathologist, RUH.  
7<sup>th</sup> January 2007