



**Storage capacity and
contingency arrangements
in mortuaries:**

Guidance for Designated
Individuals in HTA-licensed
establishments

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Background

1. Through its licensing and inspection activities, the HTA is well-placed to identify issues that are affecting the post-mortem sector or that may affect it in the future. Every two years, we gather information from all mortuaries that we license for post mortem examination and the associated storage of bodies. They are required to complete a compliance questionnaire, providing information relating to their activities, compliance with HTA standards and topical issues identified by the HTA during site-visit inspections or from reportable incident notifications.
2. During the winter months of 2014/15, the HTA became aware that some establishments were experiencing difficulties with storage capacity. As a result, we included a number of specific questions on body storage capacity and contingency arrangements in the 2015 compliance questionnaire. Completed questionnaires were submitted by all 178 establishments licensed in the post mortem sector and the HTA is grateful to respondents for the information they provided.
3. In undertaking this exercise, our objectives were:
 - to evaluate the pressures on body storage arrangements;
 - to identify potential areas of risk in the sector as a whole;
 - to inform our risk profiling;
 - to make recommendations to mortuaries on how their capacity and contingency arrangements might be improved.
4. Our analysis of the information provided has identified some of the broader challenges for HTA-licensed mortuaries in relation to storage capacity and contingency. This report outlines these challenges, and offers a number of recommendations on how mortuaries can strengthen their contingency arrangements and mitigate the risks that may result from a shortage of mortuary fridge and freezer spaces.
5. The report also makes general recommendations for consideration by any organisation that has responsibility for, or interest in, the provision of mortuary services, including local authorities, coroners and resilience planning teams.

Summary

6. In 2014-15, mortuaries licensed by the HTA admitted over 60% of the total number of people who died in England, Wales and Northern Ireland. The other 40% of bodies went to non HTA-licensed establishments such as funeral directors or other hospital body stores.
7. HTA-licensed establishments received almost 330,000 bodies for the twelve month period from 1 June 2014 and accommodated these in a little over 16,000 fridge and freezer spaces. Freezer capacity amounts to around 6% of total storage capacity.
8. It is an ongoing challenge for mortuaries to ensure they have the correct capacity and storage arrangements. Understandably, numbers fluctuate regionally, as well as over the year. Considering this uncertainty, we find that mortuaries broadly perform well.
9. Winter can be an especially difficult time of year for health services. For mortuaries, higher numbers of deaths can pose problems if adequate numbers of refrigerated and freezer storage spaces are unavailable.
10. In addition, other factors such as the new guidance on Deprivation of Liberty Safeguards (DoLS) and the changing demographic characteristics of populations may contribute to pressures on the storage and capacity of mortuaries.
11. In their contingency arrangements, establishments may use temporary storage within their own premises, including the hire of portable units, or transfer of bodies to other premises, for example funeral directors. Over a third of establishments provide contingency space to other establishments.
12. Overall, HTA-licensed establishments have contingency storage capacity of approximately 35% to 65% of principle storage capacity.
13. 60% of mortuaries had to invoke their contingency arrangements at least once during the year. A number of establishments indicated that they had used contingency storage arrangements for a number of consecutive months during this period. As expected, contingency plans were most commonly in use during the winter period December to March 2015.

About the HTA

14. The Human Tissue Authority (HTA) is a regulator set up in 2005 following events in the 1990s that revealed a culture in hospitals of removing and retaining human organs and tissue without consent. The legislation that established us, the Human Tissue Act 2004 (the HT Act), not only addressed this issue but also updated and brought together other laws that relate to human tissue and organs. We were created by Parliament as an executive agency of the Department of Health, and are overseen by an Authority of lay and professional members appointed by Government.
15. The HTA regulates organisations that remove, store and use human tissue for research, medical treatment, post-mortem examination, education and training, and display in public. We also give approval for organ and bone marrow donations from living people.
16. The interests of the public and those we regulate are central to our work. We build on the confidence people have in our regulation by ensuring that human tissue and organs are used safely and ethically, and with proper consent.

How we regulate

17. We provide advice and guidance about the HT Act, the EU Tissue and Cells Directives and the EU Organ Donation Directive. These laws ensure human tissue and organs are used safely and ethically, with proper consent.
18. We aim to make sure that these laws are followed by setting clear and reasonable standards in which the public and professionals can have confidence. We help people to understand these requirements by providing codes of practice and other advice, guidance and support.
19. We license more than 850 premises that store and use human tissue for purposes such as patient treatment, organ transplantation, post mortem examination, research, teaching, and public exhibitions.

About the HTA

We publish standards that licensed establishments must meet, and inspect them to check they are doing so. A list of organisations we license and the people responsible for supervising the licences are on our website, along with inspection reports describing our findings.

20. As part of our regulatory remit, the HTA licenses and inspects establishments in England, Wales and Northern Ireland that store bodies prior to post-mortem (PM) examination, conduct PM examinations and remove tissue samples from the deceased. The HTA has no remit in relation to these activities in Scotland, nor does it license premises where bodies are stored prior to burial or cremation.
21. The HTA expects establishments to have documented contingency plans explaining what to do if the mortuary body store is nearing full capacity or if the post-mortem suite is temporarily unavailable. In particular, we ask that storage for bariatric bodies and deep freeze arrangements be considered. Contingency arrangements should ensure that the condition and dignity of the deceased are maintained and that traceability of bodies and security are not compromised.

Fridge and freezer storage

22. Mortuary fridge storage capacity (i.e. the number of spaces) compared to the number of bodies admitted is fairly consistent for most regions in England, with freezer capacity amounting to around 6% of current storage capacity.
23. It is important that establishments are able to store bodies appropriately and that they are able to be moved to freezer storage where release to the funeral director is delayed, in order to minimise the risk of deterioration of the condition of the deceased.

Fridge and freezer storage

24. Establishments should ensure that they have procedures in place to assess the condition of the deceased and determine when freezer storage may be necessary. Based on advice from members of the HTA's Histopathology Working Group, the HTA advises that bodies should be moved into frozen storage after 30 days in refrigerated storage, or sooner, depending on the condition of the body, if there is no indication they are soon to be released or further examined.
25. Establishments should also periodically review their fridge and freezer storage capacity to ensure that it is sufficient and that anticipated shortages are captured in corporate risk registers. There may be cases where capital expenditure may be required to increase capacity, and this should be highlighted sooner rather than later.

Recommendations

- Establishments and organisations managing mortuary facilities should ensure that they have sufficient fridge and freezer storage capacity for their local needs. This may mean working with other local organisations and agencies to ensure a shared understanding and collaborative approach to dealing with shortages.
- Establishments should have procedures in place which govern the movement of bodies into freezer storage.
- Capacity should be periodically reviewed to ensure that the risk of shortages is identified promptly. Where capacity is considered a risk, consideration should be given to how to deal with this risk before it compromises service delivery and to whether capital expenditure is needed to increase capacity to mitigate risks to service delivery.

Storage of bariatric bodies

26. Information from the Health and Social Care Information Centre notes a marked increase in the proportion of adults in England who were obese or morbidly obese during the period 1993 to 2013, from 13.2% to 26% of men and from 16.4% to 23.8 % of women. The growing number of people being classified as obese, and the increased risk of morbidity associated with this, means that there is likely to be an increased need for storage of bariatric bodies in the coming years.
27. Where there is insufficient capacity for storage of bariatric bodies, establishments have alternative arrangements, such as transfer of bodies to a different establishment or use of chiller blankets to minimise deterioration of the body until alternative arrangements can be implemented.
28. Transfer of bariatric bodies to another establishment for storage may increase the risk of a serious incident occurring, as the movement of bodies between premises carries an inherent risk. Where establishments rely on transfer of bariatric bodies to other facilities for storage, they should ensure that they have robust procedures for transfer, including consideration of transfer of bodies out of working hours so that bodies are not stored inappropriately overnight or during weekends.
29. Chiller blankets, that keep bodies cool, do not always cool the body consistently and it is difficult to maintain a constant temperature. Establishments should carefully consider the use of chiller blankets for storage of bodies and should only use them when all other alternative arrangements have been exhausted or temporarily prior to transfer of bodies.

Recommendations

- All establishments should ensure that they have suitable arrangements for storage of bariatric bodies. Establishments and organisations managing mortuary facilities should keep under review their capacity for storage of bariatric bodies and build into their plans actions that might be taken to address an increased need.
- Where alternative arrangements for storage of bariatric bodies are used, establishments should ensure that they have robust, documented procedures for staff to follow in the event that these arrangements need to be implemented. Staff should be trained in these procedures and thorough risk assessments undertaken. The number of times that alternative arrangements are implemented for storage of a bariatric body should be recorded and used to inform regular review of the suitability of storage capacity.
- Where establishments rely on transfer of bodies to other facilities for storage, they should ensure that they have robust procedures for transfer, including consideration of transfer of bodies out of working hours so that bodies are not stored inappropriately overnight or during weekends.

Storage temperature monitoring

30. A key area of risk associated with storage of bodies is the failure of fridges and freezers. These should be regularly serviced and maintained and there should be robust arrangements for monitoring temperatures. One of the ways of mitigating the risk of damage to a body when a fridge or freezer fails is to ensure that those who can rectify problems are made aware as soon as possible. It is recommended that establishments have automated temperature monitoring systems that trigger an alarm when the temperature deviates above or below a set temperature range.

Fridge and freezer storage

31. A storage temperature that is too low poses a risk to the condition of bodies and, in extreme cases, could affect the results of a post mortem examination. Therefore, temperature alarm systems should, where possible, trigger when temperatures are too low as well as too high.
32. Where alarms are locally audible only and do not have a call-out system, establishments should ensure that they have procedures to ensure that alarms are acted upon promptly, for example by ensuring that security and portering staff are aware of how to report the alarm to a member of staff who can investigate the cause of the alarm and take appropriate action.
33. It is important for establishments to periodically test temperature alarms to ensure that they are functioning as expected. Testing of alarms is essential to ensuring that the risk of fridge and freezer failure going unnoticed and resulting in damage to bodies is mitigated.
34. Establishments are required to have robust systems to monitor storage temperature. If storage temperatures are monitored manually, rather than via an automated system, there should be a procedure to ensure that this is done seven days a week, including during periods of closure, and that records of temperatures are maintained. Where these arrangements are not considered to sufficiently mitigate the risk of fridge and freezer failure going unnoticed and causing deterioration to bodies, the HTA considers this to be a shortfall against its licensing standards and works with establishments to ensure that appropriate corrective and preventative actions are implemented.

Recommendation

- Establishments should ensure that they have robust temperature monitoring and alarm arrangements for all body storage facilities on their premises. External temperature alarm systems provide an effective solution if they trigger both when storage temperatures are too warm and too cold, and are regularly tested.

Contingency storage

35. Overall, HTA-licensed establishments have contingency storage capacity of approximately 35 to 65% of principal storage spaces.
36. It is important to note that where contingency spaces are provided by transfer of bodies to other mortuaries or funeral directors, the actual contingency capacity available will depend on the capacity that organisation has at the time the contingency storage is needed. The available contingency storage capacity will therefore be reduced at times of greater demand, such as during the winter period or in the event of regional incident that impacts on a number of different establishments.

Contingency storage arrangements

37. Contingency arrangements for storage of bodies vary; some establishments transfer bodies to other HTA-licensed premises, some rely on the hire of temporary units, others temporarily stop admitting bodies from the community when the mortuary is at or near full storage capacity.
38. Around 35% of establishments have agreed to provide contingency storage space for other establishments. However, over half of these had to use their own contingency arrangements at least once in the previous 12 months, which means they may not have been able to be relied upon to provide contingency storage for others.
39. In times of high capacity, establishments should place greater emphasis on liaison with families and funeral directors to ensure that bodies are released in a timely manner following approval for release. This can help to alleviate pressures on storage capacity and avoid the need to invoke contingency storage plans.

Additional storage on same premises and use of temporary storage facilities

40. For a quarter of establishments, the principal contingency arrangement is additional temporary storage within their premises, including hire of temporary storage units. A further quarter of establishments indicated that onsite storage or hire of temporary units forms part of their contingency plans. This means that approximately half of establishments' contingency plans include use of onsite temporary refrigerated storage, such as quickly-erected mobile refrigeration units, chiller units placed in storage areas or refrigerated trailer units.
41. Whilst some establishments have their own temporary facilities, many rely on rental of units in times of need, and some have arrangements which rely on borrowing units designated for use in disasters from local councils.
42. Where temporary storage facilities are used, establishments should ensure that they have robust temperature monitoring arrangements in place and that storage units are located in suitably secured premises. The dignity of the deceased should be paramount and temporary storage facilities should not compromise this. Temporary storage arrangements, such as mobile units and chiller blankets, should not be in use long term.
43. The HTA has been informed by establishments that there have been occasions when they have had difficulty sourcing temporary storage units for rental during winter periods. Establishments should not rely solely on hire of temporary storage units for contingency storage.
44. We have also been informed of the potential risk of Trusts not having the funding available for the purchase or rental of units when needed, especially when the need for these tends to become apparent towards the end of the year when funds have already been allocated elsewhere.

Recommendations

- The hire of temporary storage units should not be the sole contingency arrangement for an establishment. Establishments should put in place other formally agreed arrangements for contingency storage.
- Where the hire of temporary storage facilities forms part of establishments' contingency arrangements, they should consider how funding for such arrangements may be protected for allocation in case of need. Consideration should be given well in advance and steps taken to ensure availability of funds, and of units for hire, when the time comes.
- Establishments using temporary storage facilities as part of contingency arrangements should complete a risk assessment to ensure that risks to security and the dignity of the deceased have been fully assessed and any necessary mitigating actions taken, such as additional porter training or revised standard operating procedures. Risk assessments should consider the risk of the occurrence of an HTA reportable incident by reference to each of the categories of reportable incident.
- Temporary storage facilities should have temperature monitoring systems and be located in a suitable and secure place and alarms should be checked regularly. If relying on an in-house chiller unit, this should be regularly serviced and tested. Temporary racking systems should be numbered to ensure the position of the deceased is easy to ascertain.

Transfers of bodies to other premises

45. The movement of bodies carries an inherent risk, and procedures for handling bodies and ensuring traceability are particularly important if capacity problems result in bodies moving between premises. Data show that more than half of establishments used storage at another HTA-licensed establishment or unlicensed body store during the period.

46. The transfer of bodies to other premises relies on the accepting establishment having the capacity needed to accommodate these bodies. While this may not be a problem where the contingency arrangements have had to be instituted to meet the requirements of one affected establishment (for example, as a result of a major equipment failure), if there were a local or regional requirement for additional capacity, the accepting establishment may find its extra capacity needed for its own purposes.

Recommendation

- In cases where establishments arrange for the transfer of bodies to other premises, such as another HTA licensed body store or funeral director, establishments should ensure that they keep robust records of traceability of bodies.

Contingency storage

Transfer to funeral directors

47. Around one quarter of establishments may transfer bodies to funeral directors for contingency storage.
48. As funeral directors are not subject to regulation, there is a risk that the storage facility itself, or practices relating to storage, may not be of an equivalent standard to those facilities subject to HTA regulation. It appears uncommon for mortuary staff to have taken steps to ensure the suitability of the premises and storage conditions provided, and establishments need to assure themselves that procedures at funeral directors are sufficiently robust to prevent loss of traceability and damage/deterioration of bodies.
49. There is a potential risk where several establishments in the same region use the same funeral director. The contingency arrangements may become overstretched at times of widespread local need, for example during winter months.
50. Storage of bodies at a funeral director prior to post mortem examination may take place for up to seven days, as this is considered to be incidental to transportation and therefore not subject to licensing. However, storage beyond that period can only take place on licensed premises.
51. Where an establishment needs to transfer a body for storage within a different Coronial district or at unlicensed premises prior to post mortem examination, they should notify and seek approval from the coroner for the body to be transferred.

Recommendations

- Transfer of bodies to a funeral director should not be relied upon as the sole arrangement for contingency storage of bodies. Where establishments do not have alternative arrangements, or regularly have to transfer bodies to funeral directors, they should develop their contingency plans further.
- Where establishments may transfer bodies to a funeral director for contingency storage, they must have robust procedures in place to ensure that the funeral directors premises and practices are suitable.
- Establishments should have a process for identifying which bodies should be moved to funeral directors' premises, for example, excluding those where the family has requested return of organs or tissue to the body before release.
- The Designated Individual should visit the funeral director's premises to assess their suitability and a thorough risk assessment of arrangements with funeral directors should be conducted. This should include consideration of procedures in place to prevent the occurrence of a serious incident, for example, whether there is a same/similar name system.
- Establishments should have documented agreements with any funeral directors that they may use for contingency storage. Consideration should be given to whether the funeral director provides contingency storage for other mortuaries.
- Standard operating procedures should be developed with details of when and whom to contact if any issues arise or there is a reportable incident.

Use of contingency arrangements

52. There are a number of factors, such as winter deaths, that may contribute to individual mortuaries and regions resorting to their contingency plans.
53. 60% of HTA-licensed establishments had to invoke their contingency arrangements at least once during the 12 months leading up to the compliance update. A number of establishments indicated that they had used contingency storage arrangements for a number of consecutive months during this period. Contingency plans were most commonly in use for a number of months during the winter period December 2014 to March 2015.
54. Contingency storage arrangements were in continuous use for one or more months at 35% of establishments. For 4% of establishments, they were in use for more than six months, in effect becoming part of these establishments' usual storage.
55. Some establishments indicated that they also used their contingency plans for a number of weeks over the Easter period in April 2015. This may reflect delays in releasing bodies to funeral directors around Bank Holiday closure periods, which places increased pressure on storage capacity at mortuaries.

Recommendations

- Continuous use over winter should lead to a thorough analysis of storage capacity and contingency arrangements within an area; if the level of reliance on contingency arrangements persists into winter 2015/2016, or becomes a long-term arrangement, capital investment may need to be considered if the risk persists, particularly in regions where the pressures seem to be greater as a whole.
- Any establishment whose contingency storage arrangements have been in use for more than six months, should assess the reasons for their continued use with a view to identifying ways in which procedures or practices might be changed to help free up space. This may include exploring options with other facilities and local authorities with regard to body release procedures.

Mutual Aid Agreements

56. Around 20% of establishments have signed up to a Mutual Aid Agreement with other organisations in the area (NHS Trusts, coroners, local authorities, etc) to assist one another when there are capacity shortages.
57. Mutual Aid Agreements set out the arrangements that may be invoked when one or more of the signatory organisations experiences an emergency or business continuity event that they are not able to deal with on their own. This may be the result of a major external incident, which impacts on other organisations within the vicinity, or an internal situation such as a major power failure or flood.
58. These agreements should provide a framework for requesting mutual aid, putting into effect the arrangement of resources and assets (e.g. human resources, financial resources, equipment or supplies, accommodation) in response to requests and organising the cessation of the agreement including, where relevant, the return of assets and resources. A key feature of a Mutual Aid Agreement is the principle of 'shared risk', which recognises that the risk of a major incident occurring is shared amongst signatory organisations. Any mutual aid provided by one signatory organisation to another is usually on the basis of 'shared risk'. Therefore, there is no cross-charging for mutual aid in an emergency situation.

Recommendations

- Establishments should consider entering in to Mutual Aid Agreements with neighbouring organisations in order that they can provide and obtain support during periods of capacity shortages.
- Where capacity issues are also being experienced by partner organisations which cannot be addressed through local arrangements, there should be alternative options for increasing storage capacity.

National resilience

59. Establishments may act as designated disaster mortuaries in the event of mass fatality incidents, as part of local or national resilience plans. Where an establishment has had to use its own contingency arrangements, it may affect its ability to act in this capacity for others. Perhaps more importantly, it puts pressure on spaces in the event of a mass fatality incident. Establishments should be clear about what space is available for routine contingency and what is set aside for mass fatality planning, so that one does not negate the other.

Recommendations

- Establishments should test out contingency arrangements to ensure they are fit for purpose. Contingency arrangements should be shared across a region to understand interdependencies and overlaps and ensure that there are no conflicting demands on the same resources.
- Contingency arrangements and mass fatality planning should be clearly differentiated.
- Establishments should ensure that they are aware of key contacts within their Local Resilience Forum and that they maintain regular communication about capacity and contingency arrangements.

Factors contributing to increased pressures on storage capacity

60. 70% of establishments stated that the number of adult bodies admitted to their mortuary from 1 June 2014 to 1 June 2015 exceeded that of the previous twelve months. There are a number of contributory factors.

Winter deaths

61. An increase in winter deaths is a key factor in the increase of adult bodies admitted to mortuaries during the period. An analysis of the data submitted to the HTA indicates an increase of around 20,000 bodies admitted to mortuaries during the winter period, i.e. between 1 December and 31 March (as defined by the Office of National Statistics (ONS)).
62. Whilst the ONS official report on Excess Winters Deaths up to the end of March 2015 was not available at the time of writing, it is clear that the winter period for 2014/2015 saw a large increase in numbers. Provisional data from the ONS for this period indicates that there were just under 205,000 deaths in England and Wales for the period December 2014 to March 2015, which compares to just under 174,000 for the same period the previous year, an increase of over 16% and a 15-year high.
63. The increased number of deaths during the winter period 2014/2015 explains, at least in part, the increased pressures on storage capacity experienced by establishments during this period. Establishments should be aware of local authority cold weather plans and take these into account in their planning and when developing contingency arrangements.

Recommendation

- Forward planning should include take into account local authority cold weather plans.

Factors contributing to increased pressures on storage capacity

Flow of bodies after approval for release

64. The HTA has been advised that, across the coroners service, the falling number of coroner's officers is thought to be contributing to delays in releasing bodies, as it is taking longer for them to liaise with families about the post-mortem examination process. Professor Hutton's recent report to the Minister of State for Crime Prevention (A review of forensic pathology in England and Wales) makes reference to the shortage of pathologists available to undertake post mortems and this may also have an impact on delays in releasing bodies. Where this appears to be the case, Designated Individuals should consider discussing the issue with the local coroner and within their establishment to identify mitigating actions to reduce the delays.
65. Many establishments experience difficulties with the flow of bodies once they have been approved for release for burial or cremation. Notably, none of these were in Northern Ireland, where custom and practice is for bodies to be released to families' funeral directors within 24 hours of death for prompt burial or cremation and there are well-established processes across the service to facilitate this.
66. Reducing delays in releasing bodies to funeral directors may help to alleviate some of the pressures on storage capacity in England and Wales. This can be difficult for establishments to achieve and liaison with other services and organisations is needed. Establishments in particular need to work more closely with their coroner, local authorities and funeral directors to understand the reasons for the delays and seek to find a workable solution to help alleviate the pressure on storage.
67. The HTA understands that that some funeral directors are failing to collect bodies promptly, because they themselves are experiencing capacity problems. Where this appears to be the case, Designated Individuals should raise the issue with the relevant funeral director. We are aware that this problem has been resolved by one establishment, by imposing a charge for storage where a funeral director does not collect a body that is ready for release within an agreed time period.

Factors contributing to increased pressures on storage capacity

68. Liaison with Bereavement Services and families can help to identify cases where the funeral may be delayed, and therefore help establishments to anticipate the possible need for longer term storage of the deceased.

Recommendations

- Establishments should have procedures to ensure that they identify cases where the release of the body may be delayed and to follow up cases where information allowing release of the body has not been received.
- Where establishments experience problems with delay in release of bodies they should liaise with the relevant party to ensure that they are working to address these issues and consider how procedures might be changed to improve release times.
- Local Authorities should have clear procedures in place which expedite the timely release and burial of deceased people who have no family members or whose families are not able to fund their funerals.

Factors contributing to increased pressures on storage capacity

Deprivation of Liberty Safeguards

69. In December 2014, the Chief Coroner issued new guidance on Deprivation of Liberty Safeguards (DoLS). This guidance relates to people who die at a timewhen they are deprived of their liberty under the Mental Capacity Act 2005 (MCA). Under the MCA, a person who lacks capacity and is in a hospital or care home for the purposes of being given care or treatment may be detained in circumstances which amount to a deprivation of their liberty. Therefore, if they die in a hospital or care home whilst the DoLS are in force, they must be the subject of a coroner investigation and inquest, whether the death was from natural causes or not. This means that coroners now investigate deaths that would not previously have been referred to them.
70. The new DoLS guidance means that bodies of the elderly who die in care homes may need to be transferred to mortuaries while subject to the coronial process, rather than going straight to the funeral director. This may increase the number of bodies admitted to mortuaries, as well as the duration of storage prior to their release.
71. It is difficult to assess from the available data the extent to which practices relating to the management of DoLS cases have increased the pressures on storage capacity. However, during the winter months, there is the potential for DoLS to exacerbate capacity problems faced by establishments.

Future pressures on storage capacity

72. Information from inspections has highlighted that whilst some establishments did not need to use contingency arrangements last winter, subsequent changes indicate that they may need to in future years.
73. Significant changes within NHS Trusts, such as the reconfiguration or expansion of services, and within local authorities, such as the closure of a public mortuary, may impact other establishments in the area. This may lead to bodies having to be moved to alternative storage facilities, which

needs to be risk assessed and factored into any plans being considered. In addition, any facility that is a designated emergency mortuary, or that has been identified by another establishment as the main provider of its contingency storage, should ensure that relevant parties are aware of any changes that may have an impact on its ability to fulfil these obligations.

74. In addition, the demographic of the United Kingdom is changing and the requirement for longer-term storage of bodies may increase across the country in coming years, as migrant populations increase and there are more cases where bodies require repatriation or families need to be located.

Storage capacity and funding requests

75. At the time of submission over a third of establishments had applied for capital expenditure within the previous two years to improve storage capacity.
76. Whilst a number of establishments did not indicate whether their funding applications were successful, 10% of establishments stated that their applications were unsuccessful.

Recommendation

- Establishments should keep under review their storage capacity and suitability of arrangements. Where establishments face on-going issues that they have not been able to resolve, they should contact the HTA, who may be able to advise on how capacity and contingency arrangements might be strengthened.

Summary of recommendations

Fridge and freezer storage

1. Establishments and organisations managing mortuary facilities should ensure that they have sufficient fridge and freezer storage capacity for their local needs. This may mean working with other local organisations and agencies to ensure a shared understanding and collaborative approach to dealing with shortages.
2. Establishments should have procedures in place which govern the movement of bodies into freezer storage.
3. Capacity should be periodically reviewed to ensure that the risk of shortages is identified promptly. Where capacity is considered a risk, consideration should be given to how to deal with this risk before it compromises service delivery and to whether capital expenditure is needed to increase capacity to mitigate risks to service delivery.
4. All establishments should ensure that they have suitable arrangements for storage of bariatric bodies. Establishments and organisations managing mortuary facilities should keep under review their capacity for storage of bariatric bodies and build into their plans actions that might be taken to address an increased need.
5. Where alternative arrangements for storage of bariatric bodies are used, establishments should ensure that they have robust, documented procedures for staff to follow in the event that these arrangements need to be implemented. Staff should be trained in these procedures and thorough risk assessments undertaken. The number of times that alternative arrangements are implemented for storage of a bariatric body should be recorded and used to inform regular review of the suitability of storage capacity.
6. Where establishments rely on transfer of bodies to other facilities for storage, they should ensure that they have robust procedures for transfer, including consideration of transfer of bodies out of working hours so that bodies are not stored inappropriately overnight or during weekends.
7. Establishments should ensure that they have robust temperature monitoring and alarm arrangements for all body storage facilities on their premises. External temperature alarm systems provide an effective solution if they trigger both when storage temperatures are too warm and too cold, and are regularly tested.

Summary of recommendations

Contingency storage

8. The hire of temporary storage units should not be the sole contingency arrangement for an establishment. Establishments should put in place other formally agreed arrangements for contingency storage.
9. Where the hire of temporary storage facilities forms part of establishments' contingency arrangements, they should consider how funding for such arrangements may be protected for allocation in case of need. Consideration should be given well in advance and steps taken to ensure availability of funds, and of units for hire, when the time comes.
10. Establishments using temporary storage facilities as part of contingency arrangements should complete a risk assessment to ensure that risks to security and the dignity of the deceased have been fully assessed and any necessary mitigating actions taken, such as additional porter training. Risk assessments should consider the risk of the occurrence of an HTA reportable incident by reference to each of the categories of reportable incident.
11. Temporary storage facilities should have temperature monitoring systems and be located in a suitable and secure place and alarms should be checked regularly. If relying on an in house chiller unit this should be regularly serviced and tested. Temporary racking systems should be numbered to ensure the position of the deceased is easy to ascertain.
12. In cases where establishments arrange for the transfer of bodies to other premises, such as another HTA-licensed body store or funeral director, establishments should ensure that they keep robust records of traceability of bodies.
13. Transfer of bodies to a funeral director should be not be relied upon as the sole arrangement for contingency storage of bodies. Where establishments do not have alternative arrangements, or regularly have to transfer bodies to funeral directors, they should develop their contingency plans further.
14. Where establishments may transfer bodies to a funeral director for contingency storage, they must have robust procedures in place to ensure that the funeral directors premises and practices are suitable.

Summary of recommendations

15. Establishments should have a process for identifying which bodies should be moved to funeral directors' premises, for example, excluding those where the family has requested return of organs or tissue to the body before release.
16. The Designated Individual should visit the funeral director's premises to assess their suitability and a thorough risk assessment of arrangements with funeral directors should be conducted. This should include consideration of procedures in place to prevent the occurrence of a serious incident, for example, whether there is a same/similar name system.
17. Establishments should have documented agreements with any funeral directors that they may use for contingency storage. Consideration should be given to whether the funeral director provides contingency storage for other mortuaries.
18. Standard operating procedures should be developed with details of when and whom to contact if any issues arise or there is a reportable incident.

Use of contingency arrangements

19. Continuous use over winter should lead to a thorough analysis of storage capacity and contingency arrangements within an area; if the level of reliance on contingency arrangements persists into winter 2015/2016, or becomes a long-term arrangement, capital investment may need to be considered if the risk persists, particularly in regions where the pressures seem to be greater as a whole.
20. Any establishment whose contingency storage arrangements have been in use for more than six months, should assess the reasons for their continued use with a view to identifying ways in which procedures or practices might be changed to help free up space. This may include exploring options with other facilities and local authorities with regard to body release procedures.

Mutual Aid Agreements

21. Establishments should consider entering in to Mutual Aid Agreements with neighbouring organisations in order that they can provide and obtain support during periods of capacity shortages.

Summary of recommendations

22. Where capacity issues are also being experienced by partner organisations which cannot be addressed through local arrangements, there should be alternative options for increasing storage capacity.

National resilience

23. Establishments should test out contingency arrangements to ensure they are fit for purpose. Contingency arrangements should be shared across a region to understand interdependencies and overlaps and ensure that there are no conflicting demands on the same resources.
24. Contingency arrangements and mass fatality planning should be clearly differentiated.
25. Establishments should ensure that they are aware of key contacts within their Local Resilience Forum and that they maintain regular communication about capacity and contingency arrangements.

Factors contributing to increased pressures on storage capacity

26. Forward planning should include take into account local authority cold weather plans.
27. Establishments should have procedures to ensure that they identify cases where the release of the body may be delayed and to follow up cases where information allowing release of the body has not been received.
28. Where establishments experience problems with delay in release of bodies they should liaise with the relevant party to ensure that they are working to address these issues and consider how procedures might be changed to improve release times.
29. Local Authorities should have clear procedures in place which expedite the timely release and burial of deceased people who have no family members or whose families are not able to fund their funerals.
30. Establishments should keep under review their storage capacity and suitability of arrangements. Where establishments face on-going issues that they have not been able to resolve, they should contact the HTA, who may be able to advise on how capacity and contingency arrangements might be strengthened.