

## **CABINET**

<b>DATE</b>	11 <sup>th</sup> August 2021
<b>REPORT OF</b>	Councillor Stan Shreeve: Deputy Leader and Portfolio Holder for Finance, Resources and Assets
<b>RESPONSIBLE OFFICER</b>	Sharon Wroot Executive Director for Environment, Economy and Resources
<b>SUBJECT</b>	Potential Merger of Coronial Jurisdictions
<b>STATUS</b>	Open Report/Open Appendices A and B
<b>FORWARD PLAN REF NO.</b>	CB 06/21/08

### **CONTRIBUTION TO OUR AIMS**

The Coroner's Service provides a valuable and much needed service to the residents of North and North East Lincolnshire. The potential merger of the coronial jurisdiction will bring resilience to the service, contributing to the aims of Stronger Communities.

### **EXECUTIVE SUMMARY**

The merger of coronial jurisdictions is at the combined instruction of the Office of the Chief Coroner and Ministry of Justice. The final decision as to merger sits with the Chief Coroner but Cabinet is asked to express its preference on the direction of merger, and this will be communicated to the Chief Coroner and Ministry of Justice.

Business cases for each principal option, merger with;  
Lincolnshire County Council; and  
Hull and East Riding.  
appear at Appendices A and B respectively.

The business cases consider the many facets of merger in more detail and are based around the template issued by the Office of the Chief Coroner.

### **RECOMMENDATIONS**

It is recommended that Cabinet:

1. Delegates authority to the Executive Director for Environment, Economy and Resources in consultation with the Portfolio Holder for Finance, Resources and Assets to support a merger of coronial jurisdictions with Lincolnshire County Council and engage with the Office of the Chief Coroner and Ministry of Justice on that basis.

### **REASONS FOR DECISION**

North East Lincolnshire Council is the lead authority for the coronial jurisdiction of

Grimsby (North East Lincolnshire) and North Lincolnshire. The Senior Coroner is appointed by the local authority but works to the Chief Coroner under the Ministry of Justice. To support the Senior Coroner, the local authority has a duty to provide coroners officers, administrative support and suitable accommodation for the Senior Coroner to undertake his/her duties to the area.

The Chief Coroner has expressed the desire to reduce the number of coronial jurisdictions across the country and that the opportunity for merger should be fully explored when circumstances permit.

In December 2018 our Senior Coroner retired and therefore, before being authorised to recruit a replacement, merger must be considered.

## **1. BACKGROUND AND ISSUES**

- 1.1 There are currently 88 coroner areas in England and Wales. In 2016 updated guidance was issued by the Chief Coroner on the merger of coronial areas, which followed the recommendations in the Luke Review of 2003 that recommended: *“the number of coroner areas, should be reduced in order to create sensibly sized coroner areas, taking into account the number of reported deaths, geographical size and types of coroner work in the area”*.
- 1.2 The Chief Coroner and Ministry of Justice have recently reiterated their long-term plan to reduce the number of coroner areas to 75 and to explore the opportunity of merger of coroner areas when the opportunity arises, invariably when a Senior Coroner retires.
- 1.3 Following the retirement of our Senior Coroner in December 2018 the instruction from the Office of the Chief Coroner and Ministry of Justice was to look to merge with a neighbouring jurisdiction before the recruitment of replacement Senior Coroner could be contemplated.
- 1.4 Initially the instruction from the Office of the Chief Coroner and Ministry of Justice was to look to the north, to merge with Hull and East Riding and initial engagement and preparatory work was undertaken with Hull City Council, the lead authority for Hull and East Riding.
- 1.5 Further instructions were then received to look to the south and Lincolnshire County Council.
- 1.6 In the interim the Chief Coroner and Ministry of Justice have only agreed to the appointment of an Acting Senior Coroner for the area (supported by an Assistant Coroner) but not a permanent replacement, pending exploration of options for merger. Furthermore, following the departure of the Senior Coroner for Lincolnshire in September 2020 a similar embargo has been placed on the Lincolnshire Coroners Service by the Chief Coroner and Ministry of Justice.
- 1.7 Despite the express instructions from the Office of the Chief Coroner and Ministry of Justice, at its Cabinet meeting on 23 November 2020, Hull City Council resolved to make an application to the Chief Coroner for the merger of the two current coroner areas that cover the area for the Humber, namely the

East Riding and Hull area and the Grimsby and North Lincolnshire area to create a new integrated Humberside coroner area. A copy of the supporting report is attached, including draft business case at Appendix B.

- 1.8 However, substantive dialogue and joint working has continued with the Lincolnshire Coroners Service (for which Lincolnshire County Council is the administering authority) to create a new 'Greater Lincolnshire' coroner area.
- 1.9 At its meeting on 25 June 2021, the Greater Lincolnshire Joint Strategic Oversight Committee considered a report on the progress of the discussions that have taken place over several months between officers of North Lincolnshire Council, North East Lincolnshire Council and Lincolnshire County Council to develop a merged coronial area for Greater Lincolnshire. The Committee resolved that a merger of the current coroner area for Grimsby and North Lincolnshire and Lincolnshire be supported and pursued to develop a new coronial area for Greater Lincolnshire, with Lincolnshire County Council as the lead authority.

## **2. RISKS AND OPPORTUNITIES**

- 2.1 There can never be absolute certainty around the financial implications of an exercise such as envisaged by this report. There are needs to mitigate any arising cost pressures and for these to be accounted for in any final cost share agreement, being part of the phased approach advanced within this report.
- 2.2 The embargo on appointing a Senior Coroner is putting pressure on the services and all services are experiencing a backlog in inquests due to the COVID pandemic.
- 2.3 As merger advances there may be savings to be had in amalgamating commissioned services based upon volume and geography.

## **3. OTHER OPTIONS CONSIDERED**

- 3.1 There are three options to consider:
  - 3.1.1 Option 1 – maintain the current North Lincolnshire and Grimsby coroner area.
  - 3.1.2 Option 2 – agree to proceed with the Greater Lincolnshire business case and work with partners to develop merged service plan for a new Greater Lincolnshire coroner area.
  - 3.1.3 Option 3 - agree to proceed with the Humberside business case and work with partners to develop merged service plan for a new Humberside coroner area.
- 3.2 Option 1
  - 3.2.1 The North Lincolnshire and Grimsby coroner area and service has been in place since 1996 - as per The Humberside (Coroners) Order 1996 - and has been providing an effective and low-cost service to residents since. However, this is a difficult option to sustain given the instruction from the Office of the Chief Coroner to consider a merger with a neighbouring jurisdiction to form a larger coronial area.

### 3.3 Option 2

3.3.1 Merging with Greater Lincolnshire gives rise to a series of opportunities and risks, some of which are considered in the draft business case in Appendix A. It must be noted that the positive, constructive and collaborative engagement between Lincolnshire County, North Lincolnshire and North East Lincolnshire Councils and the supporting project group has aided progress to date.

3.3.2 The main opportunities of a merged and enlarged coroner area, irrespective of which, are as follows:

- 3.3.2.1 The creation of a single team means that the service would have greater capacity.
- 3.3.2.2 Harmonisation of best practice processes leading to a more efficient and effective operation.
- 3.3.2.3 Better use of technology, with an increased role for technology improving the user experience.
- 3.3.2.4 Improved resilience to deliver the service and additional resources to deal with fluctuations in service demand.
- 3.3.2.5 Opportunities in respect of maximising geographic advantages, reducing travel/conveyancing where possible.
- 3.3.2.6 Enable improved business continuity planning for the service as a whole.
- 3.3.2.7 Potential synergies that could lead to reductions in part of the cost base.

3.3.3 However, the merger and creation of a Greater Lincolnshire coroner area would form a single region, consistent with emerging and developing collaborative arrangements across the three upper tier councils on a broad range of issues both strategically and on service delivery.

3.3.4 The main risk of a merged Greater Lincolnshire coroner area is the potential impact to the cost base. The North Lincolnshire and Grimsby service is comparatively low cost, whereas the Lincolnshire service is comparatively high cost based on a range of measures (cost per death/capita/referral). The project group have recognised this, and are working to best understand these differences with a view to understanding the fairest way to share, which conforms to the underpinning principles supporting the merger being:

- 3.3.4.1 No increase in cost to any of the three authorities
- 3.3.4.2 Phased approach to cost sharing to ensure the above.
- 3.3.4.3 Staff and service delivery (inquests) retained in current localities to ensure communities are served appropriately.
- 3.3.4.4 Shared governance through committee and operational board including decisions on moving to next phase.
- 3.3.4.5 Adoption of relevant IT and technological solutions to improve service to the public and drive efficiencies.

3.3.5 Based on the first two principles, the intent is not for one local authority to benefit financially at the expense of another and therefore there is confidence that this risk can be mitigated through further development of the cost sharing mechanism. The phased approach to cost sharing also provides security, in that all parties need to agree before this can be enacted.

3.3.6 In summary, there are potentially significant benefits to the residents of North Lincolnshire of this merger. The merger and creation of a Greater Lincolnshire coroner area and service could improve the experience for bereaved residents, with greater capacity and better use of technology. The resident experience will remain central to service planning. Notwithstanding the financial risk identified, this is the preferred option.

### 3.4 Option 3

3.4.1 As noted in 1.7, Hull City Council resolved to make an application to the Chief Coroner for a merged Humberside coronial service. North and North East Lincolnshire did not contribute towards this report in any way, other than to state that it needed all available options to be fully developed before considering which to adopt as its preferred option. The business case can be seen in Appendix B.

3.4.2 Many of the benefits stated within option 2 also apply to option 3, in that a larger coronial area and service will have increased resilience, capacity and make better use of technology. It would also allow for staff localities to remain unchanged. In addition to this, a merged Humberside service would also have the benefit of aligning with Humberside Police and Fire, and the Humberside Resilience Forum.

3.4.3 However, it is important to consider that it is not a requirement for a coronial area to fall within the boundary of one police/fire authority and as such this should not stop the development of a different solution if the perceived benefits to residents could be greater, with improved outcomes in keeping people safe, well, prosperous and connected. Also, working with more than one police force could be really positive if best practice can be implemented area wide.

3.4.4 The creation of a new Humberside coroner area would not be consistent with stated aim of Lincolnshire County Council, North Lincolnshire Council and North East Lincolnshire Council to work collaboratively on a greater Lincolnshire footprint.

## **4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

4.1 The retention of service provision (administrative centre and inquest provision) within the borough will mitigate any such concerns.

4.2 In any event the process will attract formal consultation by the Office of the Chief Coroner encompassing the views of both the public and all stakeholders.

## **5. FINANCIAL CONSIDERATIONS**

5.1 A detailed breakdown of current and future financing has been analysed in preparation for this report, which demonstrates that whilst combining services but sharing a Senior Coroner, a small saving will be made. Any savings will be shared on a per capita basis.

5.2 There are disparities between current funding and contractual models, and it is recommended that a phased approach to shared financing is taken with appropriate oversight before advancing to the next phase.

- 5.2.1 Phase 1 • All staffing (Coroners and officers) costs to be covered as per current split 76% /24% to ensure no party pays more than currently.

Contracted services (Post mortems, Removals, Transfers and Storage) to remain as is.

- 5.2.2 Phase 2 • Move to a per capita split for all staffing costs and contracted services (Post mortems, Removals, Transfers and Storage) to remain as is.

- 5.2.3 Phase 3 • Per capita split for all staffing costs and contracted services. Contracted services to have been fully reviewed and re tendered.

## **6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

- 6.1 The decision to support direction of the proposed merger will not raise any such issues.

## **7. CONSULTATION WITH SCRUTINY**

- 7.1 It is proposed that the Communities Scrutiny panel be periodically updated as to progress with the proposed merger.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 There are no significant financial implications arising from the recommendation to support a merger of coronial jurisdictions with Lincolnshire County Council. However, there may be opportunities to generate some efficiency savings over time.

## **9. LEGAL IMPLICATIONS**

- 9.1 The phased approach outlined above will enable a measured advancement to merger and permit mitigation of arising risks, whilst closer working relationships are being established. Whilst Cabinet is being asked to express its preference of direction, the merger will ultimately be made by way of statutory instrument at the hands of Ministry of Justice and with parliamentary support.

## **10. HUMAN RESOURCES IMPLICATIONS**

If option 2 is the preferred way forward, then there could be significant impact on council staff. Employment matters will be dealt with in accordance with established HR procedures in order to achieve the proposals identified. Staff will need to be informed and engaged in the shaping of the proposals before any public announcements/decisions. Staff will need to be kept informed throughout any consultation process as appropriate in accordance with procedural and legal requirements

## **11. WARD IMPLICATIONS**

All wards will be affected.

## **12. BACKGROUND PAPERS**

None

### **13. CONTACT OFFICER(S)**

Sharon Wroot  
Executive Director for Environment, Economy and  
Resources  
01472 324423

Simon D. Jones  
Assistant Director Law, Governance and Assets  
(Monitoring Officer)  
01472 324004

**COUNCILLOR SHREEVE**

**DEPUTY LEADER AND**

**PORTFOLIO HOLDER FOR FINANCE, RESOURCES AND ASSETS**

**Draft V4.2**

**Business Case to the Chief Coroner  
for merging the  
Lincolnshire Coroner Area  
and  
North Lincolnshire and Grimsby Coroner Area**

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- 2. Senior Coroner Appointment**
- 3. Impact of proposed Merger on Service Delivery**
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- 5. Resource implications**
- 6. Risks and Mitigation**

## **Appendices**

**Appendix 1 – Map of the proposed Greater Lincolnshire Coroner Area**

**Appendix 2 – Staff Structure charts**

**Appendix 3 – Performance statistics**

**ALTERATION OF CORONER AREAS UNDER SCHEDULE 2 OF THE CORONERS AND JUSTICE ACT 2009<sup>1</sup>**

**MINISTRY OF JUSTICE BUSINESS CASE TEMPLATE FOR MERGERS**

**NAMES OF CORONER AREAS THAT ARE PROPOSING TO MERGE**

- Lincolnshire, North Lincolnshire and Grimsby Area

**PROPOSED NAME OF NEW AREA**

- Greater Lincolnshire Area

**1. INFORMATION ON AREAS THAT PROPOSE TO MERGE**

- Please provide key details in the table as follows:

<b>Coroner area</b>	<b>Lincolnshire</b>	<b>North Lincolnshire and Grimsby</b>	<b>Proposed: Greater Lincolnshire</b>
Geographical area covered	Lincolnshire	North Lincolnshire and North East Lincolnshire	Lincolnshire, North Lincolnshire and North East Lincolnshire
Local authority/ authorities that fund(s) coroner area and %	Lincolnshire County Council 100%	North Lincolnshire 49% North East Lincolnshire 51%	3 stage phased approach culminating on a per capita split Lincolnshire 69.6% (761,224), North Lincolnshire 15.8% (172,763), North East Lincs 14.6% (159,942).
Relevant authority (formerly lead authority)	Lincolnshire County Council	North East Lincolnshire Council	Lincolnshire County Council (TBC)
Police Force(s)	Lincolnshire	Humberside	Humberside and Lincolnshire Police forces
Transport links	East Midlands Mainline train route from London to the north/Scotland A1 main road A52 east/west road  Large volume of A roads and country roads  Numerous large Royal Air Force	A180 Transpennine Services  Grimsby Docks  South Humber Bank Industries  Immingham Docks  Humberside Airport	All combined

<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2009/25/schedule/2>

Coroner area	Lincolnshire	North Lincolnshire and Grimsby	Proposed: Greater Lincolnshire
	<p>bases the largest being RAF Waddington. Also RAF Coningsby, RAF Digby, RAF Scampton and RAF Cranwell</p> <p>Boston Docks</p> <p>A16 and A15</p>		
Major hospitals	<p>United Lincolnshire Hospitals Trust –</p> <ul style="list-style-type: none"> <li>- County Hospital Lincoln</li> <li>- Pilgrim Hospital Boston</li> <li>- Grantham</li> </ul> <p>Lincolnshire Community Health Service</p> <p>Hospitals at Grantham, Louth Gainsborough, Spalding and Skegness</p>	<p>Diana Princess of Wales, Grimsby</p> <p>Scunthorpe General Hospital</p> <p>St Hughes Hospital, Grimsby</p>	All combined
Prisons in area	HMP Lincoln HMP North Sea Camp	None	All combined
Other state detention facilities	<p>Morton Hall Immigration Removal Centre Swinderby Lincolnshire</p> <p>Lincolnshire Police Custody Suites Skegness, Grantham, Boston and Lincoln (66 Cells)</p> <p>Secure Centre-Sleaford</p> <p>Mental health Secure unit</p>	<p>Humberside Police Custody Suite (36 cells)</p> <p>Any other secure setting DoLs etc?</p>	All combined

<b>Coroner area</b>	<b>Lincolnshire</b>	<b>North Lincolnshire and Grimsby</b>	<b>Proposed: Greater Lincolnshire</b>
	(NB – large volume of nursing homes in relation to DoLS)		
Courtrooms/ inquest venues	Myle Cross Centre, Lincoln  Lindum road, Lincoln  Endeavour House, Boston	Grimsby Town Hall  Cleethorpes Town Hall  North Lincolnshire Civic Centre	All combined
Office/staff accommodation – location and capacity	Structure chart (Appendix 2) Located at Lincoln Registration Offices and Boston ... Smart working introduced to allow flexibility to location/ homeworking.	Structure Chart ( Appendix 2) Located at Cleethorpes Town Hall	Combined to one Area Team Structure. Location of staff to be as now. Technology to be maximised to allow flexible locations
Employer of coroner's officers'	Lincolnshire County Council	North East Lincolnshire Council	Lincolnshire County Council (TBC)
Name of senior coroner	Acting Senior Coroner Paul Smith	Acting Senior Coroner Mark Kendall	To be appointed in line with CC guidance
Number of area coroners	1(vacant due to acting up to senior)	None	One
Number of assistant coroners	3	Two including one assistant Coroner currently acting up as Senior Coroner	6 proposed to bring in line with Chief Coroner Guidance to do circa 15 days per year
Number of coroner's officers	1 Coroners Manager 7.5f fte Coroners Officers 0.8 fte Coroners Development Officer	3.06 fte Coroners Officers	1 Coroners Manager 1 Senior Coroners Officer 9.5 fte Coroners Officers 0.8 Coroners Development Officer
Number of administrative support staff	4 fte	1	5 fte

Coroner area	Lincolnshire	North Lincolnshire and Grimsby	Proposed: Greater Lincolnshire
Number of deaths reported in the previous calendar year (2020)	3272	1279	Circa 5000
Inquests held in the previous calendar year (2020)	425	114	Circa 540
Post mortem rate as % of reported deaths in the previous calendar year (2020)	38%	38%	Circa 38%

Please note attached map of the proposed area as Appendix 1.

## 2. SENIOR CORONER APPOINTMENT

- **Why are you seeking a merger now (i.e. which area's senior coroner is stepping down, when and why)?**

The Senior Coroner for Grimsby and North Lincolnshire retired in December 2018, at this point the Chief Coroner advised North and North East Lincolnshire Councils they could not move to appoint a new Senior Coroner but needed to consider the merger with another area as the referral numbers were lower than those proposed under the model coroners area 1,700 rather than 3,000. Following a direction to discount any merger northwards with Hull and East Riding, discussions were held with the then Senior Coroner for Lincolnshire Mr T. Brennan, In September 2020 Mr Brennan moved to take up an appointment in Manchester West, since this date the Area Coroner for Lincolnshire Mr P Smith as acted up as Senior Coroner, leaving Lincolnshire without the benefit of an Area Coroner until the matter of a merger is resolved.

There is positive political and officer support for the merger into a Greater Lincolnshire area, partially down to the collaborative manner in which this proposal has been developed.

### 1. IMPACT OF PROPOSED MERGER ON SERVICE DELIVERY

- **What will be the impact of the proposed merger on service delivery?**

The current service delivery model in terms of how residents access the coroners service, need not change, it is anticipated that current arrangements will be maintained to ensure there is no impact on service access, and that it continues to be delivered within the local community. However the recent restrictions resulting from Covid have meant that in person hearings have had to be limited, LCC have invested in remote technology to allow

participation in parties to participate in hearings. This remote option has been welcomed and is something that will be developed across all court buildings within the merged area.

The creation of a single team and harmonisation of processes and better use of technology can only deliver efficiencies and improved performance for residents. The proposed merger will also give better resilience to deliver the service and additional resources to deal with fluctuations in service demand. It will also enable improved business continuity planning for the service as a whole.

The merger with Lincolnshire would also form a single region, particularly under emerging collaborative arrangements across the three tier 1 councils. The new service is clearly out of kilter with historical regional working across the old Humberside region; however there are strong plans in place across the three councils that make up the Greater Lincolnshire area to work closely on a broad range of issues both strategically and on service delivery.

**Will additional coronial or administrative support be provided in the new area? (E.g. will additional coroners need to be recruited or will workloads be increased/redistributed etc.? How will additional caseloads be managed?)**

Coronial Support - In terms of coronial support the merger benefits include access to a full time Senior Coroner, full time Area Coroner and a larger pool of assistants, to manage the workload, respond to fluctuations in demand, and improve the timelessness of inquests held. The full time fixed cost of a senior coroner and an area coroner removes the unforeseen impact on budgets in the event of additional day rate inquests costs, which local authorities with part time coroner's experience.

**What will be the impact of the merger on associated services – such as post-mortem examinations, and mortuary provision?**

The merger to one coronial area would have a positive impact on all three local authorities in terms of resilience of service and longer term cost reduction in post mortem fees, as well as improved performance for families.

Lincolnshire already has a good spread of providers including Hull Royal Infirmary, whilst Grimsby and North Lincolnshire utilise the smaller facilities at Lincoln County Hospital. PM work would be redistributed to ensure minimal transportation for the deceased and their families. The availability of 4 different providers of PM facilities allows for strong resilience of service provision.

The larger pool of pathologists in the new area would improve current resilience and ensure the timeliness of post mortems is maintained, when it is known that nationally there is shortage. Timeliness of post mortems has a significant impact on the whole bereavement journey for families, and affects performance of the local registration service, who endeavour to conduct the registration within 7 days of the date of death, where a post mortem has been conducted.

The new service will also explore the possibility of a Digital Autopsy provision from all its providers, to carry out non-invasive post mortems where possible, to seek greater reduction in costs of post mortems. This approach is increasing nationally within coroner services, responding to customer requests for choice and providing longer term mitigation to the risk of fewer pathologists available to conduct regular evasive post mortems. Coronial pathology is a reducing profession, and digitisation of post mortems is proving to provide an efficient alternative.

**How will the relevant local authority administer the new coroner area?  
How will administrative governance be achieved between the relevant local authority and other funding local authorities?**

It is proposed that Lincolnshire County Council will be the Lead Authority for the new Greater Lincolnshire Area. It is preferred that the merger incorporates a TUPE transfer of staff to Lincolnshire County Council from NE Lincolnshire, to create a newly formed Greater Lincolnshire Team to deliver the service and realise the financial and efficiency benefits of a single team. It is envisaged however that staff will remain in situ within NE Lincolnshire and continue to provide a local service to N/NE Lincolnshire residents. The new area will be governed in the form of an agreed Service Level Agreement across the three constituent authorities. The service level agreement is being developed to ensure no financial disadvantage to any party and will therefore take a phased approach to how costs are shared.

It will be essential for the new combined service to use the same IT systems so that there are shared processes and procedures across the new service. It is proposed to extend the licence for WPC, currently used by Lincolnshire to cover the North and North East Area and thus bring a transformation to existing outdated systems and processes.

The new system provides staff and coroners the flexibility to work remotely, at home and at any location with a Wi-Fi connection. Coroners officers work to a workflow system to receive referrals digitally from other parties (including the direct transfer into the system through a referral portal, and coroners authorise post mortems, sign authorities digitally and can view case files digitally in court or provide paper bundles.

### **Improved Performance**

A merger to one area, harmonising processes and making better use of a digital workflow system will bring the following benefits;

- An improvement in the quality and consistency of the referral – all referrals now received in writing. Information is received in a logical order using a template to receive the information. We also will work closer with local GMC and MEs and therefore anticipate a reduction in the number of referrals.
- The data received is safe and secure, and each referral will pre populate and create a case within the system to prevent re-keying of information by staff. Reducing error rates and supporting our duty under GDPR.
- The system introduces a paperless service, saving on accommodation and storage facilities; the reliance on paper files is being reduced. The need for paper record retention and management is drastically reduced and therefore overtime, costs reduced on physical archiving.
- System available remotely for out of hours cover.

## **2. IMPACT OF MERGER ON THOSE WORKING IN / WITH THE SERVICE**

**What will be the impact of the merger on:**

**Coroners**

**Coroners' officers**

**Other staff in the coroner's offices**

**Pathologists**

Coroners – The Senior Coroner personally conducts the more complex, highly sensitive inquests, and believes it is reasonable to be able to take on the additional workload of cases

within the extended area, with the support of the Area Coroner. An open competition will be managed to recruit a new Senior Coroner for the merged area.

Coroner's officers – It is proposed that staff currently within NE Lincolnshire will transfer to the employment of Lincolnshire County Council; however arrangements are made for them to remain in their current location, in order to continue to provide the service locally. Lincolnshire has an experienced Coroners Service Manager already in place, to train and support coroners officers. The Service Manager is dedicated to the Coroners service and therefore can focus on developing its officers and service development. All Coroners officers will need to work to the same processes and computer system. Staff have been kept updated as the merger business case has been developed however a formal staff consultation will be required to ensure that this transition is managed smoothly with minimal service impact.

A new Team of 11 coroner's officers will provide greater resilience for the receiving of day to day referrals and will provide opportunities for improved business continuity planning should the operation at any of the individual sites be disrupted for any reason. The new IT system will allow any member of staff to access any case referral, allowing other staff to pick up the work in the absence of others. The Covid 19 situation has also highlighted the benefits of remote working and the ability to access all systems to deliver the service at home. The larger team includes a management and senior officer post therefore allowing for career progression and therefore better staff retention and knowledge development.

The current administrative support staff structure is resourced adequately to support the new combined area.

We see improvements for pathologists with the availability of a dedicated link role via the Coroners Development Officer and Coroners Services Manager. Also the access to electronic report transfers. The development role provides a key contact for contracted parties, whilst also ensuring processes are developed in an evolutionary process.

### 3. RESOURCE IMPLICATIONS OF MERGER

#### Current Total Service Budgets

The current total budgeted costs for each Coronial Area for 21/22 are shown below.

	<b>Grimsby and North Lincolnshire</b>	<b>Lincolnshire</b>
<i>Senior Coroner</i>	88,571	163,172
<i>Area Coroner</i>		128,809
<i>Assistant Coroners</i>	8,000	20,000
<i>Total</i>	96,571	311,981
<i>Service Team-Officers/Manager</i>	141,200	450,296
<b>Total people costs</b>	<b>237,771</b>	<b>761,752</b>
<b>Contract Costs</b>	<b>317,600</b>	<b>1,428,670</b>
<b>Other Costs</b>	<b>15,200</b>	<b>81,766</b>

<b>Total Cost</b>	<b>570,571</b>	<b>2,272,188</b>

The table below shows total costs per authority based on current cost splits

Authority	Percentage contribution
Lincolnshire County Council	100%
North Lincolnshire Council	52%
North East Lincolnshire Council	48%

### Greater Lincolnshire Proposed Costs Split

The end approach will be to split costs based on a per capita basis, however due to the divergence of the current cost basis a phased approach will be taken to cost sharing that will therefore be able to take account of the development of efficiencies in systems and contract reviews. This approach will be managed by a MOU and Service Level Agreement between the 3 authorities.

Population	Number	%
Lincs	761,224	69.7%
N Lincs	172,763	15.8%
NE Lincs	158,327	14.5%
<b>Total</b>	<b>1,092,314</b>	<b>100%</b>

#### Phase 1

All staffing (Coroners and officers) costs to be covered as per current split 77% Lincolnshire 23% to ensure no party pays more than currently.

Contracted services (PM, Removals, Transfers and Storage) to remain as is.

#### Phase 2

Move to a per capita split for all staffing costs as shown in Table 2.

Contracted services (PM, Removals, Transfers and Storage) to remain as is.

#### Phase 3

Per capita split for all staffing costs and contracted services. Contracted services have been fully reviewed and re tendered.

### Further Expected savings

It is clear that a merger will longer term, achieve efficiency savings from a number of areas, which all local authorities will benefit. The following points are listed as potential areas to consider in more detail,

- Reduction in referrals, leading to a reduction in required staff resource; achieved by working with referring agencies such as ambulance trusts and medical examiners
- Saving on expert medical witnesses attending inquest: achieved by the adoption of technology within the court room.
- Utilise full time Senior and Area Coroner

- Review of Post Mortem contracts including exploration of public mortuary facility
- Review and re procurement of transportation of the deceased.
- Reduction in IT costs, merging to one system, savings can be made to annual maintenance and licence charges.
- The day to day management of the service will be covered by the Lincolnshire Coroner's Service Manager, supported by the development officer continual improvements and efficiencies can be identified.
- Automation of admin process: achieved through WPC capabilities adopted fully.

## LEGAL IMPLICATIONS

- **Are you aware of any legal issues that need to be resolved before a merger can go ahead (in addition to the Lord Chancellor making an order under Schedule 2 of the 2009 Act)? If so please give details.**

The TUPE transfer of staff to Lincolnshire Council will need to take place, prior to the merger going ahead.

## VIEWS OF THOSE AFFECTED BY MERGER

- **Do all affected local authorities support the merger? Please provide details.**

Yes the proposal has received support from the Leaders and Chief Execs of all 3 councils. Initial discussions with Members show that they support the proposed merger in principle as this business case sets out it will lead to the provision of better services, greater resilience and realisation of savings/efficiencies, to the benefit of all stakeholders and customers, whilst retaining local service delivery. The three upper tier authorities of Greater Lincolnshire have established a joint committee to facilitate cooperation and collaboration in the development of opportunities to gain greater alignment across Greater Lincolnshire, where scale and scope are required and can enhance upper tier

- **Have the local authority councillors / cabinets approved the merger? Please provide details.**

*Comments will be added when the business case has been considered by the cabinet/executive of **all authorities involved in the merger.***

- **What is the view of affected coroners and their staff?**

*Initial discussions indicate that the coroner and their staff agree that the merger is the right thing to do to enhance the service.*

Comment from Paul Smith HM Acting Senior Coroner fro Lincolnshire

"I fully support this proposed merger of the Coroner areas. As noted within the House of Commons Justice Committee Report of May 2021, for many years the consistency of Coroner services has suffered from the absence of a unified national Coroner Service. Successive Chief Coroners have encouraged the merger of Coroner areas where appropriate, with a view to there being fewer Coroner areas, each dealing with greater numbers of referrals. The quality of service currently provided nationally all too often depends upon the priorities and funding available from each Local Authority.

In Lincolnshire we have recently addressed that issue through our Coroners Transformation Project. That has provided an opportunity to review in depth the quality of the service provided to our bereaved families. It has proved very successful. We have reviewed the relationships between the Local Authority and the Coroner Service and have identified common aims. We have made a number of improvements to our systems, including the way in which referrals are received, the manner in which our caseload is managed, and how and where inquests are heard. The development of IT has a significant role to play at all stages of our service. We are confident that the improvements made will improve the quality of the service that we provide to our bereaved families. It is crucial that their interests remain at the heart of all that we do. I believe that the merger of the two areas will permit us to build upon the success of that project. It will enable us to deliver a more consistent, resilient, timely and efficient service across the whole area and will provide a platform for the continued development of Coroner services across the whole area."

- **How will bereaved people be affected by the merger – e.g. travelling to inquests, being able to contact coroners' offices?**

The location to which inquests are held is unchanged, and the new Greater Lincolnshire area will continue to ensure the customer remains at the focus of any developments, service changes. In addition, customers could under the new Lincolnshire area, request the inquest to be held at any one of the designated court rooms across the area, providing greater choice and flexibility.

- **Have you sought the views of other affected stakeholders - such as police authority and constabulary, hospitals, prisons, GPs, faith groups and funeral directors? Please provide details.**

Following the Joint Committee decision to progress this through to the formal decision making process, a short consultation by letter will be carried out with key stakeholders, to gather their views on the Greater Lincolnshire proposal. *Wording of letter to be agreed to ensure the matter is not construed as a predetermination of any formal decision.*

- To provide a more consist and efficient service to communities.
- A larger coronial jurisdiction would create opportunities to share and learn good practice.
- In the medium to long term, the proposal would provide options to deliver some economies of scale.

#### **What are the views of other stakeholders?**

Lincolnshire County Council, North and North East Lincolnshire council's support the merger, due to the potential benefits listed above, including potential cost savings, increased resilience a merger brings to the service, and improvements to bereaved families. However the completed business case will need to be approved by all Cabinets.

*The national medical examiner service – comments to follow*

- **What impact will the merger have in terms of disability, gender and racial equality?**

*An Equalities Assessment is to be completed.*

#### 4. RISKS AND MITIGATING ACTIONS

- Please provide details of any risks identified and mitigating action (to be) taken.

A Risk Register will need to be created, however initial risks identified below;

Risk	Mitigation
Insufficient capacity to deliver the merged service.	An increased staff team will allow a more flexible service to be delivered and allow for coverage of staff absence. The use of the Area Coroner and experienced Assistants are already in place to support the wider area. Potential changes to the IT system and working electronically will enable coroner's office staff to meet the demands of the new area.
Failure of operations, systems or processes	Lincolnshire has recently under taken a robust transformational review of all its processes, it is expected these along with associated IT will be adopted across the whole area, supported by an SLA. There remains a risk in the short term of operating 2 IT systems and potential issues with the introduction of a single new IT system. However Lincolnshire does have recent experience of merging two areas and is aware of some of the issues that will need to be mitigated
Negative response by staff affected by the merger.	To ensure they are formally consulted and included in any proposals, and their views are taken into account.
Insufficient initial investment required to operate the merged service.	Consideration will need to be given to IT investment into courtrooms. Full cost implications will need to be considered and agreed by all local authorities.
The quality of service drops	To ensure that processes and policies are designed and implemented to ensure there is a seamless service to all customers, and impact is minimal.
Loss of staff	Potential that some staff seek alternative employment if they are not fully engaged. Important to consult at the earliest stage following approval of the merger, and ensure staff understand the benefits of the proposal.
Customers, stakeholders confused as merger takes place and processes change	To ensure there is a clear communications plan, as part of the implementation phase, with key stakeholders and information is clear to customers
The proposed area crosses two different police force areas and several health trusts	This issue will be addressed through good and continuous stakeholder engagement, led by dedicated Manager and Development Support officer.

#### ALTERNATIVE OPTION(S)

- Please describe other options considered, in addition to the proposed merger, and the advantages and disadvantages for each option.

Other Options have been considered and include;

#### **OPTION 1 – Maintain the status quo,**

##### Advantages

This would maintain the current service provision and be delivered within existing budgets.

##### Disadvantages

The does not deliver the Chief Coroners clear guidance and longer term aspiration to decrease the number of coronial areas, introduce standardised processes.

Potential savings are not realised maintaining unnecessary cost to the public purse.

#### **OPTION 2 – North Lincolnshire and Grimsby Area merge with another area**

##### Advantages

The two South Humber Authorities could merge with the other Humber authorities which would provide a single coroners service that is contiguous with Humberside police area.

##### Disadvantages

This option would not be consistent with the newly created regional structure for Coroners, where North Lincolnshire, North East Lincolnshire and Lincolnshire are in the Central region whilst Hull and East Riding are in the North.

Additionally this option would not be consistent with the aspirations of the Greater Lincolnshire Joint Oversight Committee.

#### **CONTACT WITH THE CHIEF CORONER'S OFFICE / MINISTRY OF JUSTICE / CONSULTEES**

- **Have you had previous discussions with the Chief Coroner on the proposed merger? (This is a requirement before MoJ can formally consult on the merger.) Please provide details of the discussion.**

No direct constructive discussions as yet pending completion of until the Business Case. However both the Chief Coroner's Office and MoJ have been regularly engaged with and kept apprised of developments. is fully completed. This approach however supports the policy of the Coroners and Justice Act 2009, whereby the Chief Coroner and the MoJ are seeking fewer coroner areas with more whole time Coroners covering larger geographical areas.

- **Have you had previous contact with MoJ on the proposed merger? Please provide details.**

Early discussions have taken place and the MoJ are aware of the work needed to consider the best approach for coronial services in Northern Lincolnshire and Humberside. Further communications will be required in order to ensure that political priorities are suitably reflected within the business case.

- **Are you happy for this business case in its entirety to be sent to all consultees? If not please provide details.**

- Please list consultees for the consultation on the proposed merger – the organisation’s name and the most appropriate email address - at Annex B. MoJ will remove email addresses from Annex B before sending the business case to consultees.
- Further information on the merger process is available in the form of Chief Coroner guidance at: <http://www.judiciary.gov.uk/wp-content/uploads/2014/05/guidance-14-mergers-of-coroner-areas.pdf>.

## Annex A

## Resource implications of the merger

Table A: Details of current Senior Coroners and Area Coroner/s (if applicable) in each existing coroner area

<b>Position (e.g. Senior Coroner, Area Coroner)</b>	<b>First name</b>	<b>Surname</b>	<b>Current salary (including National Insurance and pension contributions)</b>	<b>Long Inquest Payments (if applicable) or other additional payments</b>	<b>Proposed salary in amalgamated area (if applicable) (including National Insurance and pension contributions)</b>
Acting Senior Coroner LCC	Paul	Smith	2021/22: £163,282	2021/22 none	£130,603 (recognises increased complexity and size of Area)
				2019/20: none	
Area Coroner LCC	Vacant due to acting up		2021/22: £128,464	2020/21: none	£128,284
			2019/20: £106,760	2019/20: none	
Acting Senior Coroner (temporary wef 01/01/19) NELC	Mark	Kendall	2021/22 88,571	2020/21	N/A
			2019/20	2019/20	

Table B: Office costs

Category	Lincolnshire Area 21/22	North Lincolnshire and Grimsby Area 20/21?	Total Cost 20/21	Combine d Area	Saving
<b>Fees for Assistant Coroner(s)</b>	£443 per sitting	£250 per day		£443	
<b>Salary costs of Coroner's officer(s)</b> <i>(including National Insurance and pension contributions)</i>	£ 450,296	£141,200		£641,774	
<b>Salary costs of administrative staff</b> <i>(including National Insurance and pension contributions)</i>	£56,988 per annum	£24,871			
<b>Staff accommodation</b>	Registration Office, Lincoln and Endeavour Park, Boston	Cleethorpes Town Hall The Knoll Cleethorpes		All combined Costs to be quantified	
<b>Inquest accommodation</b>	Use of various LCC buildings plus £25,965.88 - hire of premises	Cleethorpes Town Hall Scunthorpe Civic Centre Grimsby Town Hall		All combined	
<b>IT costs</b>	£20,199.96 - not inclusive of general IT support.	£4,200		TBC	
<b>Post mortem/Pathologist costs etc</b>	£1,084,179.71 includes all costs relating to PMs, toxicology, histology and body removal	£282,600		TBC	

Category	Lincolnshire Area 21/22	North Lincolnshire and Grimsby Area 20/21?	Total Cost 20/21	Combine d Area	Saving
Other costs?		£82,500 Service support and Accommodati on charge		To quantify costs for postage printing telephones travel and mileage etc.	

## Annex B

## List of consultees

[Please include:

- All effected Senior Coroners, Area Coroners and Assistant Coroners in the areas in question;
- relevant local authority contacts from all neighbouring coroner areas (MoJ can assist with this if necessary);
- all MP's with constituencies within the effected coroner areas;
- pathologist contacts;
- representatives of local funeral directors within the effected coroner areas;
- representatives from hospitals and/or prisons within the area;
- the Chief Coroner (MoJ will have the relevant contact details)
- local police contacts(MoJ can assist with this if necessary and will include a national ACPO contact as standard))

This list is still in development

Organisation	Email address (please note these will be removed when business case is sent to consultees)
Senior Coroner both areas	
, Area Coroner.	
Assistant Coroner	
Assistant Coroner,	
PCC's for Lincolnshire and Humberside	Lincolnshire - Marc Jones <a href="mailto:marc.jones@lincs.pnn.police.uk">marc.jones@lincs.pnn.police.uk</a> North Lincs Jonathan Evison <a href="mailto:PCC@humberside.pnn.police.uk">PCC@humberside.pnn.police.uk</a>
MP all for the whole area	Lincolnshire Victoria Atkins <a href="mailto:victoria@victoriaatkins.org.uk">victoria@victoriaatkins.org.uk</a> Gareth Davies <a href="mailto:gareth.davies.mp@parliament.uk">gareth.davies.mp@parliament.uk</a> Sir John Hayes <a href="mailto:davieshm@parliament.uk">davieshm@parliament.uk</a> Caroline Johnson <a href="mailto:caroline.johnson.mp@parliament.uk">caroline.johnson.mp@parliament.uk</a> Sir Edward Leigh <a href="mailto:edward.leigh.mp@parliament.uk">edward.leigh.mp@parliament.uk</a> Karl McCartney <a href="mailto:Karl.McCartney.mp@parliament.uk">Karl.McCartney.mp@parliament.uk</a> Matt Warman <a href="mailto:matt.warman.mp@parliament.uk">matt.warman.mp@parliament.uk</a>
	NE Lincs

	<b>Martin Vickers</b> <a href="mailto:martin.vickers.mp@parliament.uk">martin.vickers.mp@parliament.uk</a> <b>Lia Nici</b> <a href="mailto:lia.nici.mp@parliament.uk">lia.nici.mp@parliament.uk</a>
<b>MP</b>	
<b>Police both Chief Constables</b>	<b>Lincolnshire – Chris Haward</b> <b>Haward, Chris</b> <a href="mailto:Chris.Haward@lincs.police.uk">Chris.Haward@lincs.police.uk</a> <b>Can only find Chris</b>
<b>LRF both Chairs</b>	
<b>Pathologist all suppliers</b>	
<b>Prison contact</b>	
<b>David Cogen Funeral Director</b> <b>Representative of NAFD Lincs?</b>	
<b>Mark Horton Funeral Director</b> <b>Representative of SAIF</b>	
<b>James Mason, Emergency Planning Officer, East Riding Council</b>	
<b>EMAS Yorks and Humber ambulance contacts</b>	
<b>Mark Kendall Assistant Coroner</b>	<a href="mailto:Coroners@nelincs.gov.uk">Coroners@nelincs.gov.uk</a>
<b>Jane Eatock Assistant Coroner</b>	
<b>Martin Vickers MP Cleethorpes</b>	<b>Martin Vickers</b> <a href="mailto:martin.vickers.mp@parliament.uk">martin.vickers.mp@parliament.uk</a>
<b>MP Grimsby</b>	<b>Lia Nici</b> <a href="mailto:lia.nici.mp@parliament.uk">lia.nici.mp@parliament.uk</a>
<b>MP Scunthorpe</b>	<b>Holly Mumby-Croft</b> <a href="mailto:holly.mumbycroft.mp@parliament.uk">holly.mumbycroft.mp@parliament.uk</a>
<b>Grimsby Pathology</b>	<a href="mailto:nlg-tr.enquiries@nhs.net">nlg-tr.enquiries@nhs.net</a> <b>General enquiries e-mail</b>
<b>Grimsby mortuary manager</b> <b>Lincs mortuary providers</b>	
<b>Medical Director Diana Princess of Wales Hospital</b>	<b>Dr Kate Wood</b>
<b>Medical Director Scunthorpe General Hospital</b>	<b>Dr Kate Wood</b>
<b>Medical Director St Hughes Hospital</b>	<b>Ashley Brown – Hospital Director</b>
<b>All Lincs hospitals</b>	
<b>Organisation</b>	<b>Email address</b> <i>(please note these will be removed when business case is sent to consultees)</i>

Appendix 1 –Merged Area Map



APPENDIX 2- Structure Charts

NE Lincs & Grimsby	Lincolnshire	Proposed Greater Lincolnshire
1 x Acting Senior Coroner PT 0.5fte	1 x Senior Coroner	1 x Senior Coroner
	1 x Area Coroner	1 x Area Coroner
2 x Assistant Coroner 12 days pa (1 vacancv)	4 x Assistant Coroners (1 vacancy)	6 x Assistant Coroners
	1 x Coroners Manager	1 x Coroners Manager
		1 x Senior Coroners Officer
3.05 fte Coroners Officers	7.5 fte Coroners Officers	9.5 fte Coroners Officers
	0.8 fte Coroners Development Officer	0.8 fte Coroners Development Officer
1 Coroners Administrator	4 x Business Support	5 x Business Support

## Appendix 3 – Performance Statistics –just missing time to inquest

Coroner Statistics	2016		2017		2018		2019		2020	
	Number	%								
<u>No of Deaths reported</u>										
Lincolnshire	3615		3389		3217		3242		3272	
Lincolnshire and Grimsby	1809		1759		1833		1741		1102	
<u>No of Post Mortem investigations/percentage compared to deaths reported</u>										
Lincolnshire	1329	37%	1293	38%	1253	39%	1292	40%	1279	39%
Lincolnshire and Grimsby	383	21%	367	21%	404	22%	422	24%	425	39%
<u>No. of inquests opened</u>										
Lincolnshire	398	11%	347	10%	364	11%	305	9%	416	13%
Lincolnshire and Grimsby	205	11%	165	9%	141	8%	114	6%	140	13%
<u>Average time taken for inquests (weeks)</u>										
Lincolnshire	37.1		45		45		35		37.5	
Lincolnshire and Grimsby	22		31		38		41		?	

(source MHCLG)

Registration Statistics				
Timelessness of death registration following a post mortem (completed within 7 days of the death)	2016/17	2017/18	2018/19	2019/20
Lincolnshire	%	%	61%	67%
NE Lincolnshire	68%	67%	50%	31%
N Lincolnshire	70%	63%	45%	31%

(source GRO)

**Business Case  
for merging the  
East Riding and Hull Coroner Area  
and  
North Lincolnshire and Grimsby Coroner Area**

## **Contents**

- 1. Information on areas proposed to merge**
- 2. Senior Coroner Appointment**
- 3. Impact of proposed Merger on Service Delivery**
- 4. Impact of merger on those working in the Service**
- 5. Resource implications**
- 6. Risks and Mitigation**

## **Appendices**

**Appendix 1 – Map of the proposed Humberside Coroner Area**

**Appendix 2 – Performance statistics**

**Appendix 3 – Staff Structure charts (to be completed)**

**ALTERATION OF CORONER AREAS UNDER SCHEDULE 2 OF THE CORONERS AND JUSTICE ACT 2009<sup>1</sup>**

**MINISTRY OF JUSTICE BUSINESS CASE TEMPLATE FOR MERGERS**

**NAMES OF CORONER AREAS THAT ARE PROPOSING TO MERGE**

- East Riding and Hull Area, North Lincolnshire and Grimsby Area

**PROPOSED NAME OF NEW AREA**

- Humberside Area

**1. INFORMATION ON AREAS THAT PROPOSE TO MERGE**

- Please provide key details in the table as follows:

<b>Coroner area</b>	<b>East Riding and Hull</b>	<b>North Lincolnshire and Grimsby</b>	<b>Proposed: Humberside</b>
Geographical area covered	East Riding of Yorkshire and the City of Hull	North Lincolnshire and North East Lincolnshire	Hull East Riding North and North East Lincolnshire
Local authority/ authorities that fund(s) coroner area and %	Hull City Council 44%  East Riding Council 56%	North Lincolnshire 49% North East Lincolnshire 51%	To be discussed (TBD)
Relevant authority (formerly lead authority)	Hull City Council	North East Lincolnshire Council	Hull City Council
Police Force(s)	Part of the Humberside Region	Part of the Humberside Region	The whole of the Humberside Region
Transport links	Hull Docks Northern Rail Services Hull Trains direct link to London A63 to M62	A180 Transpennine Services Grimsby Docks South Humber Bank Industries Immingham Docks Humberside Airport	All combined
Major hospitals	Hull Royal Infirmary Hull Children's Hospital Castle Hill Hospital, Cottingham Goole & District Hospital	Diana Princess of Wales, Grimsby Scunthorpe General Hospital St Hughes Hospital, Grimsby	All combined
Prisons in area	HM Hull Prison	none	All combined

<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2009/25/schedule/2>

<b>Coroner area</b>	<b>East Riding and Hull</b>	<b>North Lincolnshire and Grimsby</b>	<b>Proposed: Humberside</b>
	HM Wolds Prison HM Full Sutton Prison		
Other state detention facilities	none	Humberside Police Custody Suite (36 cells)	All combined
Courtrooms/ inquest venues	2 dedicated Courts at the Guildhall Hull  Digital Court facility in place for remote participants.	Grimsby Town Hall Cleethorpes Town Hall North Lincolnshire Civic Centre	All combined
Office/staff accommodation – location and capacity	Structure chart (Appendix 3) Located at the Guildhall Hull  Smart working introduced to allow flexibility to location/ homeworking.	Structure Chart (Appendix 3) Located at Cleethorpes Town Hall	Combined to one Humberside Area Team Structure. Location of staff to be discussed.
Employer of coroner's officers'	Hull City Council	North East Lincolnshire Council	Hull City Council
Name of senior coroner	Professor Paul Marks	Temporary part time coroner Mr Kendall	Professor Paul Marks
Number of area coroners	One	none	One
Number of assistant coroners	Eight	Two including one assistant Coroner currently acting up as Senior Coroner	Ten
Number of coroner's officers	Eleven 7 Full time 4 Part time	Four 1 Full time 3 Part time	Fifteen 8 Full time 7 Part time
Number of administrative support staff	Three Assistant Coroners Officers	none	Three
Number of deaths reported in the previous calendar year (2019)	2936	1741	Circa 4677

Coroner area	East Riding and Hull	North Lincolnshire and Grimsby	Proposed: Humberside
Inquests held in the previous calendar year (2019)	276	114	390
Post mortem rate as % of reported deaths in the previous calendar year (2019)	32%	24%	TBC

Please note attached map of the proposed area as Appendix 1.

## 2. SENIOR CORONER APPOINTMENT

- **Why are you seeking a merger now (ie which area's senior coroner is stepping down, when and why)?**

The Chief Coroners Guidance No 14 - 'Merger of Coroner Areas' makes reference to three main areas of consideration, these are;

1. Number of reported deaths and complexity of cases
2. Removal of jurisdictions with one part time Senior Coroner
3. The process to appoint a new Senior Coroner

1. Number of reported deaths –

The guidance states that the number of Coroner areas should be reduced in order to create sensibly sized Coroner areas, taking into account the numbers of reported deaths, geographical size and types of Coroner work in the areas. In many cases 3,000 – 5,000 reported deaths would be an appropriate number.

In the previous calendar year of 2019, 2936 deaths were reported to the Hull and East Riding District, and 1741 to NE Lincolnshire and N Lincolnshire combined. A proposed new coronial area of the Humber would therefore report approximately 4,732 simply adding the two reported figures together. Appendix 2 provides coroner area statistics for the period 2015 to 2109. The report shows that they are fairly static, and therefore a combined area together being closer to that deemed appropriate by the Chief Coroner.

2. Removal of part time Senior Coroners –

Guidance No 14 states 'there should be a move away from jurisdictions in which one Senior Coroner operates on a part time basis. It also states that the relevant authority should consider the needs of the newly merged area, the public interest and that terms can be agreed with the Coroner.

The Senior Coroner for NE Lincolnshire left the service in December 2018. There is currently a part time Acting Senior Coroner who was an Assistant Deputy for NE Lincolnshire in post for a temporary period. This resignation therefore allows a scope to review the coronial arrangements of the Humberside Area to determine the potential

efficiencies to neighbouring local authorities and benefits to Humberside residents. The merger will also enable cost effective development of the service and a resilient coroner service delivery model to replace the current situation in which the area employs one part time coroner.

### 3. Process to appoint a Senior Coroner

The Chief Coroner guidance states that the appointment of a Senior Coroner for a new area can be done in one of two ways;

'Option 1 – The Relevant Authority may appoint one of the Senior Coroners from the old areas.

Option 2 – The Relevant Authority can appoint a Senior Coroner following an open competition..... Relevant authorities are advised that Option 1 should usually be the preferred option'

The current Senior Coroner, Professor Paul Marks for Hull and the East Riding is very experienced Senior Coroner. Professor Marks managed two coronial areas in 2013. Whilst being the Senior Coroner for Hull and the East Riding he also managed the Bradford Area under a temporary agreement until a suitable replacement was found.

Paul Marks is an Honorary Consultant Neurosurgeon, a one of few Senior Coroners with a professional medical background. This has served the Hull and East Riding Area by efficiency savings in the need for expert medical witnesses to attend inquests, and a reduction in the number of post mortems required. This also has significant benefits in support for Assistant Coroners and coroners officers with mentoring and training in relation to medical knowledge.

As there is no other Senior Coroners employed in the proposed new area, it is proposed that option 1 is therefore adopted in this case and Professor Marks is appointed as the new Senior Coroner for the new Humberside area.

## 4. **IMPACT OF PROPOSED MERGER ON SERVICE DELIVERY**

- **What will be the impact of the proposed merger on service delivery?**

The current service delivery model in terms of how N and NE Lincolnshire residents access the coroners service, need not change, it is anticipated that current arrangements will be maintained to ensure there is no impact on service access, and that it continues to be delivered within the local community. However the recent installation of live video conferencing facilities to the Court room in Hull will add further benefits and choice to residents on the south bank of the Humber, regarding the location of the inquests.

However the creation of a larger team, and potential harmonisation of processes and better use of technology can only deliver efficiencies and improved performance for N and NE Lincolnshire residents. The proposed merger will also give the current N Lincolnshire and Grimsby coronial area better resilience to deliver the service, being such a small team, and additional resources to deal with fluctuations in service demand. It will also enable improved business continuity planning for the service as a whole.

Information of the deceased show that 113 deaths reported to the East Riding and Hull Coroner in 2018, resided at an address in N/NE Lincolnshire. In practical terms this means that a merger of the north and south bank of the Humber creates more choice for families to decide where best the inquest is held, or local face to face contact with a coroner's officer.

It is clear that the recent pandemic situation has tested contingency plans and resilience of the continuation of critical services. The Humber Local Resilience Forum has experienced the four local authorities within the Humber region come together very effectively to agree an excess death plan and contingencies to maintain critical services, including the coroner's service. Professor Marks has been at the heart of the discussions and decisions regarding temporary mortuary facilities etc, with lead officers from our authorities and emergency services. The relationship with key stakeholders has been crucial and particularly beneficial that Humberside police and Humberside fire services align to the Humber region. Having to communicate to two different regions at a time of an emergency would have been problematic.

**Will additional coronial or administrative support be provided in the new area? (eg. will additional coroners need to be recruited or will workloads be increased/redistributed etc? How will additional caseloads be managed?)**

Coronial Support - In terms of coronial support the merger benefits the North Lincolnshire and Grimsby area, having access to a full time Senior Coroner, full time Area Coroner and a larger pool of assistants, to manage the workload, respond to fluctuations in demand, and improve the timelessness of inquests held. The full time fixed cost of a senior coroner and an area coroner removes the unforeseen impact on budgets in the event of additional day rate inquests costs, which local authorities with part time coroner's experience.

There is no dedicated administrative support within the current staff structure of the N Lincolnshire and NE Lincolnshire area. The East Riding and Hull Area have 3 administrative staff that are vital in the delivery of an efficient coroner's office.

The Chief Coroners Guidance 'A Model Coroner Area' suggests that coroners and coroners officers should be supported by administrative support staff at a ratio of 3:1. The administrative staff should not usually be carrying out the work of coroners officers, purely administrative support for coroners and coroners officers. Therefore the current administrative resource within the East Riding and Hull Area can provide adequate support for the proposed new Humberside area.

**What will be the impact of the merger on associated services – such as post-mortem examinations, and mortuary provision?**

The merger to one coronial area would have a positive impact on all four local authorities in terms of resilience of service and longer term cost reduction in post mortem fees, as well as improved performance for families.

Hull City Mortuary is owned by Hull City Council and the Hull Teaching Hospital Trust are commissioned to provide a post mortem service for the East Riding and Hull Area. The hospital Trust provides an excellent post mortem service with a turnaround for delivering a coronial post mortem between 3 and 5 days of the request made by the coroner's office. The North Lincolnshire and Grimsby Area has recently approached the Hull Mortuary with a request to make greater use of their post mortem services on a regular basis, and already use the service for complex post mortem cases.

East Riding and Hull coroner area would benefit from the use of another hospital such as the Diana Princess of Wales to conduct independent post mortems and vice versa, reducing the cost of independent post mortem fees for both areas.

The larger pool of pathologists in the new area would also improve current resilience and ensure the timeliness of post mortems is maintained, when it is known that nationally there is shortage.

Timeliness of post mortems has a significant impact on the whole bereavement journey for families, and affects performance of the local registration service, who endeavour to conduct the registration within 7 days of the date of death, where a post mortem has been conducted. Appendix 2 shows the performance of death registrations following a post mortem. It is suggested that greater use of the Hull Mortuary by NE Lincolnshire and N Lincolnshire would improve the death registration process for their local registration services, as well as their current post mortem/body storage costs, transporting the deceased out of the area.

Hull Mortuary is also considering a Digital Autopsy facility on site, to carry out none evasive post mortems where possible, to seek greater reduction in costs of post mortems. This approach is increasing nationally within coroner services, responding to customer requests for choice and providing longer term mitigation to the risk of fewer pathologists available to conduct regular evasive post mortems. Coronial pathology is a reducing profession, and digitisation of post mortems is proving to provide an efficient alternative.

In order to produce a credible 'spend to save' business case using prudential borrowing of capital, this would require neighbouring authorities to collaborate, sharing efficiencies and bringing those benefits also to north and south bank of the Humber.

**How will the relevant local authority administer the new coroner area?  
How will administrative governance be achieved between the relevant local authority and other funding local authorities?**

It is proposed that Hull City Council will continue to be the Lead Authority for the new Humber Area. It is preferred that the merger incorporates a TUPE transfer of staff to Hull City Council from NE Lincolnshire, to create a newly formed Humber Team to deliver the service, and realise the financial and efficiency benefits of a single team. It is envisaged however that staff will remain in situ within NE Lincolnshire initially and continue to provide a local service to N/NE Lincolnshire residents. The new area will be governed in the form of an agreed Service Level Agreement.

East Riding and Hull Coroner Service use the Civica Coroners computer system. Since transferring from the IRIS system there has been a fundamental difference in the way the service is delivered, making better use of digital services, paperless processes and an online portal for key stakeholders to securely communicate with the service, is to be live shortly.

The new web based system provides staff and coroners the flexibility to work remotely, at home and at any location with a Wi-Fi connection. Coroners officers work to a workflow system to receive referrals digitally from other parties, and coroners authorise post mortems, sign authorities digitally and view case files digitally in court.

The merger will create an opportunity for North Lincolnshire and Grimsby to transfer to the Civica system, creating more flexibility for the staff, greater resilience for the whole Humber area as staff can work to any case at any location. Civica have confirmed that a transfer to the system under a merger, compared to a separate procurement of the system will save a fifth of the purchase cost to NE Lincolnshire and N Lincolnshire authorities. This transfer will also ensure consistency of practice resulting in improved performance across the Humber area. Annual maintenance of the system would remain the same as in effect the new area will maintain one system.

It is understood that North Lincolnshire and Grimsby are currently using IRIS to deliver the coroner service. There will be the need at some point to move to a system that can work with digital applications and workflow, particularly as central government drive the digital agenda of the medical examiner and death registration process. It is also understood that the IRIS system have no plans to carry out this development of their system.

## Improved Performance

A merger to one area, harmonising processes and making better use of a digital workflow system will bring the following to N Lincolnshire and NE Lincolnshire;

- An improvement in the quality and consistency of the referral – all referrals now received in writing. Information is received in a logical order using a template to receive the information. Hull has experienced a reduction in the number of referrals since digital referrals was introduced, and no longer accept referrals over the telephone, which may have been cases recorded unnecessarily.
- The data received is safe and secure, and soon each referral will pre populate and create a case within the system to prevent re keying of information by staff. Reducing error rates and supporting our duty under GDPR.
- The system introduces a paperless service, saving on accommodation and storage facilities, there are no paper files.
- Hull reducing the team by 1FTE (saving of £22,000) following benefits realised by the introduction of the new coroners computer system.
- System available remotely for out of hours cover.
- Progression of agreed processes for the Medical Examiner Service, as regionally the service also aligns to the Humberside geographical area.

## 5. IMPACT OF MERGER ON THOSE WORKING IN / WITH THE SERVICE

What will be the impact of the merger on:

**Coroners**

**Coroners' officers**

**Other staff in the coroner's offices**

**Pathologists**

Coroners – The Senior Coroner will continue to personally conduct the more complex, highly sensitive inquests, and believes it is reasonable to be able to take on the additional workload of cases within the extended area of N/NE Lincolnshire. In recent years Professor Marks very efficiently managed the East Riding and Hull Area, and also the Bradford Coroner Area. The Area Coroner will also play a part in this role. It is envisaged that all Assistant Coroners will transfer to the new Humberside Area. Professor Marks utilises the assistant coroner resource making best use of their background and experience in their other or previous profession, mindful of the Chief Coroners commitment to ensure the service nationally has adequate succession planning in place for Senior Coroners.

Coroner's officers – It is proposed that staff currently within NE Lincolnshire will transfer to the employment of Hull City Council, however arrangements are made for them to remain in their current location, in order to continue to provide the service locally. Hull has a Coroners Service Manager already in place, to train and support coroners officers. The Service Manager currently manages Coroners and Registration Services for Hull, and is also a qualified trainer which provides additional benefits to staff. All Coroners officers will need to work to the same processes and computer system, which provides many benefits to our Humberside emergency services.

A new Humberside Team of 15 coroner's officers will provide greater resilience for the receiving of day to day referrals and will provide opportunities for improved business continuity planning should the operation at any of the individual sites be disrupted for any reason. It will reduce the risk for the NE/N Lincolnshire team currently of 2.5 FTE to meet a fluctuation of

demand. The scenario of a member of staff on leave and then a further member of staff absent due to sickness reduces the team currently to 50% capacity. The Civica system will allow any member of staff to access any case referral, allowing other staff to pick up the work in the absence of others. The Covid 19 situation has also realised the benefits of remote working and the ability to access all systems to deliver the service at home.

The current administrative support within the East Riding and Hull staff structure is resourced adequately to support the new Humberside area.

Pathologist resource will be maintained at the Hull City Mortuary and Princess Diana hospital, and continue to provide post mortem examinations at their current locations, and providing a wider more flexible resource for the area. There is an opportunity to provide independent post mortem support for each other.

## 6. RESOURCE IMPLICATIONS OF MERGER

### Service Budgets

The total annual cost of the East Riding and Hull Coroner Service is £975,000 per annum. The total cost of NE and N Lincolnshire Coroner Service is £540,000. The breakdown of costs listed below shows the current costs and percentage splits for each area;

East Riding and Hull Coroner Area	Cost £ 000	Percentage contribution
Hull	420	43%
East Riding	555	57%
<b>Total</b>	<b>975</b>	<b>100%</b>
NE Lincolnshire and N Lincolnshire Coroner Area	Cost £000	Percentage contribution
N Lincolnshire	268	49%
NE Lincolnshire	272	51%
<b>Total</b>	<b>540</b>	<b>100%</b>

The percentage contributions above are agreed on the basis of the population split of each local authority. The merger would need to consider the current costs above totalling £1,515k and the savings of £67k per annum incurred, due to a reduction of a part time coroner within the new Humberside area. The table below therefore shows the proposed costs for the new area, taking into account the reduction in coroner fees, and population split;

	Costs £000	Percentage contribution	Reduction in costs, part time coroner (£67k)	Cost reduction £000	Population	% split in population
East Riding and Hull area	975	64%	927	-48	599,000	64%
N/NE Lincolnshire	540	36%	521	-19	331,000	36%
<b>Total</b>	<b>1515</b>	<b>100%</b>	<b>1448</b>	<b>-67</b>	<b>930,000</b>	

The table above demonstrates that the percentage of population split equates to the percentage contribution, and the savings incurred for each area following the reduction of a part time coroner. There are also a number of other efficiency savings to be achieved from this merger, which is listed in the following section below.

### **Further Expected savings**

It is clear that a merger will longer term, achieve efficiency savings from a number of areas, which all four local authorities will benefit. The following points are listed as potential areas to consider in more detail,

- Reduction in referrals, leading to a reduction in required staff resource. East Riding and Hull area made a saving of £22,000 following the reduction of 1 FTE Coroners Officer.
- Saving on expert medical witnesses attending inquest.
- Removal of the coroner day rate for N Lincolnshire and NE Lincolnshire
- Sharing of post mortem facilities, N Lincolnshire and NE Lincolnshire cost per post mortem is excessive compared to East Riding and Hull area
- Body storage costs, as post mortems will remain within the Humberside area.
- Procurement of transportation of the deceased.
- Reduction in IT costs for N Lincolnshire and NE Lincolnshire, merging to one system, savings can be made to annual maintenance charges.
- Reduction in management resource for N/NE Lincolnshire. The day to day management of the service will be covered by the Hull Coroner's Office Manager/ Coroner's Office Team Leader.

### **LEGAL IMPLICATIONS**

- **Are you aware of any legal issues that need to be resolved before a merger can go ahead (in addition to the Lord Chancellor making an order under Schedule 2 of the 2009 Act)? If so please give details.**

The TUPE transfer of staff to Hull City Council will need to take place, prior to the merger going ahead.

### **VIEWS OF THOSE AFFECTED BY MERGER**

- **Do all affected local authorities support the merger? Please provide details.**

East Riding fully support the proposed merger as this business case sets out it will lead to the provision of better services, greater resilience and realisation of savings/efficiencies, to the benefit of all stakeholders and customers.

*Comments needed here from N/NE Lincolnshire:*

- **Have the local authority councillors / cabinets approved the merger? Please provide details.**

*Comments needed here from Cabinet meetings when presented.*

- **What is the view of affected coroners and their staff?**

*To be confirmed*

- **How will bereaved people be affected by the merger – eg travelling to inquests, being able to contact coroners' offices?**

The location to which inquests are held is unchanged, and the new Humberside area will continue to ensure the customer remains at the focus of any developments, service changes. In addition, customers could under the new Humberside area, request the inquest to be held at any one of the offices across the area, providing greater choice and flexibility.

- **Have you sought the views of other affected stakeholders - such as police authority and constabulary, hospitals, prisons, GPs, faith groups and funeral directors? Please provide details.**

Professor Marks, Senior Coroner for Hull and East Riding has spoken to the Chief Constable Lee Freeman of Humberside Police who has confirmed in writing that he believes the proposed merger would be a positive step to continue to provide a consistent service to bereaved families in the area. The Chief Constable has highlighted the following points in support of the proposal;

- To provide a more consist and efficient service to the communities of Humberside.
- The proposed coronial jurisdiction would directly align with Humberside Policing area, providing opportunities to enhance working practices and relationships between the coroner's service and the police.
- A larger coronial jurisdiction would create opportunities to share and learn good practice.
- In the medium to long term, the proposal would provide options to deliver some economies of scale.

#### **What are the views of other stakeholders?**

Hull City Council and the East Riding of Yorkshire Council support the merger, due to the realised benefits listed above, including potential cost savings, increased resilience a merger brings to the service, and improvements to bereaved families. However the completed business case will need to be approved by Hull City Council Cabinet, as the lead authority.

The HUTH Trust who deliver the Hull Mortuary Service are supportive of the merger, as it adds further resilience to the pathology resource for PMs. The Hull mortuary has the capacity and resource to undertake post mortems for N Lincolnshire and NE Lincolnshire.

*The national medical examiner service – comments to follow*

- **What impact will the merger have in terms of disability, gender and racial equality?**

*An Equalities Assessment is to be completed.*

## **7. RISKS AND MITIGATING ACTIONS**

- Please provide details of any risks identified and mitigating action (to be) taken.

A Risk Register will need to be created, however initial risks identified below;

Risk	Mitigation
Insufficient capacity to deliver the merged service.	Senior Coroner for Hull and East Riding, has in previous years managed the role over a greater area. Professor Marks managed the area of Bradford in addition to Hull and East Riding in 2013 for 18 months. The use of the Area Coroner and experienced Assistants are already in place to support the wider area. Potential changes to the IT system and working electronically will enable coroner's office staff to meet the demands of the new area.
Failure of operations, systems or processes	New robust practices and processes, and how the new service will be managed, will be agreed as part of an SLA.
Negative response by staff affected by the merger.	To ensure they are formally consulted and included in any proposals, and their views are taken into account.
Insufficient initial investment required to operate the merged service.	The only investment will be in the IT system. An initial quote has been sought as £8000 to transfer N/NE Lincolnshire's data to a new system, which includes staff training etc. Full cost implications will need to be considered and agreed by all 4 local authorities.
The quality of service drops	To ensure that processes and policies are designed and implemented to ensure there is a seamless service to all customers, and impact is minimal.
Loss of staff	Potential that some staff seek alternative employment if they are not fully engaged. Important to consult at the earliest stage following approval of the merger, and ensure staff understand the benefits of the proposal.
Customers, stakeholders confused as merger takes place and processes change	To ensure there is a clear communications plan, as part of the implementation phase, with key stakeholders and information is clear to customers
The merger decision is influenced by wider local political decisions, rather than the best interests of bereaved families and the importance of effective partnership working between the LAs and emergency services.	To ensure all Members are informed of the benefits realised of one coronial area around the Humber estuary, and business case details in support of the merger.

### ALTERNATIVE OPTION(S)

- Please describe other options considered, in addition to the proposed merger, and the advantages and disadvantages for each option.

Other Options have been considered and include;

### **OPTION 1 – Maintain the status quo,**

#### Advantages

This would maintain the current service provision and be delivered within existing budgets.

#### Disadvantages

The does not deliver the Chief Coroners clear guidance and longer term aspiration to decrease the number of coronial areas, introduce standardised processes.

This option continues to cause the police operational difficulties, dealing with two coronial areas that have different processes.

This continues to remove the flexibility for families within the Humber region.

The resilience of a small resource in the south bank continues to be a risk to the service delivery.

Potential savings are not realised maintaining unnecessary cost to the public purse.

### **OPTION 2 – N Lincolnshire and Grimsby Area merge with another area**

#### Advantages

To be confirmed?

#### Disadvantages

This area does not align to the operational areas of the Police, and other emergency services, who are a fundamental stakeholders to the delivery of a robust coroner's service. This option will continue to cause local police forces operational difficulties, dealing with two coronial areas, who use different systems and processes.

The delivery of a mass fatality, excess death situation or any death situation within the Humber Estuary will be inconsistent, and no clear defined process to determine which coronial area takes the case.

This will continue to remove the flexibility for families within the Humber region

### **CONTACT WITH THE CHIEF CORONER'S OFFICE / MINISTRY OF JUSTICE / CONSULTEES**

- **Have you had previous discussions with the Chief Coroner on the proposed merger? (This is a requirement before MoJ can formally consult on the merger.) Please provide details of the discussion.**

No direct discussions yet until the Business Case is fully completed. This approach however supports the policy of the Coroners and Justice Act 2009, whereby the Chief Coroner and the MoJ are seeking fewer coroner areas with more whole time Coroners covering larger geographical areas.

- **Have you had previous contact with MoJ on the proposed merger? Please provide details.**

An email discussion has taken place with David Giles Policy Manager at the MoJ. (3<sup>rd</sup> September 2018) Davids view is that N/NE Lincolnshire Councils should consider the potential benefits of a merger with the Hull and East Riding area

A further communications from Mr Giles (1<sup>st</sup> October 2020) requesting the submission of this business case alongside other potential options for the North Lincolnshire and Grimsby region, to the Lord Chancellor.

- **Are you happy for this business case in its entirety to be sent to all consultees? If not please provide details.**
- **Please list consultees for the consultation on the proposed merger – the organisation’s name and the most appropriate email address - at Annex B. MoJ will remove email addresses from Annex B before sending the business case to consultees.**
- **Further information on the merger process is available in the form of Chief Coroner guidance at: <http://www.judiciary.gov.uk/wp-content/uploads/2014/05/guidance-14-mergers-of-coroner-areas.pdf>.**

## Annex A

## Resource implications of the merger

Table A: Details of current Senior Coroners and Area Coroner/s (if applicable) in each existing coroner area

<b>Position (eg Senior Coroner, Area Coroner)</b>	<b>First name</b>	<b>Surname</b>	<b>Current salary (including National Insurance and pension contributions)</b>	<b>Long Inquest Payments (if applicable) or other additional payments</b>	<b>Proposed salary in amalgamated area (if applicable) (including National Insurance and pension contributions)</b>
Senior Coroner	Professor Paul	Marks	2020/21: £152,704	2020/21 none	2% per NJC negotiations adopted
			2019/20: £149,708	2019/20: none	
Area Coroner	Rosemary	Baxter	2020/21: £109,430	2020/21: none	2% per NJC negotiations adopted
			2019/20: £106,760	2019/20: none	
Acting Senior Coroner (temporary wef 01/01/19)	Mark	Kendall	2020/21	2020/21	2% per NJC negotiations adopted
			2019/20	2019/20	

Table B: Office costs

Category	Hull and East Riding Area	North Lincolnshire and Grimsby Area	Humberside Area
<b>Fees for Assistant Coroner(s)</b>	£375 per day	£250 per day	TBC
<b>Salary costs of Coroner's officer(s)</b> <i>(including National Insurance and pension contributions)</i>	£291,262 per annum	£90,230	TBC
<b>Salary costs of administrative staff</b> <i>(including National Insurance and pension contributions)</i>	£72,864 per annum	£24,871	TBC
<b>Staff accommodation</b>	Coroner's Office The Guildhall Hull	Cleethorpes Town Hall The Knoll Cleethorpes	All combined Costs to be quantified
<b>Inquest accommodation</b>	2 dedicated courts in the Guildhall Hull	Cleethorpes Town Hall Scunthorpe Civic Centre Grimsby Town Hall	All combined
<b>IT costs</b>	£16,574 per annum	£4,200	TBC
<b>Post mortem/Pathologist costs etc</b>	£360,000 p.a. Includes all costs relating to PM,s, toxicology, histology, body removals/storage. All costs relating to inquests, jury, expert witnesses, etc.	£282,600	TBC

Category	Hull and East Riding Area	North Lincolnshire and Grimsby Area	Humberside Area
Other costs?		£82,500 Service support and Accommodation on charge	To quantify costs for postage printing telephones travel and mileage etc.

**Annex B****List of consultees**

*[Please include:*

- *All effected Senior Coroners, Area Coroners and Assistant Coroners in the areas in question;*
- *relevant local authority contacts from all neighbouring coroner areas (MoJ can assist with this if necessary);*
- *all MP's with constituencies within the effected coroner areas;*
- *pathologist contacts;*
- *representatives of local funeral directors within the effected coroner areas;*
- *representatives from hospitals and/or prisons within the area;*
- *the Chief Coroner (MoJ will have the relevant contact details)*
- *local police contacts(MoJ can assist with this if necessary and will include a national ACPO contact as standard))*

<b>Organisation</b>	<b>Email address</b> <i>(please note these will be removed when business case is sent to consultees)</i>
Professor Paul Marks Senior Coroner Hull and East Riding Area.	
Rosemary Baxter, Area Coroner Hull and East Riding Area.	
Sally Ann Robinson Assistant Coroner, Hull and East Riding Area	
James Hargan Assistant Coroner, Hull and East Riding Area	
Ian Sprakes Assistant Coroner, Hull and East Riding Area	
Lorraine Harris Assistant Coroner, Hull and East Riding Area	
Michael Mellun Assistant Coroner, Hull and East Riding Area	
Oliver Longstaff Assistant Coroner, Hull and East Riding Area	
Alexander Forrest Assistant Coroner, Hull and East Riding Area	
David Rosenberg Assistant Coroner, Hull and East Riding Area	
Andy Brown, Hull City Council	
Gillian Barley East Riding of Yorkshire Council	

Diana Johnson Hull MP	
Emma Hardy Hull MP	
Carl Turner Hull MP	
Graham Stewart ERY MP	
Dr I. Richmond Pathologist Hull Mortuary	
Hull Prison contact	
Andrea Kaye Hull Mortuary Manager HEY Trust	
David Cogen Funeral Director Representative of NAFD	
Mark Horton Funeral Director Representative of SAIF	
Humberside Police contact	
James Mason, Emergency Planning Officer, East Riding Council	
Mark Kendall Assistant Coroner	
Jane Eatock Assistant Coroner	
Martin Vickers MP Cleethorpes	
Melanie Onn MP Grimsby	
Nicholas Dakin MP Scunthorpe	
Grimsby Pathology	
Grimsby mortuary manager	
Medical Director Diana Princess of Wales Hospital	
Medical Director Scunthorpe General Hospital	
Medical Director St Hughes Hospital	
South Bank Humberside Police	

## Appendix 3 – Performance Statistics

Coroner Statistics	2015		2016		2017		2018		2019	
	Number	%								
<u>No of Deaths reported</u>										
East Riding and Hull	3278		3127		3012		2886		2932	
Lincolnshire and Grimsby	1672		1809		1759		1833		1741	
<u>No of Post Mortem investigations/percentage compared to deaths reported</u>										
East Riding and Hull	1027	31%	946	30%	933	31%	910	32%	933	32%
Lincolnshire and Grimsby	389	23%	383	21%	367	21%	404	22%	422	24%
<u>No. of inquests opened</u>										
East Riding and Hull	345	11%	376	12%	262	9%	266	9%	276	9%
Lincolnshire and Grimsby	200	12%	205	11%	165	9%	141	8%	114	6%
<u>Average time taken for inquests (weeks)</u>										
East Riding and Hull	19		20		28		36		44	
Lincolnshire and Grimsby	23		22		31		38		41	

(source MHCLG)

Registration Statistics				
Timelessness of death registration following a post mortem (completed within 7 days of the death)	2016/17	2017/18	2018/19	2019/20
Hull	78%	71%	64%	57%
East Riding	77%	77%	65%	60%
NE Lincolnshire	68%	67%	50%	31%
N Lincolnshire	70%	63%	45%	31%

(source GRO)