PLANNING FOR A POSSIBLE INFLUENZA PANDEMIC

A FRAMEWORK FOR PLANNERS PREPARING TO MANAGE DEATHS

GUIDANCE FOR:

- **LOCAL AUTHORITIES IN ENGLAND & WALES**
- **LOCAL SERVICE PROVIDERS**
- **LOCAL RESILIENCE FORUMS**
- **NATIONAL POLICY & OPERATIONAL LEADS**
- **GOVERNMENT OFFICE RESILIENCE DIRECTORS**
- **WELSH ASSEMBLY RESILIENCE DIRECTORS**

HM Government

Version 1.1

This guidance was produced in collaboration with:

Cabinet Office

Department of Health

Identity and Passport Service

Ministry of Justice

The Federation of Burial and Cremation Authorities

The Coroners' Society of England and Wales

National Association of Funeral Directors

The National Society of Allied & Independent Funeral Directors

Local Authorities Coordinators of Regulatory Services

Coroner's Officers Association

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DOCUMENT RELEVANCE CHECKLIST

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4	Introduction	✓	To Note	✓
11	Planning	✓	To Note	✓
21	Different Ways of Working – A Toolkit	✓	To Note	✓
38	Responding to a Pandemic	✓	To Note	✓
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45	A Checklist for Local Service Provision	✓	To Note	✓
47	Increasing Mortuary Capacity	✓	To Note	✓
48	Supporting Measures: Operational Sector-based Guidelines; and Guidance in Support of Statutory Changes	✓	To Note	✓
50	Frequently Asked Questions	✓	To Note	✓
54	Contact Details for National Funeral Industry Organisations	✓	To Note	✓
57	Local Data Reporting	✓	To Note	✓
58	Pro-Forma for SCG Request to RCCC for Implementation of Phase Three	✓	To Note	✓
59	Competition Law Policy	✓	To Note	✓

[1] Wider Community includes: business (e.g. funeral directors and suppliers); public sector (e.g. coroners, registrars, burial/cremation services); ministers of religion; voluntary sector; and charities etc.

CHAPTER 1: INTRODUCTION

The Government wishes to thank all those who have contributed their time and ideas during the production of this guidance, especially those who participated in the Home Office National Working Group; and those who responded to the consultation. In addition, the Government acknowledges the commitment of all national policy and operational lead Departments and other organisations to promote this document.

Background

An Influenza Pandemic is a natural phenomenon, instances of which have occurred from time to time for centuries, including three times during the last century. They present a real and daunting challenge to the economic and social wellbeing of any country as well as a serious risk to the health of its population.

The conditions that allow a new pandemic virus to develop and spread continue to exist, and some features of modern society, such as air travel, could accelerate the rate at which the virus spreads. Experts agree that there is a high probability of a pandemic occurring, although the timing and impact of future pandemics are impossible to predict.

Pandemic Influenza is considered one of the most severe natural challenges likely to affect the UK. However, sensible and proportionate preparation and collective action by all involved can help to mitigate its effects.

Government's Response

The firm emphasis of the Government's strategy is to develop and strengthen preparations for the potentially devastating impact of a pandemic. Government will continue to take every possible step to prepare for and mitigate the potential health and wider socio-economic effects. The Government's overarching strategic approach to doing this is set out in *Pandemic Flu: A national framework for responding to an influenza pandemic* (published 22nd November 2007)

The *National Framework* is based on the idea that all plans and preparations depend upon the active support of individuals and communities. It therefore promotes sensible and proportionate preparation and collective action by all the organisations involved:

- Government, both local and central;
- essential services;
- business and other organisations in e.g. the third sector;
- the public and communities; and
- the media.

All of these have a role to play in helping to mitigate the health, social and economic effects of a pandemic.

Management of the Dead – Strategic Objectives

It is clear that increased numbers of natural deaths resulting from a pandemic in a potentially short period of time will place considerable pressure on local service providers. It is impossible to forecast the precise characteristics, spread and impact of a new influenza virus. Past pandemics have varied in scale, severity and consequence, although in general their impact has been much greater than that of even the most severe 'winter epidemic'. With this in mind, if a pandemic were to occur, different ways of working would be needed in some areas in order to cope with the additional deaths.

In planning and preparing different ways of working, local authorities' objectives must be to:

- ensure that provisions are available to ensure that the death management process can continue to operate under the pressure of a large number of excess deaths;
- maintain dignity in dealing with deaths; and
- inform and engage with service providers and the public to ensure that plans are well-known and approved by all important stakeholders.

Local authorities and other service providers (any private or public organisation involved in the management of deaths) should develop preparedness plans for this eventuality. *Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths* offers advice to local authorities and service providers who are responsible for producing and maintaining emergency and business continuity plans. Details of other documents which may prove useful in the planning process are included below. Further guidance on business continuity planning is available here: UK Resilience Pandemic Flu Website

When developing preparedness plans, it will be important to remember that bereavement is a loss that will be individual to the family and friends of the deceased. People will react differently and arrangements to communicate plans and the proposed different ways of working will need to take this into account. Whilst it is likely that the experiences of families and friends will differ to normal expectations, local service providers should aim to treat the bereaved with appropriate sensitivity and consideration at all times.

It is the responsibility of public bodies and service providers to ensure that their behaviour (both in planning for and responding to an influenza pandemic) complies with the law. With this in mind, local service providers should participate as fully as possible in LRF planning, but private businesses must not enter into any agreements with each other or public bodies that might infringe Article 81 of the EC Treaty or the Competition Act 1998. Similarly, LRFs and local authorities should not take forward planning practices which would see service providers infringe EU or UK competition laws.

Aim of the Framework for Planners document

The measures outlined in this document are the outcome of widespread consultation among national policy holders, business and the faith communities, and representatives of local government. We hope and anticipate that they will result in arrangements being put in place that will maintain dignity and respect for the dead, and care and compassion for survivors. This document aims to assist local authorities in making plans for dealing with additional deaths arising from an influenza pandemic.

- First, it contains a brief description of how the Government is preparing to respond during a pandemic, provides a brief outline of the roles and responsibilities of
    - local authorities;
    - local resilience forums;
    - Government Offices in the Regions;
    - the Welsh Assembly Government; and
    - central government.

  and offers a short description of the operational command structures and processes that will come into force during a pandemic.
- Second, it indicates the steps that local authorities should take in order to build effective plans, provides a toolkit of different ways of working for the consideration of local service providers involved in processing the dead, and summarises the

communication issues involved in dealing with the consequences of an influenza pandemic.

Key Legislation

Local authorities have a general role in the provision of mortuary facilities as set out in the statutory provisions listed below. Local authorities and other Category One responders are also required to plan for emergencies under the Civil Contingencies Act 2004. There are also powers to enforce specific performance under both provisions.

- The Public Health Act 1936 (s.198) makes provision for a local authority to provide a mortuary for the reception of dead bodies before internment and a post-mortem room for the reception of dead bodies during the time required to conduct any post-mortem examination ordered by the coroner. Ministers can enforce this if required.
- The Public Health (Control of Disease) Act 1984 imposes a duty on the local authority to bury or cremate the deceased if suitable arrangements would not otherwise be made.
- The Civil Contingencies Act 2004 (CCA) is designed to cater for emergencies such as pandemic flu, and therefore is particularly relevant. It places a legal obligation upon emergency services and local authorities (defined as "Category 1 responders" under the Act) to assess the risk of, plan for, and exercise for emergencies, as well as ensuring that they can continue to deliver critical functions in an emergency. It also enables ministers to take exceptional powers in an emergency and where the safeguards laid down by Parliament are met.
    - The CCA provides three definitions of an emergency. The first (Section 1(1)(a)) is ‘an event or situation which threatens serious damage to human welfare in a place in the United Kingdom’. For the purposes of this definition, an event or situation threatens damage to human welfare if it involves any of eight consequences listed in Section 2. An influenza pandemic qualifies as an emergency since it is likely to cause human illness (s.2(c)) and loss of human life (s.2(a)).
    - Section 2 requires local authorities to assess, plan and advise for emergencies. In particular they must plan so that they may be able:
        - to continue to perform their functions in an emergency, and
        - to perform their functions so as to control, mitigate and take other action in respect of the emergency.
    - Section 5 provides that Ministers could order local authorities to perform legitimate LA functions in relation to an emergency (and where there is urgent need this could be done by written direction under s.7).
    - Additionally, in the event of an emergency, the government could pass regulations under Part 2 of the 2004 Act to make any provision thought appropriate for the purpose of preventing, controlling or mitigating the emergency.
- The Coroners Act 1988 (s.24) makes provision for coroners to pay the fees and allowances necessary for inquests, including to persons summoned to attend as witnesses and to medical practitioners carrying out post-mortem examinations.
- The Coroners Act 1988 (s.27) makes a number of provisions for the fees and disbursements paid by the Coroner in the course of his duties under the provisions of the Act to be reimbursed by the relevant local authority. Where a coroner’s jurisdiction falls between two or more districts, the expenses should be apportioned between those councils.

Relevant Guidance Documents

The UK Resilience Website brings together all pandemic influenza guidance and plans. This can be accessed by clicking on this hyperlink: UK Resilience Pandemic Flu Website
The documents listed below will be key to the production of a preparedness plan.

- *Pandemic Flu: A national framework for responding to an influenza pandemic* (published 22nd November 2007) is the overarching guidance for responding to an influenza pandemic.

- Cabinet Office guidance *Contingency Planning for a Possible Influenza Pandemic* offers advice to local authorities and service providers on projected absenteeism and how to manage this.

- *Workplace Advice – Avian Influenza and Pandemic Influenza* has been produced by the Health and Safety Executive. Employers and employees are encouraged to adopt a common sense approach. The guidance promotes sensible personal hygiene measures.

- A business continuity checklist for businesses and organisations planning for an influenza pandemic has been developed by the Cabinet Office. It identifies important generic and specific activities which organisations can do to prepare for a pandemic: *UK Resilience Pandemic Business Continuity Checklist*

- A reflection on the lessons learned in the national pandemic influenza Exercise Winter Willow: *UK Resilience Website Winter Willow lessons identified*

Roles and Responsibilities

CENTRAL GOVERNMENT

All organisations should consider their own resilience and revisit their emergency plans and business contingency arrangements. Local service providers are likely to seek advice from their national policy and operational leads on appropriate different ways of working to deal with pressures. National policy and operational leads will want to consider how to manage the demands on them. Consideration should include potential needs before, during, and after a pandemic.

Department of Health

The Department of Health is the pre-designated lead government department to respond to an influenza pandemic. It also has overall responsibility for developing and maintaining the UK's contingency preparedness for the health and social care response; clinical countermeasures; maintaining liaison with international health organisations; and providing the information and guidance that other government departments, organisations and agencies need to develop their own plans and responses. This includes policy relating to death certification.

The Cabinet Office

The Civil Contingencies Secretariat (CCS) within the Cabinet Office is supporting the Department of Health as lead department in planning for a possible pandemic, in particular coordinating cross-departmental planning. It is responsible for ensuring local plans are in place and that these are robust. It is also responsible for advising and supporting the development of local plans and responses.

The Home Office

The Home Office Mass Fatalities Section is responsible for coordination of the interests of national policy and operational leads. The Home Office has prepared this guidance and is the lead Government Department for coordination of planning for mass fatalities.

The General Register Office became part of the Identity and Passport Service, an Executive Agency of the Home Office, in April 2008. The GRO is responsible for policy and legislation on death registration and provides guidance for registrars. GRO works in partnership with local authorities who employ local register office staff.

Ministry of Justice
The Ministry of Justice is responsible for policy and legislation relating to coroners, burial and cremation authorities, and the development of operational guidance for coroners.

Office for National Statistics
Office for National Statistics is responsible for the provision of statistics relating to deaths.

DEFRA and the Environment Agency (EA)
Defra / EA are responsible for ensuring that the environmental impacts of any measures to deal with pandemic flu are assessed and managed.

The Department for Communities and Local Government
The Department for Communities and Local Government is responsible for the network of Regional Government Offices.

The Devolved Administrations
This guidance applies in England and Wales and has been produced in conjunction with the Welsh Assembly Government. The Scottish Government and the Northern Ireland Office also participated in the National Working Group

Government Offices in the English Regions
Resilience Directors in the Government Offices and their counterpart in the Welsh Assembly Government will retain a strategic overview of preparations in their area. They will expect local authorities, following consultation with partners in Local Resilience Forums, to provide a robust assessment of capabilities and any gaps in these arrangements. In turn, local capability assessments will be reported to the Home Office. Resilience Directors will work with LRFs to find local solutions to fill gaps, particularly where Region-wide solutions are appropriate, and to promote the measures set out in the *Framework for Planners*. The Regional tier may also facilitate co-operation on issues that cross LRF boundaries and co-operation across regional borders.

LOCAL GOVERNMENT

The Local Resilience Forum
The Local Resilience Forum is the principal mechanism for the coordination of multi-agency planning at local level. Its membership includes all Category 1 responders (such as local authorities, emergency services, and health bodies) which are subject to a range of civil protection duties under the Civil Contingencies Act 2004 and others such as Government Offices and Strategic Health Authorities. Individual business areas in each local authority will be responsible for producing Business Continuity Plans; and each local authority will be responsible for ensuring that it has an Authority-wide Plan. The Civil Contingencies Act stipulates that all Category 1 Responders in a particular resilience area must convene at least once every six months in a Local Resilience Forum to ensure that the planning undertaken by Category 1 Responders is fully co-ordinated.

Strategic Co-ordinating Groups (SCGs)
In the event of a pandemic influenza outbreak, it is likely that Strategic Co-ordinating Groups (SCGs) will be convened. The purpose of the SCG is to take overall responsibility for the multi-agency management of an outbreak at local level. Membership of the SCG is likely to mirror the Category 1 membership at the Local Resilience Forum plus relevant Category 2 responders. UK Resilience Guidance on crisis management structures is available here: Management and Coordination of Local Operations

Local Authorities
As a Category 1 Responder, local authorities[2] are charged under the Civil Contingencies Act 2004 with a duty to maintain and publish plans to reduce, control or mitigate the effects of an emergency. Consequently, local authorities have a duty to account for the effects of an influenza pandemic in their contingency planning, and to ensure that these plans integrate with the plans of other Category 1 Responders in their particular resilience area. Such planning should cover the ways in which high levels of additional deaths will be managed.

In addition, the Civil Contingencies Act 2004 requires local authorities to take steps to raise business continuity awareness among organisations in their area. While this duty relates primarily to SMEs and the voluntary sector, local authorities will wish to ensure individual business areas produce Business Continuity Plans; and each local authority will be responsible for ensuring that it has an authority wide Plan.

Local Service Providers
Alongside local authority services, external organisations have a crucial role in managing deaths. An essential part of local authority emergency planning will be for local services and businesses to work together.

A local service provider is any public or private organisation that plays a role in managing deaths. Local service providers will be responsible for putting in place their own business continuity plans. They will also be responsible for testing that their arrangements are robust.

A significant concern of local service providers will be minimising exposure to illness as their staff perform their responsibilities. Local service providers will require the support of their employees to maintain service provision. Employers and managers will want to promote the use of the generic pandemic influenza infection control guidance. They will want to consider whether it is necessary to put in place any specific infection control measures. If so, they may wish to seek advice from their national operational leads (the appropriate Government Department(s) that deals with the policy that affects their business area) ahead of doing so. Some infection control guidelines have been prepared and are available here: UK Resilience Infection Control Guidance

Individuals
It is the responsibility of all individuals, through their estates, to make arrangements for their funeral and their disposal. If individuals die intestate, the responsibility falls first to the next of kin, and then to the local authority under s.46 of the Public Health (Control of Disease) Act 1984. This will not change in a pandemic: individuals will remain responsible for meeting the cost of their disposal, unless they die penniless.

[2] Local authorities include county councils, district councils, London borough councils, the Common Council of the City of London, the Council of the Isles of Scilly, and county borough councils. All have responsibilities when it comes to emergency planning.

OTHER NATIONAL ORGANISATIONS WHICH CONTRIBUTED TO THIS GUIDANCE

The Local Government Association

The Local Government Association; and the Society of Local Council Clerks provided advice on the role of local authorities.

The Faith Communities Consultative Council

The Faith Communities Consultative Council represented the interests of faith groups.

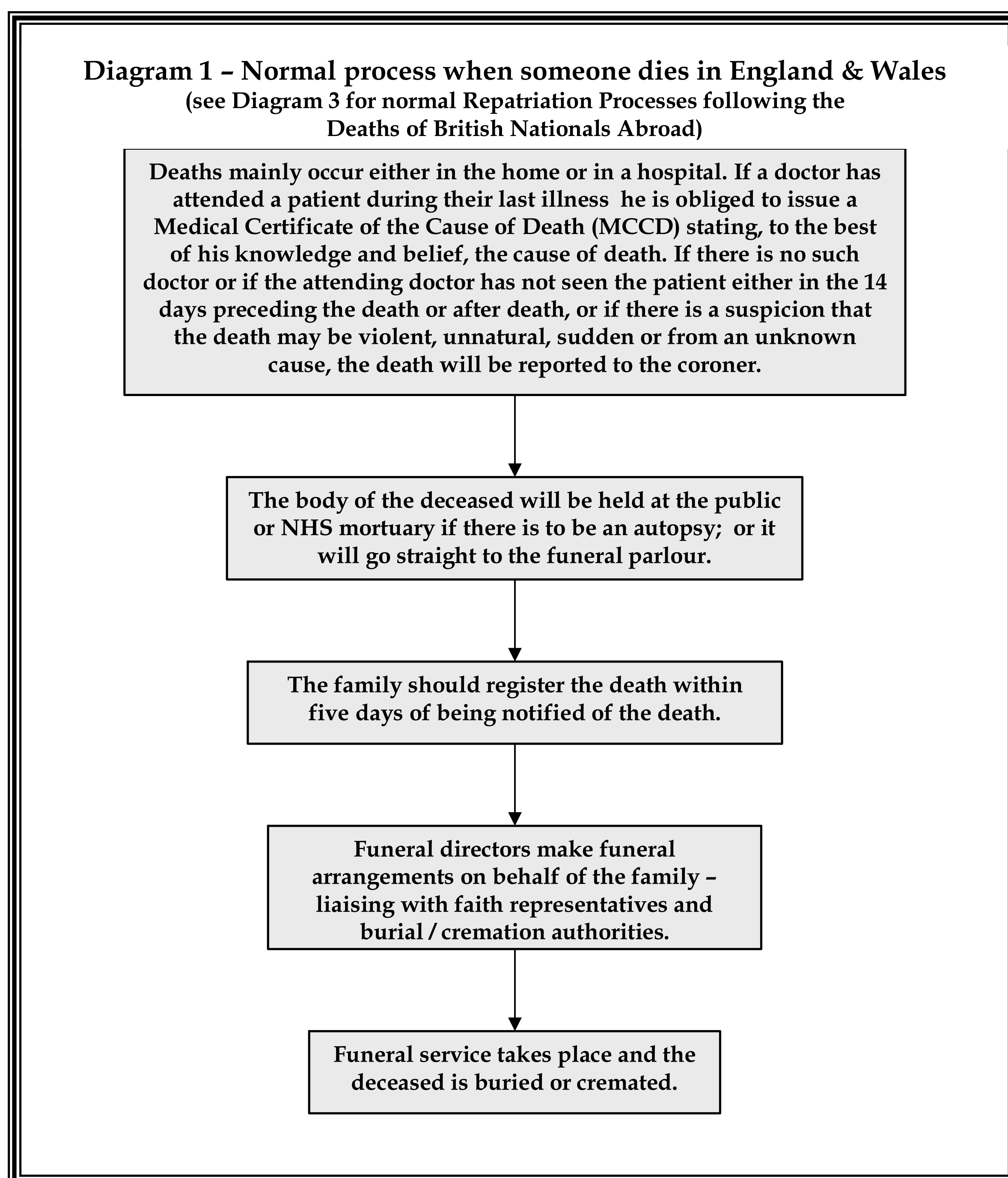
Professional and Industry Organisations

- The Coroners' Society for England and Wales represented the interests of coroners; and The Coroners' Officers Association, of coroners' officers.
- The National Association of Funeral Directors; the Society of Allied and Independent Funeral Directors; the Institute of Cemetery and Crematoria Management; and the Federation of Burial and Cremation Authorities represented the interests of the funeral industry.
- Local Authorities Coordinators of Regulatory Services (LACORS) advised on the local delivery of registration services.

Chapter 2: Planning

Introduction

Diagram 1 outlines normal processes followed when someone dies if the death is not referred to the coroner. It will be the aim of local service providers to maintain current processes for as long as possible. However, as the numbers of additional deaths increase, normal processes may soon become unsustainable. Different Ways of Working will need to be introduced but these must retain an emphasis on maintaining dignity and respect for our dead and consideration for the bereaved. Proposed Different Ways of Working are set out in Chapter 3 of this document. This section details the National Planning Assumptions which have shaped the development of those options.



National Planning Assumptions

The document *Pandemic flu: A national framework for responding to an influenza pandemic* projects a range of clinical attack and case fatality rates. This section draws out from those projections the planning assumptions which should shape local planning for the management of excess deaths i.e.: the percentage of the population who may fall ill; and of those, the percentage who may subsequently die.

Table 1 below provides a range of possible excess deaths occurring in the UK as a result of a pandemic.

Table 1 – Range of possible excess deaths for various permutations of case fatality and clinical attack rates, based on UK population

Range of possible excess deaths in the UK			
Overall case fatality rate (%)	**Clinical Attack Rate**		
	25%	**35%**	**50%**
0.4	55,500	77,700	111,000
1.0	150,000	210,000	300,000
1.5	225,000	315,000	450,000
2.5	375,000	525,000	750,000

As this table suggests, it is not possible at this stage to say with any certainty what impact a pandemic will have. It may be spread over one or more waves, each of around 15 weeks, which could be weeks or months apart. Deaths are likely to be greatest if the highest attack rates are in elderly people but it is not possible to predict this in advance. Modelling suggests that over the entire period of a pandemic, up to 50% of the population may show clinical symptoms of influenza.

Due to this uncertainty, a reasonable worst case scenario on which to base local planning has been determined to be a pandemic which has:

- **a clinical attack rate of 50% in a single wave; and**
- **an overall case fatality rate of 2.5%**

As it is not possible to predict the length of a pandemic, for each region planners should assume a length of 12-15 weeks.

Experience in previous pandemics suggests that there may be considerable local variation in clinical attack rates and case fatality rates and therefore some areas may experience higher pressure than others.

Assessment of Local Risks

Local circumstances will vary to a greater or lesser degree and it is therefore critical that local authorities and local service providers should undertake risk assessments of the impact of pandemic influenza in respect of their particular area. Those responsible for determining emergency and business continuity plans will use these risk assessments to determine appropriate local responses to mitigate those risks and develop a business continuity plan.

Estimated population figures broken down by local authority areas are available from the Office for National Statistics (see www.statistics.gov.uk). To determine likely local pressure points, local authorities should:

- Apply national planning assumptions to local populations;
- Determine the maximum capacity of currently available services;
- Reduce maximum capacity levels to take account of average normal business;
- Apply national assumptions for absenteeism (see Cabinet Office Guidance **Contingency Planning for a Possible Influenza Pandemic**); and
- Apply the outcome of the previous step to national planning assumptions for additional deaths and determine pressure points for the pandemic and the projected worst peak.

National Planning Assumptions Assessments Tool

To assist local planners in their planning and preparations for an influenza pandemic central government has developed a tool to facilitate the application of National Planning assumptions to the local setting.

- National Planning Assumptions Assessments Tool [Excel file]

Table 2 is based on Health Protection Agency (HPA) models of the impact of a pandemic and can be used to model the distribution of fatalities over the period of a pandemic. It will enable local planners to apply a projected percentage of additional deaths per week over a fifteen week period to their local population. For reference purposes, this should be done for each of the national planning assumptions listed above.

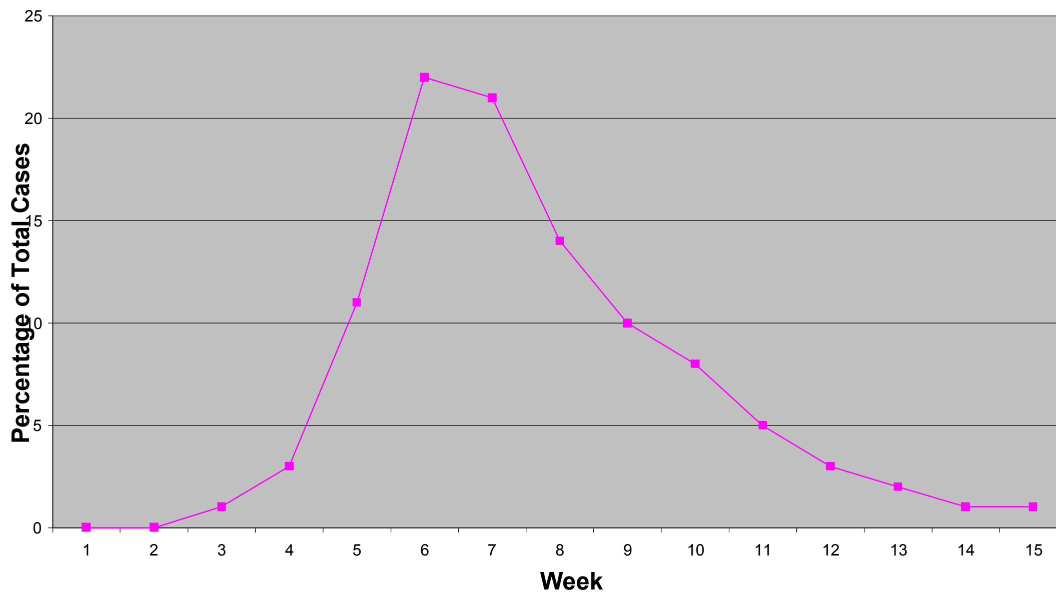
Table 2 shows the distribution of the total numbers of excess deaths in an area across a fifteen week period. For example, week 5 is listed as having a percentage of 11%. That means that of the total number of deaths occurring from pandemic influenza within a fifteen-week period, 11% of the fatalities will occur in week 5. The total number of deaths is a number that local planners must calculate for their own area, using the planning assumptions above (i.e.: of x population, y% will fall ill, of which z% will die). Table 2 is graphically represented in Figure 1, below.

Table 2 – Projected Percentage of Additional Deaths over a Fifteen Week Period

	Pandemic Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Projected Percentage[3]	0	0	1	3	11	22	21	14	10	8	5	3	2	1	1

[3] Please note these percentage figures are rounded and therefore total at more than 100%.

Figure 1: Single wave national profile showing proportion of new clinical cases by week



Elements in the Planning Process – Summary

A tiered approach to planning will be necessary.

- **Each business area will need to undertake an assessment of risks and feed that in to the development of its individual business continuity plan (BCP).**
- **Local authorities with responsibility for the business areas and processes engaged in the management of deaths will need to:**
  - ⇒ map these processes;
  - ⇒ identify the players responsible for the elements of the process and ensure they participate in planning activities;
  - ⇒ ensure that each business area produces a BCP;
  - ⇒ produce an overarching BCP which
    - identifies pinch points for individual business areas within the LA;
    - sets out the process for moving to Different Ways of Working; and
  - ⇒ contribute to LRF planning.
- **Local Resilience Forums will need to produce an overarching plan, the purposes of which will be:**
  - ⇒ to provide assurance about the existence of BCPs for individual business areas and local authorities;
  - ⇒ to document agreements between the organisations involved in the process about the need to move corporately to Different Ways of Working; and
  - ⇒ to provide a framework for communications,
    - with individual business areas in the LRF area;
    - with the public in the LRF area;
    - with the RCCC and Central Government in the event of a crisis.

This reflects the Phased Transition to Different Ways of Working set out in **Diagram 2** below. It will need to be driven by LRFs but informed from the bottom up.[4]

Tiered Planning

Local Resilience Forums

Further to the comments in Chapter 1 on Roles and Responsibilities, the local authority is the organisation which is responsible for leading planning. However, LRFs may, corporately, decide that they should produce a single LRF-wide plan for managing excess deaths. Given the complexity of pandemic influenza LRFs are in any case advised that they should develop multi-agency plans which draw together information from all category 1 responders and relevant category 2 responders, i.e. covering all organisations that need to coordinate and integrate their preparations for an emergency. These multi-agency plans should contain detailed local plans for the management of excess deaths resulting from a pandemic.

More detailed information on the role of LRFs in relation to pandemic influenza planning and guidance on the development and content of multi-agency plans can be found here:
http://www.ukresilience.gov.uk/pandemicflu/guidance/regional_local.aspx

LRFs should encourage business continuity planning to ensure all members and all organisations upon which they will rely during a pandemic have adequate planning. They will also want to consider their own business continuity planning to ensure their responsibilities can continue to be carried out given the possible levels of staff absence.

Local authority emergency planning officers should use the LRF to consider and agree with other members actions and local trigger points with multi-agency impacts e.g. guidelines for potential users of the emergency contact point (see Chapter 4). They will want to ensure that arrangements could cope with a high volume of use.

Local Authorities

Local authority emergency planning officers should work in conjunction with the relevant business areas, including, especially, the funeral industry, coroners and local health planners to develop plans. This will be particularly important in respect of planning the effective use of mortuary space. Much of the space taken up in mortuaries will be as a result of coroners' cases. While local authorities have the lead responsibility for making provision and planning for the storage and ultimate disposal of fatalities, very few now run public mortuaries (85% of mortuary space is located in the NHS). Consequently, most local authorities lack any significant in-house expertise in this area. This expertise can be found mainly in the NHS and in the funeral industry. It will therefore be crucial to involve

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[4] Public bodies and service providers who are engaged in planning for a flu pandemic should not share or disclose information by virtue of which competitors become aware of each others' prices, other commercial terms and conditions or current or future capacity. The sharing of commercial information between businesses may be an infringement of the Competition Act 1998 or Article 81 of the EC Treaty. In general, the exchange of information about prices or pricing strategies is likely to breach competition law as it might lead to co-ordination of prices and diminish the competition that might otherwise exist. Conversely, the aggregation and dissemination of anonymised data on matters other than price may in some cases be more acceptable, provided it is not possible for market participants to work out individual figures from the data. It is important to ensure that the exchange of information cannot reduce the commercial and competitive independence of the undertakings concerned. Therefore, assuming that a LA or LRF is not itself engaged in commercial activities which could gain an advantage from knowing the information, there should not be any breach of competition law associated with gathering individual data from firms (whether voluntarily or by use of statutory powers if they have them) and compiling this for internal planning purposes.

NHS Trusts, and specifically Mortuary Managers in planning; as well as coroners and the funeral industry.

It will be absolutely crucial that local authorities engage with representatives of the funeral industry (e.g. funeral directors and private cemeteries and crematoria) in the planning process since their contribution to the response will be central to its success. A list of Regional Representatives of the *Federation of Burial and Cremation Authorities,* and central contact details for the *National Association of Funeral Directors* and the *Society of Allied and Independent Funeral Directors*, each of which is primed to identify local representatives who can feed into the planning process, is attached at **Annex E**. These individuals should be invited to nominate a representative of the industry to participate in working groups tasked with developing Different Ways of Working in respect of funerals and final disposal. Local faith leaders should also be invited to participate in these groups if planning is to be effective.

Additionally, local authority emergency planning officers will want to ensure supporting services are aware of what might be required of them (e.g.: local bereavement services and Job Centre Plus), in particular of the potential increased requests for support.

Local authorities will want to offer reassurance to their communities that all that could be done is being done to prepare for high volumes of additional deaths during pandemic influenza. They will want to consider how to manage the potential demands on them for advice and support. Consideration should include needs before, during, and after a pandemic. Communication issues are dealt with in more detail in Chapter 5 of this document.

Planning the Transition to Different Ways of Working

Chapter 3 provides a toolkit of the potential Different Ways of Working that the main service providers involved in the management of the dead will use during the course of a pandemic. All Different Ways of Working are conceived so as to ensure that the death management process can continue to function under the pressure of additional deaths during a pandemic. The Different Ways of Working may not all be necessary or appropriate in all circumstances and local plans should be tailored to local circumstances. They divide into three categories, which equate broadly with the three phases set out in **Diagram 2**:

PHASE ONE: measures which individual business areas have identified that can be implemented unilaterally and which are set out in their own single-agency business continuity plans.

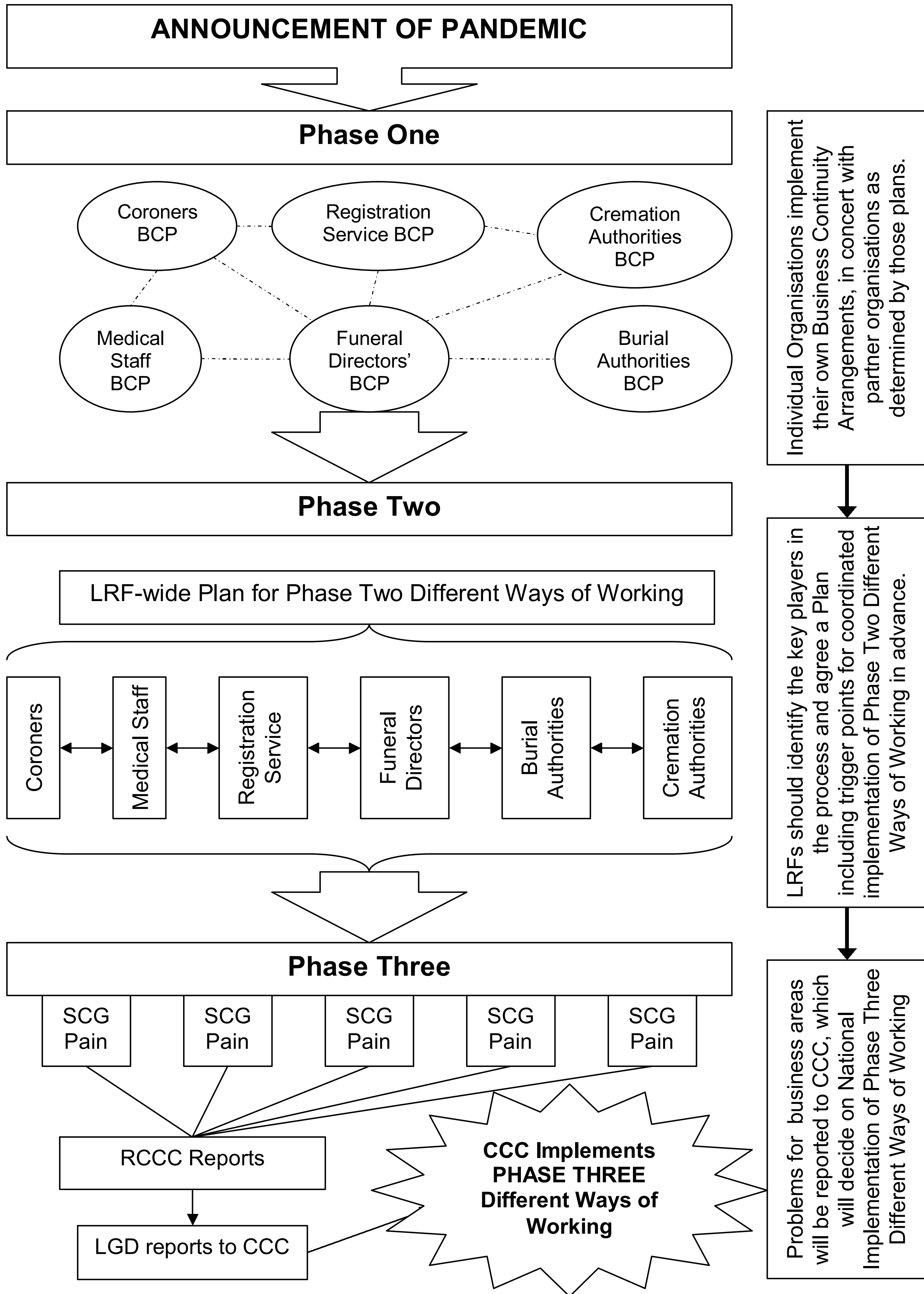
PHASE TWO: measures which form part of the LRF plan (Phase Two Different Ways of Working) i.e. those which rely to a greater or lesser degree on cooperation between one or more organisations involved in the management of excess deaths.

PHASE THREE: measures which require changes to primary or secondary legislation, which need to be implemented by Ministers (Phase Three Different Ways of Working).

In the event that a Phase Three request for legislative change results in a Ministerial decision to implement statutory Different Ways of Working, these will be further sub-divided into two sections:

Phase Three Section One:	Section One comprises statutory changes which affect only a single organisation or business area. An example of a Section One change would be increasing coroners' ability to hear cases through documentary evidence only, which only affects the coroner. Following a decision by Ministers to move to Phase Three, **all** Section One changes will **be made available** throughout England and Wales, and may be adopted by relevant business areas when they become necessary in light of local circumstances
Phase Three Section Two:	Section Two comprises statutory changes which have consequences for more than one organisation. An example of a Section Two change is the power to accept registration of a death by a funeral director rather than a family member, which affects both the registration service AND the funeral industry. Section Two changes are enacted in a different way to Section One changes. If all non-statutory changes in the LRF plans have been made, and further action is required to manage additional deaths, one or more SCGs may request the **uniform implementation** of **one or more** Section Two changes. Upon approval from Ministers, the requested Section Two changes will be implemented nationally. Section Two changes may be requested at the same time as a request to move to Phase Three, or at any time after Phase Three has been implemented.

Diagram 2: Pandemic Influenza: A Phased Transition to Different Ways of Working in Managing Excess Deaths



Phase One
In line with the overarching strategy of the *National Framework*, local authorities should plan to implement business continuity measures to enable business as usual for as long as possible in the first instance.

It may be that for some business areas there is little substantive difference between the measures they adopt in Phase One and in Phase Two. The distinction between these Phases relates to the way that business areas will need to work together in order to manage the process as a whole.

Phase Two
Phase Two is characterised by a movement away from normal ways of working, with business areas moving to a way of working which is based on the process as a whole, as opposed to the perspective of a single agency.

Phase Two will signal a move from working as single agencies to working under the aegis of the overarching LRF plan with the aim of achieving the most efficient management of excess deaths across the process. From the perspective of the single agency, this may appear counter-intuitive. For example, business areas may be asked to adopt Phase Two Different Ways of Working which are needed to support the process as a whole, or another business area, rather than solely to keep their own business area working. It will therefore be important for LRF plans to set out the agreement of business areas to move to Phase Two, and the triggers which will underpin this movement.

Phase Three
LRF plans will need to set out the mechanism by which the SCG will monitor the effectiveness of Different Ways of Working. This is important in order that they can make local status reports to the RCCC and onwards to Ministers at the CCC. It is through this mechanism that a need to move to Phase Three will be identified and reported to Ministers (as set out in Chapter 4 of this document).

Different Ways of Working in Chapter 3 will require lead-in time to prepare. They will be unfamiliar to staff. As staff are likely to be working under pressure they will want to be clear about:

- when changes to processes will be introduced;
- what the changes entail;
- what will be expected of them; and
- how to mitigate any increased risk to service delivery.

Organisations and employers will want to ensure guidelines are in place and include these preparations in their planning. They will want to equip managers to brief their staff and to support service delivery, including by monitoring the availability of resources to carry out the necessary tasks. Where necessary, training should be made available and/or arrangements made for emergency training to be given.

Ending Different Ways of Working
The precise arrangements for terminating Phase Three and its associated Different Ways of Working will be identified in the regulations accompanying the legislation for each statutory change.

Staff absenteeism

The level of staff absence from work during a pandemic will depend significantly on the nature of the pandemic virus when it emerges. The planning assumptions set out below are based on current knowledge, analysis of past pandemics, published evidence and scientific modelling. Given the inevitable uncertainties, a range of figures is given in some areas. Organisations should ensure that their business continuity plans have the flexibility to accommodate these ranges.

During a pandemic, staff will be absent from work if:

a. They are ill with flu[5].
b. They need to care for children or other family members who are ill with flu.
c. They need to care for (well) children if schools, early years groups and childcare settings close for an extended period to reduce the spread of infection
d. They have non-flu medical problems.
e. Their employers have advised them to work from home.

Business continuity planning against an influenza pandemic should have at its heart an estimate, through aggregation of data in each of the categories above, of the number of staff likely to be absent from work at the peak of the pandemic. This will differ for each organisation depending on the make up of staff.

As a rough working guide, organisations employing large numbers of people, with flexibility of staff redeployment, should ensure that their plans are capable of handling staff absence rates of up to 15-20% over the 2-3 week peak of a pandemic (in addition to usual absenteeism levels). Small businesses, or larger organisations with small critical teams, should plan for level of absence rising to 30-35% at peak, perhaps higher for very small businesses with only a handful of employees.

Finally, employers should note that:

a. Depending on the rate of spread of the virus within the UK, levels of staff absence from work are unlikely to be uniform across the country. Employers with sites spread across the UK may experience peak rates of absence at different times in different regions.
b. Absentee rates could be higher than the estimates given here if the nature of the virus means that people take longer to recover from infection than the assumption shown above, or if some age groups of the population are affected more severely than others.

[5] Numbers in this category will depend on the clinical attack rate. If the attack rate is 25%, a quarter of staff in total will be sick (and hence absent from work for a period) over the whole course of the pandemic. If a pandemic occurs over one wave, this level of cumulative absence could be experienced by employers over a period of around 3-4 months. But there may well be more than one wave, with absence from work being spread across those waves.

Chapter 3: Different Ways of Working – A Toolkit

Introduction and Trigger Points

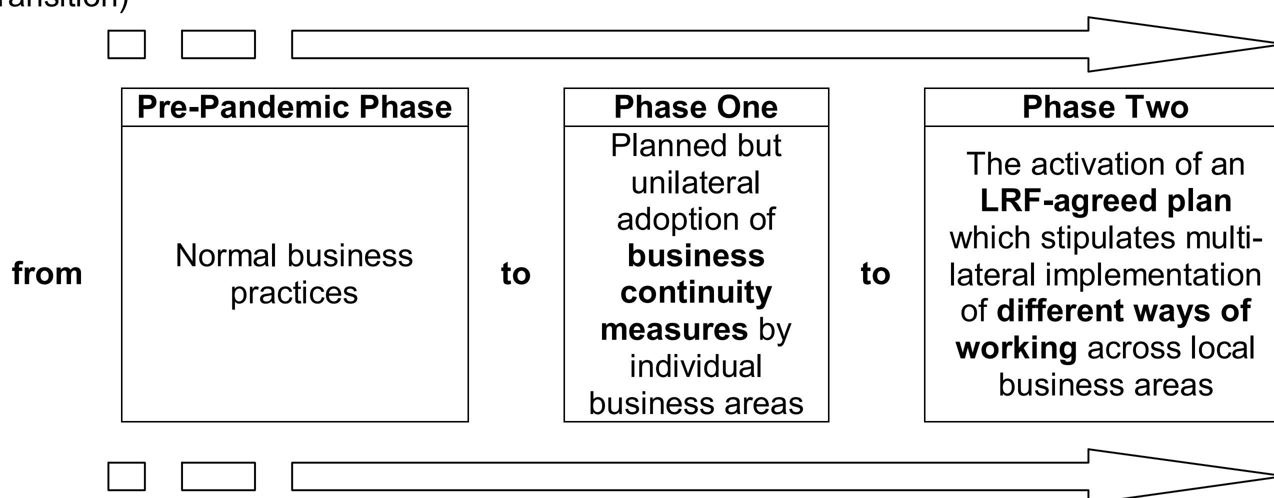
Chapter 2, above, set out a framework for tiered planning within the overarching strategic approach of maintaining business as usual for as long as possible; and a Phased Transition to introducing Different Ways of Working. Chapter 3 aims to set out the Different Ways of Working that local business areas will plan to introduce.

Central Government will work with stakeholders to ensure that national policy will permit Different Ways of Working to be adopted in order to mitigate the effects of a pandemic on services. However, it is the responsibility of local authorities to plan with service providers in their area.

Working with the reasonable worst case scenario in mind, Different Ways of Working will need to be introduced. Chapter Three sets out below the Different Ways of Working for each of the Business Areas that are involved in the management of excess deaths, sub-divided into the phases in which they will occur.

Phase One – Business Continuity Measures

Chapter 2 introduced the idea that, in many instances, there may be little substantive difference between the business continuity measures that business areas adopt in Phase One, and the different ways of working stipulated within the LRF plan for Phase Two, the distinction being that in Phase Two they would be mandated by the LRF plan. The move from Phase One to Phase Two therefore primarily signifies a planned shift (or phased transition)



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Phase Two Different Ways of Working

Phase Two Different Ways of Working comprise a wide range of measures involving shifts away from normal practices and levels of service which have been recommended by the national representative organisations that formed the National Working Group on the production of this guidance. They cannot, and in some cases should not, be mandated since they involve personal choices around the delivery of, for example, funerals and arrangements for final disposal. However, in most cases, choices will be limited and 'normal' practices will not be among them.

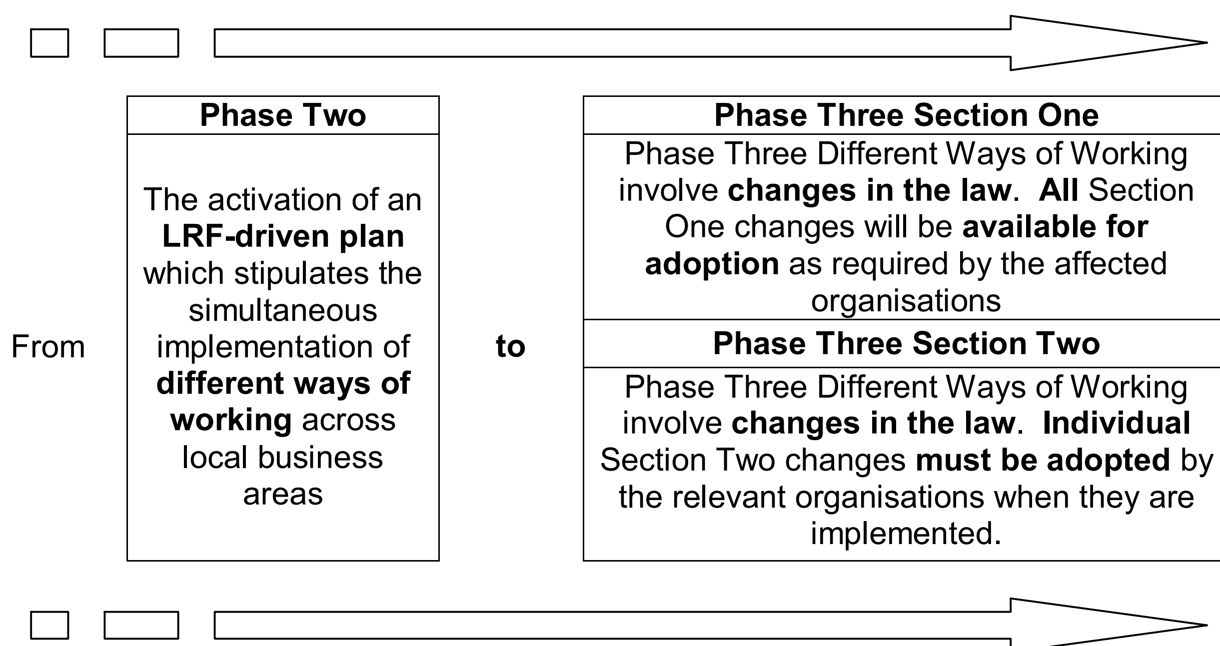
Implementation of Phase Two Different Ways of Working should be conceived and agreed by local authorities with local service providers in light of the prevailing local circumstances. These changes are particularly applicable to the management of funeral

services and mortuaries. As far as possible, local authorities and local service providers in the LRF should agree in advance the extent and timing of implementation of Phase Two Different Ways of Working. These will then be implemented by the SCG.

Local authorities should ensure that all interested parties are kept informed of the Different Ways of Working that service providers might adopt during a pandemic; and be aware of the trigger-points at which service providers would adopt Different Ways of Working.

Phase Three Different Ways of Working

Phase Three Different Ways of Working comprise a range of measures characterised by the fact that they involve changes in the law. These changes are sub-divided into those which will become available for adoption as required following a request by the SCG and a decision by Ministers (Section One); and individual changes which must be adopted by the relevant organisations when they are implemented (Section Two).



FUNERAL SERVICES

All the different ways of working in respect of conducting funeral services are non-statutory and hence categorised as **Phase Two Different Ways of Working**.

Achieving efficiencies in respect of the conduct of funeral services while retaining the dignity of the deceased and respect for the bereaved will be one of the most important elements in ensuring that the process of managing excess deaths works smoothly. However, funeral services are entirely non-statutory in nature, based entirely on the customs, habits and preferences of individuals and of wider faith and community groups. It will therefore be crucial that faith community representatives are engaged in wider local planning at the earliest possible stage. The Faith Communities Consultative Council has been involved in the preparation of this guidance. As appropriate, faith community representatives will want to be involved in decisions taken locally by funeral directors and cemetery and crematoria managers.

The aim should be to maintain funeral services as near to normal as possible for as long as possible. However, at both cemeteries and crematoria there will be a variety of options open to funeral directors, and in the event that measures need to be taken in order to manage the upper levels of excess deaths envisaged, it may become necessary for funeral directors to restrict the choices available to family members. Restricting choice does not mean removing the option of having a funeral. Many traditional elements of funeral services can be maintained. Realistically, however, local planners should ensure that those directly involved in conducting funerals are aware of the options for limiting or restricting funeral services. Some possible measures are listed below, although service providers should be encouraged to adopt a course of action that accords with the LRF plan. It will be important that public communications clearly explain why such limitations have become necessary. This is set out in more detail in Chapter 5 of this document.

Funeral directors will need to collaborate with registrars to ensure deaths are registered in a timely way. They will also need to consider ways in which they might be able to increase their capacity to hold the deceased prior to funerals.

Funeral directors, working in partnership with faith community representatives and cemetery and crematoria managers, should consider the following business continuity measures, which should be included in local authority and LRF plans as baseline BCP measures:

- Introduction of a variety of measures relating to normal work patterns including:
  - introduction of shift working;
  - working hours are increased; and
  - businesses moving to seven day week operation;
- Staff roles re-evaluated and essential services only are maintained e.g.:
  - the dead are taken to the chapel;
  - no car service is offered;
  - bereaved persons attending funerals are met at the chapel;
- Where several businesses are owned or networked, agreements to pool resources (e.g. reception staff, telephone operators, private ambulances) should be negotiated;
- Agreements should be negotiated whereby funeral staff will support burial and cremation staff by taking on agreed non-technical duties at the chapel, crematorium, and cemetery, with a view to assisting cemeteries and crematoria to deploy their own staff to other essential duties;

- Employment of extra staff to act under the supervision of existing staff;
- A limited choice of types and sizes of coffins is offered, to ensure manufacturers can supply to demand;[6] and
- Those arranging and conducting funerals should prepare for basic and shorter services at the chapel, or for memorial services to be held at other venues (e.g. the home or place of worship).

Faith community representatives will also want to consider the impacts of a pandemic on their organisations. They will want to consider:

- what they might do to increase their capacity to provide religious funeral services;
- how these will fit in with the Different Ways of Working being implemented by the other organisations in the process;
- whether they can sustain these taking place at the cemetery or crematorium chapel, chosen place of worship, home, or other setting; and
- whether they can sustain provision to support the bereaved, where required, in light of their other community responsibilities (e.g. supporting local social care services) and, if so, what alternative sources of support might be found.

Supplementary guidance will be available when the Faith Communities Consultative Council releases the guidance document *Key Communities, Key Resources: Engaging the Capacity and Capabilities of Faith Communities in Civil Resilience - Pandemic Flu* in May 2008.

[6] Competition law is generally opposed to any unnecessary restrictions on levels of supply or production, as these can limit competition and consumer choice and can lead to higher prices. Companies which agree such restrictions may breach the Competition Act 1998 ('the Chapter I prohibition') and as a result face investigation and possible prosecution. Planning process should not envisage any such agreements, unless careful consideration is given to those factors (if any) that might assist in mitigating the risk of contravention. For example, in the event that the plans have to activated, any restrictions would need to be limited to those which are essential in the prevailing circumstances.

BURIALS AND CREMATIONS

Cemeteries and crematoria should aim for most burials and cremations to take place as soon as possible following death registration. This is to ensure a minimal impact on additional mortuary or funeral parlour storage capacity. The following business continuity measures reflect the current national trend (England and Wales) of around 30% electing to be buried and around 70% preferring to be cremated. It should be noted, however, that these preferences currently reflect the views of the elderly. Preferences among younger people (and an epidemic is expected to affect the full spectrum of the population) may not be identical and in any event families are likely to be influenced by such factors as the availability and timing of their preferences.

It is not envisaged that there will be any legislative or centrally-driven policy changes other than those referred to below in respect of the forms required for a cremation. The means of delivering burial and cremation services during a pandemic will be for local determination, ensuring compliance with regulations, guidelines, and codes of conduct. Considerations will need to include exploration of the current trend for burials and cremation and the potential impact of any significant movement of this trend.

Although local authorities provide the majority of cemetery and crematoria services, the private sector, including churchyards owned by the Church of England, offers additional – or the only available – capacity in some areas. Private and public sector cemetery and crematoria operators are therefore encouraged to collaborate when local capacity issues emerge. It is understood most cemeteries have sufficient burial capacity for a number of years and will therefore be able to find sufficient space for burials, even if throughput can expected to be testing at peak times. Some, however, may experience shortage of grave space, in particular in inner city areas. Capacity issues are likely to result from rapid use of space allocated for future years. Forward planning, for use during and after the pandemic, will be required. Solutions should offer long term sustainability.

Estimates provided by the Federation of Burial and Cremation Authorities suggest that approximately 70 cremations a week can be provided for by a single cremator. Local planners, in developing plans for the cremation of bodies in an influenza pandemic, will want to assess their maximum local capability for cremation and plan accordingly.

Phase Two Different Ways of Working

- Extending opening hours and working days, with the agreement of staff, to cope with increased burials and cremations, and absenteeism;
- Redeploying staff from other local authority functions;
- Arranging maintenance and inspection of equipment ahead of periods of peak usage, with back up equipment and replacement parts stockpiled;
- Collaborative working with funeral director staff – allowing staff normally required for committals to be redeployed elsewhere; and
- Encouraging funeral services to be held in local places of worship; and shorter time slots for committals.

As a back-up option for higher fatality rates, cemetery managers should plan alternative ways of providing graves. Back-up options are likely to be required should there be an

increase in the proportion of burials or if high rates of staff absenteeism are experienced. In the light of comments made in response to the draft of this guidance, the Ministry of Justice will work with stakeholders to establish whether there is a need for technical and procedural guidance to support the provision of graves to meet the increase in demand.

Locally the decision may be taken to move towards graves which can allow interments to be undertaken more quickly[7]. One option is prior mechanical preparation of the burial site for multiple graves and consecutive burials. This process would allow for, and require, marking of the position of individual burials, and the normal statutory requirements for recording them, but could not normally allow for the adjacent burial of family members. Areas within the cemetery would need to be allocated for this purpose, perhaps of a size sufficient to accept the number of burials forecast for a week ahead. The need to identify new ground cannot be ruled out, subject to the usual assessment of environmental conditions and water tables. Planners will want to factor this into their arrangements. The Ministry of Justice will work with stakeholders to establish what practical advice can be made to local planners when considering whether to adopt this practice.

Subject to consideration of health and safety implications, and should mechanical shoring of graves require back-up options, cemetery managers could adopt the use of more traditional methods. Wooden shoring or no shoring may be viable options.

Planning the provision of graves should take into account likely family wishes during or after the pandemic. As far as possible, the burial of relatives in existing family graves should be maintained, where these have already been acquired or inherited. However, pressures during a pandemic may mean such burials are not viable due to time and (staff) resource considerations. In these circumstances, recourse to the prepared graves discussed above may be needed. Again, where possible, efforts should be made for family members to be buried together, or at least near each other. However, local plans should make it clear that such allowances will need to be balanced against the pressing need for early and swift burial arrangements.

There is potential for the capacity to manufacture and supply coffins to be reduced in a pandemic. The Ministry of Justice will work with stakeholders to explore the potential coffin supply issues raised in response to the draft of this guidance, and what contingency measures the industry may wish to instigate.

Phase Three (Section One) Different Ways of Working

Although trained staff and technicians are necessary for all crematoria, the Government recognises that an influenza pandemic may cause staff shortages that could potentially impact on the operational capacity of crematoria. Guidance on this issue and on the holding of spares and consumables – in both cases in relation to pollution control requirements - is provided by DEFRA AQ19(07).

Phase Three (Section Two) Different Ways of Working

As a back-up option for higher fatality rates, measures will be introduced that would reduce the documentation required for a cremation during an influenza pandemic. In particular, legislative amendments should be made to allow a streamlined version of cremation Form B and to suspend the requirement for cremation Form C. Further details will be available

[7] In this context this means a grave that is for a number of unrelated persons, excavated mechanically in advance and designed for efficient preparation and use

in forthcoming guidance, *Pandemic influenza: Guidance on the management of death certification and cremation*

Local planners should also consider with crematoria managers whether it is practical for crematoria to move to 24/7 working and, if so, whether crematoria managers would need contingency arrangements such as full use of standby cremators. These measures would require the collaboration of staff and would be subject to a decision by Ministers to relax adherence to the Working Time Directive.

ENVIRONMENTAL ISSUES

In many areas of England and Wales, groundwater provides clean safe drinking water. Action taken to provide increased burial capacity during a pandemic, even on existing sites, has the potential to impact upon groundwater quality. Sites in low permeability ground present lower risks to groundwater resources but there is a consequentially higher risk that contaminated water will build up and present a hazard to surface water. The Environment Agency should be factored into discussions at the local level so that risk assessments of existing or new burial grounds can be undertaken, and advice be provided, before decisions are made.

The above-mentioned Defra and WAG air pollution guidance sets out the steps that should be taken in contingency planning at crematoria for an influenza pandemic, and advises on pragmatic enforcement of air pollution standards in the event of a pandemic.

MEDICAL CERTIFICATES OF CAUSE OF DEATH

During a pandemic, hospital doctors will continue to certify deaths that occur in hospitals. However, it may be that during a pandemic a large proportion of additional deaths occur outside of hospital care. There is a statutory duty on every registered medical practitioner who has "attended the deceased during their last illness" to complete a Medical Certificate of Cause of Death (MCCD). GPs would normally complete the majority of such certificates unless there was an identified need to report the death to a coroner.

Phase Two Different Way of Working

Planners in NHS Trusts will work with GPs to ensure that local plans are put in place. Additionally, NHS planners should agree with the emergency services in their area how to sustain arrangements when someone dies at home. Plans will include arrangements for sensitively explaining Different Ways of Working to families of the deceased and ensuring these are understood.

Phase Two Different Way of Working

It is proposed that retired doctors who are still registered with the General Medical Council (GMC) may assist with the provision of health care. Should someone be under the care of such a doctor for an illness they subsequently die of, the doctor would be able to complete the required MCCD.

Phase Three (Section Two) Different Way of Working

During a pandemic, this system will come under substantial pressure. GPs and other medical practitioners should be able to devote as much time as possible to the needs of the sick. Therefore, retired medical practitioners, including those who may have retired or have not practised medicine actively for a considerable period, may be of significant assistance for the purposes of death certification. Further guidance on this is set out in *Guidance on the management of death certification and cremation certification.*

Phase Three (Section Two) Different Way of Working

Legislative amendments will be made that allow a registered medical practitioner who has not attended the deceased in their final illness to provide a medical certificate of cause of death (MCCD) for those who appear to the best of their knowledge and belief based on the information available to have died of pandemic influenza**.**

Phase Three (Section Two) Different Way of Working

Consideration is being given to legal requirements (e.g. the Medical Act 1983, the Registration of Births and Deaths Act 1953, the Cremation Act 1902 and the Coroners Act 1988). Once options are finalised, multi-agency guidelines will be issued to doctors and health care workers, coroners and coroners officers, and registrars.

CORONERS

Coroners are required to investigate deaths of which they are informed when there is reason to suspect they may have been unnatural, violent or sudden or of unknown cause. In prioritising local services in the event of a pandemic, local planners should take into account the important role the coroner plays in ensuring a smooth death management process. Were the coroners service to stop functioning locally, the potential for public disruption and impact on public health is considerable. Coroners have a pivotal role in relation to post-mortems and the numbers that are carried out. Coroners should, therefore, be an integral part of the planning process in order that their views can be fed into the overall LRF strategy for dealing with a pandemic. Local authorities should work with coroners and police authorities (who employ the majority of coroners' officers) to put business continuity plans in place. Business continuity plans should include arrangements for explaining different ways of working to families of the deceased and ensuring these are understood. (See also Chapter 5 below, on Communications)

Coroners' Business Continuity Plans (covering the entire coronial service, including coroners' officers) should identify measures they might take to ensure coronial services can be maintained. Should capacity to maintain services reduce, coroners' Business Continuity Plans should identify what their priorities will be during an influenza pandemic. Business continuity plans should include arrangements for explaining Different Ways of Working to families of the deceased and ensuring these are understood.

The Ministry of Justice, working in partnership with the Coroners' Society for England and Wales and other stakeholders, will ensure coroners and coroners' officers are made aware of their responsibilities through the provision of operational guidance for local planners and coroners. This will go into more detail about the potential for each of the changes identified above. During a pandemic, the coronial system would need to be closely monitored and reviewed.

Phase Two Different Ways of Working

The following business continuity measures are already available for coroners to agree with their local authorities and include in business continuity planning:

- Prioritise completion of disposal certificates over inquests;
- Identification of potential additional deputy and assistant deputy coroners to be appointed in the event of a pandemic;
- Reduction in number of post-mortems commissioned because sufficient alternative evidence is available about the cause of death;
- The appointment of additional deputies in advance of a pandemic;
- By agreement between coroners and their local authorities, neighbouring districts may volunteer to pool resources; and
- Redeployment of support staff from other local authority functions for a fixed term.

Phase Three Different Ways of Working

The Ministry of Justice is considering ways to increase the capacity of coroners through changes to the Coroners Act 1988, Coroners Rules 1984 and any subsequent or supporting legislation. The bullet points below outline the specific areas where changes to normal practice could be made to increase capacity during a pandemic. The proposed Coroners Bill, which the Government will introduce at the earliest opportunity, will create a more flexible system which will facilitate a national response to a pandemic. For example,

the first bullet point below would be addressed entirely by a reformed system and would remove the need for a relaxation of regulations. The proposals below are based on the situation at present and would not be dependent on the introduction of a Bill in Parliament. Such changes would require the relaxation of regulations in the Coroners Act 1988 and the Coroners Rules 1984. The practicality of these proposals is being discussed in detail with coroners and others with an interest.

Phase Three (Section One) Different Ways of Working

- Allow greater flexibility about where and who could hear coroners' cases and where post mortems could be carried out;
- The arrangements for investigating deaths abroad;
- Whether to have a jury at the discretion of the coroner;
- Simplifying the arrangements for the appointment of deputy coroners; and
- Increasing a coroner's ability to hear cases through documentary evidence.

The detail of how these proposals will work will be set out in the operational guidance to coroners referred to above. Consultation will take place in due course.

Phase Three (Section Two) Different Ways of Working:

In addition, the Department of Health and Ministry of Justice propose the following:

- The legal requirement that a death must be referred to the coroner if the registered medical practitioner (who must have attended the deceased during their final illness) who certified the cause of death had seen neither the body after death nor the patient within 14 days of their death will be relaxed to refer to 28 days.

- The good practice requirement that all deaths which occur within 24 hours of admission to hospital (unless purely for terminal care) are reported to the coroner should cease insofar as it concerns deaths caused by pandemic influenza or complications thereof.

DEATH REGISTRATION

Funerals cannot take place until certificates for burial or cremation have been issued either by the registrar or by the coroner. The registrar usually needs to register the death before issuing a certificate. But regulations are in place to allow registrars to issue the documents needed for a funeral before the deaths has been registered, provided the registrar has seen the Medical Certificate of Cause of Death.

Deaths should usually be registered within five days. It will be important for this requirement to be sustained as far as possible. Registration is done by a relative or person who was present at the death or who is arranging the funeral. The Office for National Statistics will be the data source for reporting on registered deaths; it will be important that collective action is taken by all to ensure this is done in a timely way. Death estimates will be published weekly as per current arrangements.

The ability of registration services to absorb increased death registration will vary from district to district. The means of managing increased death registrations have been considered by the Office for National Statistics, General Register Office and local authority representatives. If local authorities can provide resources to support proposed Different Ways of Working, registrars should be able to manage pressures.

Phase Two Different Ways of Working

Advice has already been cascaded to local registration services on how they might need to work differently. Additionally, a new web based electronic registration system is being rolled-out across England and Wales.

Registration services should already be including the following options in their business continuity plans:

- Employment of extra staff to act as deputy registrar, and provision of necessary training;
- Contact between registration districts to explore potential for interchange of staff to cover absenteeism;
- Extension of opening hours, incorporation of shift working, and moving to a seven day working week;
- Rationalising work processes; prioritising death services and deferring activity on births, marriages and civil partnerships, where possible[8];
- Delaying the issue of birth, marriage and death certificates unless they are required urgently (e.g. for investigation purposes); and
- Publicity of arrangements for death registration will be through local press, websites, and notices.

Local authorities are legally required to make a ‘scheme’ to provide registration services within their area. Many have chosen to have county-wide districts. This provides for a more flexible use of staff. This approach is encouraged through the modernisation of

[8] Further advice will be provided on the permissibility of deferring other activities in this way in due course.

governance of the service. Local authorities who have not moved to county-wide arrangements may choose to have plans to do so for the duration of the pandemic.

Additionally, there may be benefits in asking local authorities to co-locate coroner and registration services for the duration of the pandemic. This would allow for the pooling of support staff and could speed up inquiries registrars may have on any certificates completed by coroners. However, this may not always be practicable.

Phase Three Different Ways of Working
The General Register Office is considering other ways to increase the capacity of registrars to cope. They are exploring what changes might need to be made to the Registration of Births and Deaths Act 1953 and any subsequent or supporting legislation. Such changes may require the introduction of emergency legislation, which would remain in place until issues could be resolved. The General Register Office released the consultation document *Pandemic Influenza: Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes* on 27th November 2007, suggesting the following different ways of working become available at World Health Organisation Phase 6 (UK Alert Level 3 and 4). (please visit the General Register Office website: www.gro.gov.uk for news of developments on these proposed policies). In line with other provisions in this guidance, these measures will be implemented as follows:

Phase Three (Section One) Different Ways of Working

- the requirement to receive the original, signed MCCD or coroners' forms will be relaxed – if necessary – and documents faxed or emailed from GP surgeries, hospitals, coroners offices etc. may be accepted as evidence of the cause of death.

- legislation will be amended to allow information for a death or still-birth registration to be given by telephone where the local authority have decided that it is not appropriate to provide facilities for face to face registration interviews.

- legislation will be amended to allow still-births to be registered more than 3 months after a child has been still-born.

Phase Three (Section Two) Different Ways of Working

- provision will be made to extend the list of those who may act as qualified informants to include a funeral director when authorised by the deceased's family to act on their behalf.

The General Register Office is working with the following: Department of Health, Ministry of Justice, Local Authorities Coordinators of Regulatory Services (LACORS) and the Local Government Association to finalise guidance. As options are finalised, multi-agency guidelines will be issued to doctors and health care workers, coroners and coroners' officers, and registrars.

MORTUARY CAPACITY

Different Ways of Working in respect of body storage are categorised as **Phase Two Different Ways of Working**.

Different Ways of Working in this section assume that there will be limited capacity to hold the deceased prior to funerals at hospital mortuaries, public mortuaries and funeral parlours. The emphasis therefore is on increasing business continuity of death certification and registration, funeral services, and burials and cremations.

Effective use of measures in this guidance is likely to mean minimal impact on mortuary capacity. Seeking to create an entirely new capability may prove difficult to manage and operate as it would be an unfamiliar environment that would be reliant on taking staff out of their normal workplaces. It is strongly recommended that all alternatives are fully explored before any investment is made in temporary mortuary facilities. Central assistance will not be made available to support the provision of such facilities. However, if local capability assessments determine additional mortuary storage capacity is likely to be needed, local services should seek to base solutions on existing arrangements.

Most coroners now use NHS facilities for their post mortems. NHS mortuaries are essentially for patients who die in hospital, or have, for example, died in an ambulance on the way to hospital. People who die in their own homes would not normally come into NHS mortuaries. They would be managed by funeral directors.

In preparation for outbreaks of seasonal influenza, NHS organisations will be working with local authorities to ensure services can deliver and provide adequate out of hours services. NHS trusts should be working with local authorities to ensure mortuary capacity is adequate to meet peaks in winter deaths. The necessary steps to provide additional facilities in the event that these are needed should already be planned.

Temporary facilities must meet minimum standards of permanent mortuaries to respect the dignity of the deceased. Refrigerated vehicles and trailers should not be used (but see ‘Containerised Storage’ below). NHS trusts and local authorities will put in place suitable local arrangements informed by potential pandemic influenza pressure points. This may involve seeking solutions from commercial suppliers.

An outline specification for temporary facilities is included at **Annex B**. This is offered as an indicative guide for NHS trusts and local authorities to consider. It has been based on national emergency mortuary arrangements, which have been established for use in response to no-notice incidents. Such facilities should replicate existing storage arrangements as far as possible. NHS trusts and local authorities will determine local strategies for providing additional mortuary storage capacity. As a guide one or more of the following options may be planned for:

- **Use of Buildings Normally Used for Other Purposes** as storage facilities: this might include commercially acquired premises or local authority-owned premises. Local authorities need to ensure that consideration is given to the stigma that may be acquired through the use of a building for this purpose and that this is reflected appropriately in any contractual arrangements. Consideration should also be given to the potential emotional impact on those who use the buildings now, or will use them after the pandemic, especially when the users include children (or vulnerable adults.)

- **Rigid or Demountable Storage Structure**: would comprise purpose-built units that can be deployed to a range of terrains. This type of structure may include the use of container storage – see below;

- **Inflatable Storage Structures:** these come in various designs and can be customised and deployed to a range of terrains. They are likely to require body racking and power generators; and

- **Containerised Storage:** standard units (e.g. those used at ports and freight terminals) that can be deployed to a range of terrains. These are likely to require shrouding, body racking and power generators.

Use of refrigerated vehicles and trailers may become unavoidable during a pandemic. All options should feature in local plans, which should specify that some options are considered to be fail-safe or last resort options. The outline specification for temporary facilities (at **Annex B**) may also be useful should NHS trusts and local authorities determine that the use of buildings normally used for other purposes as storage facilities is a viable option.

WIDER PRESSURES

Families may ask for advice on what to do when a relative dies in England and Wales. Such advice is routinely made available to members of the public by local services. For example, registrars hand to all death informants the DWP booklet, '*What to Do After a Death*'. Information for planners is available at: What to Do After a Death; and www.**dwp**.gov.uk/advisers/d49/ .

It is likely that further work will be required locally to determine appropriate ways of signposting bereavement support to those who request it.

Local authorities may choose to organise local networking. The voluntary sector will have an opportunity to contribute to plans. Local bereavement services will want to consider how advice and support is given; and whether generic reference material is required.

The Department for Work and Pensions and its Executive Agencies including Jobcentre Plus have resilient business continuity arrangements to ensure the administration of key services that support these payments can be maintained during a pandemic. Using existing legislation, a number of changes can be made to the way key services are delivered during a pandemic, to take account of priorities at the time, including funeral payments.

If the identity of the deceased is unknown – or there is no known next of kin or family – this may increase timescales for burials or cremations. The police might assist with enquiries; or an appeal for information may be made by the relevant local authority. However this will need to be considered alongside other priorities. If an appeal is made, but is unsuccessful and no family comes forward or is found - the relevant local authority would make appropriate arrangements for a funeral.

TRANSPORT OF THE DEAD

In planning for the impact of an influenza pandemic, the arrangements for the transport of the dead merit consideration. As outlined in *Pandemic Flu: a national framework for responding to an influenza pandemic,* the planning presumption should be that the Government is unlikely to impose any restrictions on internal travel unless it becomes necessary to do so as the pandemic develops for public health reasons, in which case it is likely to be on an advisory basis.

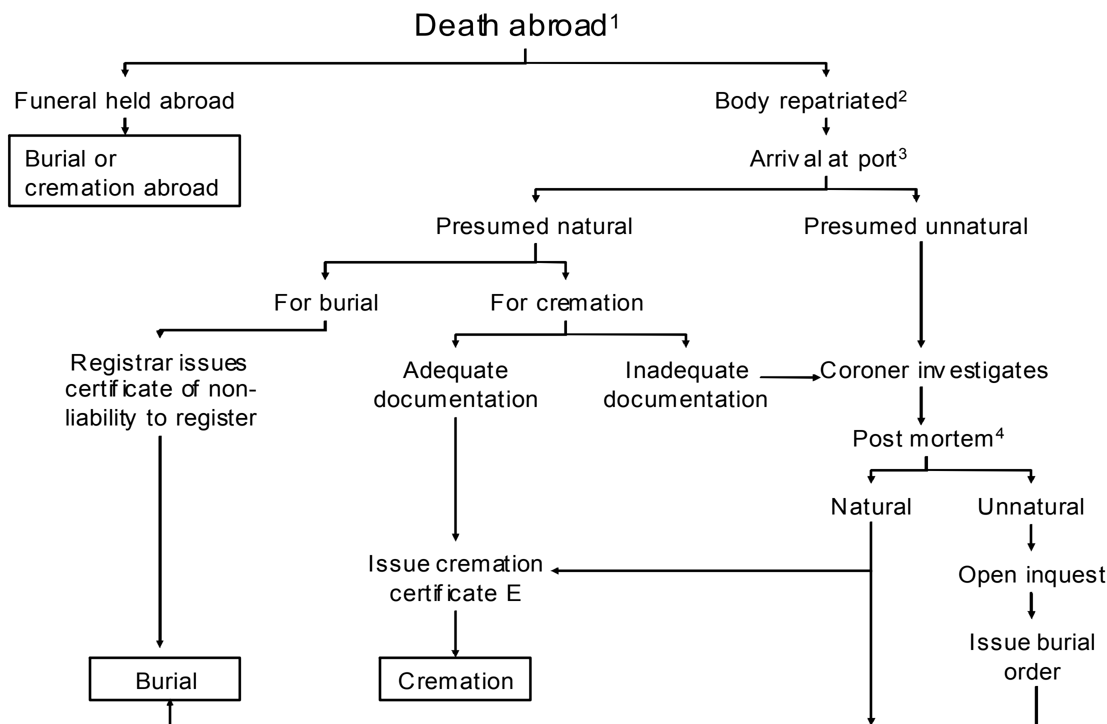
REPATRIATION

As with many of the procedures around death and funerals, repatriation of human remains is essentially a commercial arrangement between the estate or family of the deceased person and one or more commercial organisations. Nevertheless, in cases where repatriation is desired, it will be dependent on many of the local services providers which have a role in the management of deaths.

During an influenza pandemic (UK Alert Levels 2-4), repatriation may be difficult due to circumstances at the time in other countries and possible flight disruption. The Foreign and Commonwealth Office has already written to Foreign Missions in the UK to warn them that it may not be possible for repatriation of the remains of foreign nationals to continue in the event of a pandemic, and that local interment is the more likely course. Similarly, it is not possible to predict whether other countries will continue to permit repatriation of British nationals.

Repatriation of British Nationals and Residents from Overseas
Local services should work on the assumption that some repatriation from overseas may take place, but should also note that repatriation may not be possible even when individuals have made provision for it through insurance and wills due to the possibility of disruption to international travel during a pandemic.

The normal process for repatriation is summarised in **Diagram 3** below:



1. Arrangements for military personnel who die on active service are outside the scope of this paper
2. Usually with the assistance of international funeral directors
3. Coroner at port of entry will normally transfer single body to coroner local to family but should normally retain multiple death cases
4. Post mortem will be discretionary

The coroner where the body is to be cremated or buried will be informed of the death.

Cremation
- If there is a cause of death due to natural causes and there is proper, original documentation, then the coroner will issue certificate E allowing the body to be cremated
- If there is no cause of death, or the documentation is insufficient to determine a natural cause of death, then a post mortem will be held. If the death is judged to have occurred by natural causes, then certificate E would be issued as above.
- If the death was suspicious, a post mortem would be held and an inquest opened. Certificate E would be issued in due course
- Northern Ireland has similar certification procedures, although the forms have differences. Forms issued elsewhere in the UK (for example, by the Coroner at the port of entry) would normally be accepted in Northern Ireland.

Burial
- If there is an appropriately documented cause of death due to natural causes, the coroner will contact the registrar, who, after accepting the documentation,

may issue a certificate of no liability to register. The burial can then take place. [NB: there is no equivalent procedure to the issue of a certificate of no liability by Scottish registrars.]

- If the registrar finds the documentation to be incomplete or insufficient to determine a natural cause of death, there is likely to be a post mortem. If the death is found to be from natural causes, then:
    - the coroner can open an inquest and issue an order for burial or
    - the coroner can contact the registrar who, if satisfied, may then issue a certificate of no liability to register and the burial can then take place
- If the death is considered suspicious after post mortem examination, then an inquest would be opened and an order for burial issued in due course.

Repatriation of the remains of UK Nationals and Residents from overseas will be largely contingent upon the operations of international funeral directors and initial death management procedures in the countries where UK Nationals and Residents have died. Due to the commercial basis of the process and the different situations and procedures overseas, there is no trigger point at which repatriation would cease. However, repatriation may be slowed or halted due a number of factors, which must be communicated to the public. Chapter 5 deals with this issue in greater detail.

Should the remains of UK Nationals be repatriated from overseas during a pandemic, the different ways of working detailed in Chapter 3 will ensure that the process is managed as efficiently as possible. Once the body has returned to England and Wales, the key pinch point in the process of repatriation is the role of the coroner. A coroner's workload with repatriated deaths can be mitigated by implementing Phase One and Phase Two Different Ways of Working.

Detailed operational guidelines produced by National Policy and Operational Leads (listed in Annex C) will set out the mechanics of how different ways of working will be implemented.

Repatriation of Deceased Foreign Nationals Resident in England and Wales

Repatriation of deceased foreign nationals (from the UK to overseas) will organised by a local funeral director. Provided the death was adjudged to be from natural causes, the following pre-requisites must be met to ensure that the remains can be repatriated:

- A death certificate
- A funeral director's certificate, confirming that the body is sealed within a zinc-lined coffin
- An embalming certificate for the airline transporting the body
- An "Out of England" certificate issued by the coroner
- For certain countries, a Freedom from Infection Certificate is required. This would normally be issued by the deceased's attending doctor.

As noted above, it is likely that a high volume of deaths will force local interment. No specific trigger point has been specified for a move to local interment, but communication will be required to manage expectations.

Chapter 4: Responding to a Pandemic

Introduction

The response to emergencies is locally planned and led. Local service providers will have faced many issues in dealing with other emergencies which will be relevant to contingency planning for a flu pandemic. They will have experience of managing seasonal influenza and, possibly, past epidemics and pandemics. It is acknowledged that seasonal flu is of a different scale to the scenarios set out in the *National Framework* but, nevertheless, experience of dealing with higher than normal fatality rates will be helpful in ensuring the local response remains as near as possible to normal arrangements.

However, the decision to move to Phase Three Different Ways of Working is for Ministers, since these changes will involve changes to both primary and secondary legislation; and in some cases this will involve the substitution of normal safeguards around the death management process. Once a Ministerial decision to move to Phase Three has been taken, Section One Different Ways of Working (those which affect a single organisation) will be available for implementation nationally. After a move to Phase Three, and having notified the SCG, individual organisations may adopt any of the Phase Three Section One Different Ways of Working. During – or after - the move to Phase Three, one or more SCGs may request the national and mandatory implementation of one or more Phase Three Section Two Different Ways of Working. This will ensure that a confusing diversity of practices is avoided, whilst minimising legislative change. It is acknowledged that it will also mean adoption of Different Ways of Working in some areas before they become necessary. However, since it is thought it will only be a matter of time before they do become necessary, the benefits of a uniform approach are considered to outweigh this minor disadvantage.

Operational guidelines explaining in detail the Different Ways of Working set out in Chapter 3 will be issued by the central Government policy holders with responsibility for those areas. The table at **Annex C** to this document sets out the guidelines it is proposed will be published together with a brief summary of their contents and a timeline for their publication. Local service providers should take account of health and infection control advice, which can be accessed by clicking on this link:
http://www.ukresilience.gov.uk/pandemicflu/guidance/sector_specific.aspx

Responding to a Pandemic

The UK Chief Medical Officer will announce when the first case occurs in the UK. Plans will be activated at local, regional, and national levels using the UK alert level system as a trigger (as set out in the document, *Pandemic Flu: A national framework for responding to an influenza pandemic*). Chapter 4 of *Pandemic Flu: A national framework for responding to an influenza pandemic* summarises the roles and reporting arrangements for all levels of government.

Plans should identify the organisations which will be represented on a sub-group of the SCG which will provide advice to the SCG on the operational status of the organisations managing excess deaths. Plans will need to ensure that all involved are aware of the Reporting requirements below, which will inform Ministerial Decisions in the CCC.

Local Status Reporting

Figure 2, below sets out the reporting arrangements mandated by the *Pandemic Flu: A national framework for responding to an influenza pandemic*. Emergency Planning Officers should ensure that effective arrangements are in place to report the effects of excess deaths to the SCG. This might include an emergency contact point to ensure that local difficulties can be identified quickly, which will increase the likelihood that rapid solutions will be found. Planners should ensure that emergency contact points are assigned to a specific role or post rather than a named individual.

Figure 2: Central–local reporting/coordination arrangements

Local authority emergency contact points will be used by local service providers to report any difficulties they encounter in fulfilling their duties. Emergency Planning Officers will have used the LRF to consider and agree with other members guidelines for potential users of the emergency contact point. They will want to ensure that arrangements could cope with a high volume of use.

When identified, local difficulties will be reported to the Strategic Coordination Group. These reports will be transmitted to the Regional Civil Contingencies Committee, which in turn will feed into lead Departments and to the Government's dedicated crisis management mechanism, the Civil Contingencies Committee (CCC). The Regional Civil Contingencies Committee will submit reports daily to the CCC. Some additional guidance and a template for local data reporting are available at Annex F.

Moving to Phase Three Different Ways of Working – Ministerial Decisions in the CCC

The nature of the crisis in a pandemic differs from other types of civil emergency in that it is anticipated it will affect the entire country

- at broadly the same time, plus or minus a few weeks; and
- with broadly the same severity.

It has therefore been agreed that Phase Three Section One Different Ways of Working will be made available nationally, following a Ministerial decision; and SCGs may request the mandatory national implementation of one or more Section Two changes.

This will be a risk-based decision: balancing the risks involved in removing some of the normal safeguards involved in the death management process against the demands placed on normal systems by the crisis. It will therefore be of great importance that timely and accurate information about the situation is provided in order that decision-making is as well-informed as possible. The section above (Local Status Reporting) sets out the reporting arrangements mandated by the *Pandemic Flu: A national framework for responding to an influenza pandemic.*

The Home Office has considered the requirements of an Emergency Operation Centre for a pandemic. The role of the Centre will be to coordinate the interests of national policy and operational leads. It will consider reports submitted to CCC and seek advice from national operational and policy lead officials on how to mitigate emerging pressures; and on decisions that need to be referred to Ministers.

Ministers will wish to be assured that all appropriate Phase Two (non-statutory) Different Ways of Working that were agreed and set out in the LRF Plan have already been implemented. A template for completion by the SCG and endorsement by the RCCC requesting that Ministers consider implementation of Phase Three Different Ways of Working is attached at **Annex G**. Submission of such a request to the RCCC and onward transmission to the Emergency Operation Centre will signal the beginning of Phase Three.

Specifically, the Emergency Operation Centre will seek the agreement of Ministers to make available Phase Three Section One Different Ways of Working when the following circumstances transpire:

i) when one or more SCGs reports significant, non-transitory difficulties in managing one or more aspects of dealing with excess deaths[9] which cannot be resolved by non-statutory means i.e. Phase Two Different Ways of Working); AND
ii) that mutual aid arrangements are not possible.

Further, if conditions i) and ii) are met, SCGs may additionally request the national implementation of one or more Phase Three Section Two Different Ways of Working.

Communicating Ministerial Decisions
Once agreed, Ministers' decisions will need to be communicated to local service providers rapidly. CCC will communicate solutions in three ways:

(1) through the emergency response website;
(2) through national policy and operational leads; and
(3) through the Gateway to Resilience Directors in the Government Offices and the Welsh Assembly Government.

National policy and operational leads will ensure their mechanisms for further advice and support to be sought are sufficiently resilient for a potential high volume of use. They should ensure that all who need to know are aware of who to contact and how to do so.

[9] These difficulties must be demonstrably serious; non-transitory; and have an affect on the ability of other parts of the system to work effectively

Chapter 5: Communications

Introduction

Many of the issues relevant to other emergencies will be relevant in continuity planning for pandemic influenza. Completely new strategies are unlikely to be needed; but the appetite for information on how the dead are being treated should not be underestimated. It is likely to become a focus of media reporting at local, regional, and national levels.

Systems for receiving and disseminating information will need to be robust and capable of moving at a fast pace. Sharing up-to-date information will be vital. If local and regional messages are inconsistent with the information that Government is providing they may cause unnecessary distress and alarm to local communities and the bereaved.

Local, regional, and national communication strategies should seek to raise awareness of the pressures local service providers are likely to be under. Information on potential different ways of working should be factual and accurate. Getting across the message that local management may vary from one area to the next will be important.

Good practice suggests all organisations and agencies affected by a communications strategy should agree to it. Roles should be allocated and understood. Strong leadership on communications will be vital to the effectiveness of the strategy. Information will not always need to contain large quantities of facts or detail but must be accurate. This is particularly relevant to communication of different ways of working which affect how the dead are treated. Messages will need to be given sensitively and with consideration for the bereaved. It should be made clear when further updates will be made available. Attention should be paid to considering how information can be conveyed to **all** members of the local community, including those who cannot understand spoken or written English.

National Considerations

Department of Health will lead on all health-related issues. The Cabinet Office News Co-ordination Centre (NCC) has been activated to assist in news management and media handling across departments. National policy and operational leads will want to provide information about why different ways of working are required. They will want to provide factual information about potential options open to local services providers. It will be important to be able to explain why – in some cases – the use of different ways of working has been left to local discretion.

National policy and operational leads will want to be supportive of local responses. Where possible, strategies should ensure that management of information is as co-ordinated as it can be. When asked to coordinate the interests of national policy and operational leads, the Home Office will consult them on appropriate strategies and messages to be conveyed. They will ensure that delivery links into the wider health response.

Regional and Welsh Considerations

Messages on how the dead are being treated will form part of wider communication strategies in the Regions and in Wales. Regional and Welsh communication leads will want to ensure consistency with national messages.

Local Considerations

If there are high fatality rates during a pandemic, local services may not be able to maintain ‘business as usual’. They are likely to need to work differently in order to respond to emerging scenarios. From the outset, it would be prudent to prepare people for the potentially difficult times that might be ahead.

There is likely to be public concern. Local communications will be the first step in providing reassurance. The overarching tactical principle should be *tell it all, tell it truthfully and tell it quickly*. Local authorities may wish to lead on local communications. Wherever possible, LRFs should agree a figurehead for the collective release of local information in advance. Agreement on how emerging local issues should be handled will need to be reached at an early stage. Arrangements should be disseminated to all local service providers.

Advice on consistency with other aspects of influenza pandemic communications activity should be sought from the Government News Network. This should link into arrangements activated in the region or in Wales. The Local Government Association (LGA) and Local Authorities Coordinators of Regulatory Services have good experience of receiving and disseminating information to local authorities. Existing arrangements would become the hub for local service communications during pandemic influenza.

Letting the bereaved know where they can access bereavement, and other support (e.g. financial, legal) will be an important part of local communication strategies. Existing literature should be relied upon and made available in the usual way.

Communicating the need for different ways of working sensitively to those who have suffered bereavement will be crucial. This will be the responsibility of local service providers, including funeral directors. The Government will discuss with the funeral industry and others their roles in helping to manage expectations when different ways of working must be implemented

Annex A: A Checklist for Local Preparations

Local Responsibilities

Responsibility for activation of emergency plans and business continuity arrangements rests locally. Local services will be responsible for ensuring effective delivery. For some, this will require the support of their local authority. The local authority will want to take a lead role in ensuring delivery of local services remains as joined-up as possible. It will want to ensure that they are being supported by local service providers in their area.

Recommended Members of Groups and Networks

It is likely that meetings of local planning groups, or some other form of networking arrangements, will be needed and put in place. Local authorities will want to ensure that membership of groups and networks includes representatives from these local services:

- Completion of Medical Certificates of Cause of Death – registered medical practitioners and coroners;
- Death registration and certification (including disposal certificates) – GPs, registrars and coroners;
- Provision of additional mortuary space – NHS Trusts, funeral directors[10], coroners;
- Resourcing coroners' officers – police forces, coroners and local authorities;
- Funeral Services – funeral directors, faith representatives;
- Burial authorities and privately owned cemeteries;
- Cremation authorities and privately owned crematoria; and
- Bereavement and other support organisations and groups.

It will be important for local authorities to explore the potential for negative impacts of different ways of working in one local service area on others. Local authorities will work with local service providers to broker multi-agency solutions to local difficulties that may emerge. Local authorities and businesses should bear in mind the implications of competition law (article 81 of the EC Treaty and the Competition Act 1998 (section 9)) when planning and sharing information.

[10] It would appear that a significant block to effective local authority planning is that local authorities which do not run public mortuaries do not have the knowledge required in-house. Department of Health has agreed that NHS Trusts need to engage actively in planning any expansion of mortuary facilities (but see Chapter 2 Phase 3 Different Ways of Working, and Annex B below).

Reporting Local Pressure Points

Local authorities will want to establish emergency contact points for local service providers to report pressure points. They will want to issue guidelines on use. Local authorities will want to be aware of arrangements in their Region or in Wales for seeking advice from Government.

Local Communications

Local communication strategies will want to ensure that the following actions are fully considered and taken account of:

- Provision of timely and accurate advice to the bereaved and others (e.g. communities and the media);
- Agreement on local communication leads;
- Collective support of local services;
- Proactive awareness raising of different ways of working; and
- Ensuring consistency with regional and national partners.

Annex B: Increasing Mortuary Capacity

Requirement	Approximate Size	Essential Requirements	Notes
Chilled Storage Area **(up to 100 Capacity)**	Approximately 200 square metres	• System to track deposits and exits • System for ventilation and extraction • Capability to chill area (and freeze, or effect alternative long term storage methods) • Racking for storage – or alternative solution • Labelling facilities • Space for trolleys / body hoists – or alternative solution • Waterproof floor that will allow drainage into a foul sewer • Water • Power • Space to expand facility	The chilled storage area will be used to store the deceased prior to funerals. It will be used to deposit / exit the deceased. Additional space will be required for vehicles to unload / load. The aim would be for the deceased to be held no longer than two weeks. Processes routinely used in mortuaries will be adopted to track and locate the deceased.
Equipment Storage **Staff Facilities** **Operational Offices**	Varies – local plans will need to identify and adhere to minimum standards	As far as possible, these will be provided in situ and not replicated – i.e. these would be available in the permanent mortuary building.	If bespoke options are planned, they are likely to need space to locate equipment stores, staff changing facilities, and offices.

Annex C: Supporting Measures: Operational Sector-Based Guidelines; and Guidance in Support of Statutory Changes

Dates of Publication and of Intermediate Steps	**Title of Publication and Lead Department**	**Audience** (primary; *secondary*)	**Summary of Content**
May 2008: Publish on UK Resilience website	Home Office: *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths*	Local Authorities; LRFs; NHS Trusts; Coroners; The Registration Service; the funeral industry; ministers of religion; RRTs; *police services; ambulance services; Devolved Administrations; members of the public*	Guidance to planners in all organisations concerned with managing fatalities, but particularly local authorities, on how to approach the challenges posed by a potential influenza pandemic; and on the measures that central Government is planning in order to facilitate local services' response.
Supplementary or Connected Operational Guidelines			
October 2007	DEFRA: *AQ19(07) Additional guidance from Defra and Welsh Assembly Government – Cremation standards in the event of mass fatalities.*	Local Authority Regulators *and operators of crematoria*	Guidance for local authority regulators on scope to relax cremation standards in the event of a national emergency giving rise to mass fatalities.
May 2008: publish on DH website.	DH: *Pandemic Influenza: Guidance on the management of death certification and cremation certification* [Title may change]	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, PCT PEC Chairs, Special HA CEs, Directors of HR, GPs, Communications Leads, Emergency Care Leads, Directors of Pathology, Mortuary Managers, registrars of births and deaths, superintendent registrars, local government registration service managers,	Guidance to planners about how the system of death certification and cremation certification will be simplified in the event of an influenza pandemic; to ensure the death to disposal process operates as efficiently as possible, while retaining sufficient checks to detect any suspicious deaths.

Dates of Publication and of Intermediate Steps	**Title of Publication and Lead Department**	**Audience** (primary; *secondary*)	**Summary of Content**
		coroners, cremation authorities, medical referees, funeral directors, Chief Constables, Local Authority Emergency Planning Officers , CEs of Local Health Boards and Trusts in Wales.	
May 2008: Publish on GRO and LACORS websites	General Register Office: *Planning for a Possible Influenza Pandemic: Guidance on death registration services for Registration Service Managers and Practitioners*	Local Authorities; Registration Officers; LRFs; *PCTs*; *NHS Trusts; Coroners; Cremation and burial authorities; the funeral industry; ministers of religion;* RRTs*; Devolved Administrations; members of the public*	Guidance to those responsible for delivering local civil registration services during a potential influenza pandemic and afterwards; and on the measures that central Government is planning in order to facilitate certification and registration of deaths and authorisation of burial or cremation.
Dec 2008: Final guidance published	Ministry of Justice: *Planning for a Possible Influenza Pandemic: Operational Guidance for Coroners and Planners*	Local Authorities; LRFs; Coroners; Coroners Officers; Police Services	Guidance to coroners and local planners on potential measures that can be taken to prepare for a pandemic, and on legislative changes that Government will enact.

Annex D: Frequently Asked Questions

Q **How does this guidance link with other available guidance on planning for an influenza pandemic?**

A This document is part of a suite of guidance documents aimed at individuals and organisations planning for an influenza pandemic. It should be read in conjunction with *Pandemic Flu: A national framework for responding to an influenza pandemic* and *Preparing for Pandemic Influenza: Guidance to Local Planners*, which provide important background information. These and other relevant documents are available here: UK Resilience Pandemic Flu Website. Local planners are advised to check the website frequently in order to keep informed of new guidance as it is issued.

Q **How will the staff of local service providers be protected in a potentially infectious environment?**

A Chapter 7 of the Department of Health document *Pandemic Flu: A national framework for responding to an influenza pandemic* gives an account of the options for mitigating the effects of a pandemic. The UK has stocks of a H5/N1 vaccine designated for healthcare workers, and a national stockpile of antiviral medicines. However, a high standard of personal hygiene and avoidance of unnecessary close contact with others will be an important factor in reducing the risk of infection. More information for specific business sectors is available at: UK Resilience: Infection Control Guidelines

Q **What is the definition in law of a mortuary?**

A There is no legal definition of a mortuary. As such, the definition in law is that which is commonly understood i.e. the dictionary definition. A mortuary is defined as:

> *a room or building in which dead bodies may be kept until burial or cremation* and *… for the storage of human remains*

The provision of a room for post mortem examinations is incidental to the definition of a mortuary. That is to say that they are commonly found in the same place for reasons of convenience but there is no impact on the definition. In this guidance, the word is used with its primary definition, concerning the storage of human remains.

Q **Who is legally responsible for providing a mortuary?**

A The provision of a mortuary is established as a legitimate function of a local authority by s.198 of the Public Health Act 1936. It is expressed in that Act as a power, rather than a duty. This would appear to be because it would otherwise be a requirement on local authorities to maintain a public mortuary at the expense of local taxpayers whether or not such a facility were necessary in light of other facilities in the locality, for example, hospital mortuaries. However, the provision of a mortuary by the local authority can also be enforced under this Act by direction of the Minister for Health.

This interpretation of the law is supported by the duty under the Public Health (Control of Disease Act) 1984 to bury or cremate the deceased if suitable arrangements would not otherwise be made, for which the availability of sufficient mortuary space would appear to be an incidental requirement.

Local authorities are encouraged to use mutual aid arrangements, where necessary, to fulfil this responsibility. The local authority is responsible for alerting social services, the Environment Agency and calling on support from faith leaders and the voluntary sector to assist in welfare provision for family and friends of the deceased.

Q **Will the National Emergency Mortuary Arrangements be available to local authorities for the excess deaths arising from pandemic influenza?**

A No, for the following reasons:

- The NEMA is designed specifically for the response to a no-notice incident and large parts of it would be redundant in the response to pandemic influenza.
- Deploying the NEMA in the response to pandemic influenza would be ineffective and the absence of the NEMA in the event of an incident would create a national vulnerability.
- Pandemic influenza is a ubiquitous threat that all local authorities will need to plan for. Modelling set out in Chapter 2 of the DH *national framework*, suggests that once the virus arrives in the UK, 'it is likely to spread to all major population centres within one to two weeks...'
- Deploying a mortuary with capacity for 600 bodies would have minimal impact on the death management process as a whole, even at the base case scenario.

Q **Will any form of Central Assistance be made available to local authorities planning for excess deaths arising from pandemic influenza?**

A In preparing for the response to a 'no-notice' incident, it makes more sense for Central Assistance to be made available than for each local authority to make its own arrangements. Central Assistance to local authorities does not make sense in the case of pandemic influenza. In the case of pandemic influenza, the local authority is best placed to determine – and make arrangements for managing – the likely local impact.

Q **In extreme circumstances, is the presumption of maintaining funeral services realistic and desirable?**

A Local authorities and funeral directors should use the planning assumptions to calculate the number of additional deaths to be managed, and, having considered likely staffing and material shortages, lay appropriate plans to ensure that funerals are adjusted according to the situation. The Ministry of Justice is working with stakeholders to gain an understanding of what action may be required in order to sustain business continuity.

Q **Will relatives still be expected to pay the costs arising from abbreviated funeral services in a pandemic to which they might potentially be hostile?**

A Yes. Local authorities will need an open and consistent communication strategy, and work closely with the public in order to manage expectations in this area.

Q **What is the position of those local authorities who do not possess critical death management service providers in their area (for example, a town council that does not provide a cremation service themselves, but relies upon facilities in neighbouring areas)?**

A In this specific example, a town council is not a Category 1 Responder and is thus not required to lay plans. However, should a local authority (as defined in Schedule 1 of the Civil Contingencies Act 2004) lack such a crucial service provider, it would be necessary to raise the issue at LRF level to ensure that the needs of the particular local authority could be met by another Category 1 responder within the Local Resilience area.

Q **To what extent must County Councils/Unitary Authorities/District Councils or the combined response from Local Resilience Forums take over the responsibility of relatives during flu pandemics?**

A The various tiers of different ways of working have been conceived so as to ensure the continuation of the existing death management procedures, albeit occasionally in an abbreviated form. The Roles and Responsibilities section in Chapter 1 of this guidance provides some clarity on this issue.

Q **If the Government is seeking to ensure that "local plans" are in place, how will Central Government assess the quality of these local plans?**

A Local authority plans are too numerous to be reviewed individually by Regional or Central Government, but any deficiencies should be addressed at LRF level. LRF plans are assessed by Resilience Teams within Regional Government Offices, who then report on local planning to the Mass Fatalities team in the Home Office.

Q **Is it not the responsibility of Local Resilience Forums to lead on multi-agency contingency planning?**

A Local Resilience Forums should not be thought of as a separate organisation that is responsible for contingency planning. They are instead the mechanism by which Category 1 Responders (including local authorities) convoke to ensure that their respective planning arrangements can be co-ordinated with those of the other Category 1 Responders in that Resilience Area. It is Category 1 Responders who should take the initiative in contingency planning for their business area, and then take these plans forward to the Local Resilience Forum, where discussion as to overall contingency planning in that Resilience Area will take place.

Annex E: Contact Details For National Funeral Industry Organisations

The National Association of Funeral Directors (NAFD)

Contact name: Alan Slater – Chief Executive Officer

Postal address: National Association of Funeral Directors
618 Warwick Road
Solihull
West Midlands
B91 1AA

Telephone: 0845 230 1343
Mobile: 07775 881136
Fax: 0121 711 1351
email: info@nafd.org.uk
web: http://www.nafd.org.uk/

The National Society of Allied & Independent Funeral Directors (SAIF)

Contact name: Mervyn Pilley – Chief Executive Officer

Postal address: SAIF Business Centre,
3 Bullfields,
Sawbridgeworth,
Hertfordshire,
CM21 9DB

Telephone: 0845 230 6777 (24/7)
Mobile: 07887 990687
Fax: 01279 726 300
email: info@saif.org.uk
web: www.saif.org.uk

Federation of Burial and Cremation Authorities

AREA	CONTACT NAME	CONTACT DETAILS
Avon & Somerset	**Paul Rayson**	**01823 284811**
Bedfordshire	**Michael Day**	**01234 353701**
Cambridgeshire	**David Adams**	**01733 262639**
Cheshire	**Mary Slinn**	**01270 212643**

AREA	CONTACT NAME	CONTACT DETAILS
Cleveland	Peter Gitsham	01642 817725
Cumbria	Chris Pollard	01229 876542
Derbyshire	John Rotherham	01246 345888
Devon & Cornwall	Graham Bailey	01271 345431
Dorset		
Durham	Alan Jose´	0191 384 8677
Dyfed-Powys		
Essex		
Gloucestershire	Simon Westbrook	0117 903 8330
Greater Manchester	Mike Gurney	0161 330 1901
Gwent	Paul Dundon	01633 863654
Hampshire	Trevor Mathieson	023 8076 6405
Hertfordshire		
Humberside	Susan Cannan	01274 571313
Kent		
Lancaster	John Proffitt	01704 533443
Leicester		
Lincolnshire	Martin Potts	01205 364612
Merseyside	Sonia Neighbour	01744 677406
Norfolk		
North Wales	Alan McMahon	01978 840068
North Yorkshire	Michael Brown	01756 796118
Northants		
Northumberland	Tracy Harrison	0191 277 3505
Nottinghamshire	Sally Curtis	01623 621811
South Wales	Joanna Hamilton	01656 656605
South Yorkshire	Sue Nadine	0114 239 6068
Staffordshire	Nick French	01283 221505
Suffolk	Royna Hill	01284 755118
Surrey	Keith Hendry	01483 444711
Sussex	Ian Rudkin	01903 872678
Thames Valley		
Warwickshire	Gordon Hull	0121 744 1121

AREA	CONTACT NAME	CONTACT DETAILS
West Mercia	**Ian Gregory**	**01527 62174**
West Midlands	**Gordon Hull**	**0121 744 1121**
West Yorkshire	**Paul Stubbs**	**01422 372293**
Wiltshire		

In the event of an outbreak of pandemic influenza, the FBCA will establish a support unit consisting of Technical Officers. This support-unit will be capable of providing technical support via phone and email to all burial and cremation authorities during a pandemic situation, where key members of staff may be off work and the level of expertise available to authorities could be limited.

Annex F: Local Data Reporting

National Information Picture
This Annex summarises the information identified as being required centrally to facilitate coordination of the response to an influenza pandemic. This information would be circulated in a national situation report and form the basis of non-health information for CRIPs, CCC and CCC(O) meetings.

GO situation reports and departmental situation reports will be used to populate this national situation report. Where possible information on the source of this data is provided. Other information will come directly from the regions via GOs.

NB. As the pandemic picture develops and issues arise the information requirements may change. This document therefore acts as guidance on the type of information that will be requested and/or made available and is subject to change as more information on the pandemic becomes available.

Deaths
ONS will continue to report on deaths in the usual way. This will report daily.

GO	**Total deaths registered (all causes)**	**Today's report**	**Yesterday's report**
GONE			
GOYH			
etc.…			
National Total			

Nb. On average deaths are registered 2-3 days after they happen, but the relationship varies with day of the week, season, level of mortality etc, and there is a long tail.

Cremation, Burial and Other Local Services
In the table below, please use a 'traffic light' system:

- Green = no problem;
- Green/Amber = minor problems;
- Amber = significant problems, but coping;
- Amber/Red = major problems;
- Red = services at or near breakdown.

Please provide details to support the assessment where issues have been identified.

GO	**Cremation**	**Funeral services**	**Burials**	**Coroners**	**Registrars**	**Funeral arrangements**
GONE						
GOYH						
…						
National Picture						

ANNEX G: Pro-Forma for SCG Request to RCCC for Implementation of Phase Three

To: ***[insert name]*** **Regional Resilience Director GO** ***[insert Region]***

From: ***[insert name]*** **Chair, SCG** ***[insert area]***

MANAGEMENT OF EXCESS DEATHS – REQUEST TO MOVE TO PHASE THREE

I am writing further to my regular situation report to request that you endorse this request to CCC to implement Phase Three according to the sequence of events set out in the *Framework for Planners Preparing to Manage Excess Deaths* and the LRF Plan for *[insert area]*.

In line with the LRF Plan, the SCG has implemented the following Phase Two measures:

Phase Two Different Ways of Working	Date of Implementation

However, due to *[insert local circumstances e.g. staff absenteeism in the registration service]* and the number of excess deaths we are suffering locally these measures have not proven sufficient to manage the level of fatalities we are currently experiencing and *[insert anticipated consequences and timescale for service failure]* . I have the agreement of all the members of the SCG in making this request.

We further request the implementation of the following Phase Three Section Two Different Ways of Working:

Phase Three Section Two Different Ways of Working Requested

Signed: Chair of the *[insert area]* SCG

Name:

Date:

Endorsed: Regional Resilience Director GO [insert region]

Name:

Date:

ANNEX H: Competition Law Policy

Article 81 of the EC Treaty applies within the UK. It prohibits agreements between undertakings (i.e. any entity engaged in economic activity) which prevent, restrict or distort competition within the common market and which may have an appreciable effect on trade between Member States. The Competition Act of 1998 (section 9) contains a similar prohibition on such agreements which may affect competition within the UK. This UK provision is generally known as the Chapter I prohibition.

In this context, the term “agreement” has a wide meaning. It covers understandings and arrangements between undertakings, whether legally enforceable or not, written or oral; it includes so-called gentlemen’s agreements. The prohibition also covers decisions by associations of undertakings (including, but not limited to, trade associations), including decisions to share information among members or to influence or coordinate their conduct.

The prohibitions are subject to a number of exemptions and exclusions. Most noticeably section 9(1) provides that an agreement is exempt from the Chapter I prohibition if it:

a) contributes to –
    i. improving production or distribution, or
    ii. promoting technical or economic progress

   while allowing consumers a fair share of the resulting benefit; and

b) does not –
    i. impose on the undertakings concerned restrictions which are not indispensable to the attainment of those objectives; or
    ii. afford the undertakings concerned the possibility of eliminating competition in respect of a substantial part of the products in question

Article 81(3) provides a similar exemption from article 81.

When these exemptions apply, it is not necessary for the authorities to make any prior decision to that effect.

Following the modernisation regulations, which came into effect in January 2003, it is the responsibility of individual undertakings to ensure compliance with competition law under a self-assessment regime. A public body, such as a local authority, may be an undertaking and subject to the prohibitions when it is engaged in an economic activity (e.g. the procurement or sale of goods or services). Service providers, such as funeral directors or cremation authorities, are likely to be undertakings. Even when a public body is not itself an undertaking, or at risk of breaching the law, it should not act in a way which causes other undertakings to do so.

When the OFT or the European Commission finds a breach of competition law they may impose financial penalties of up to 10% of worldwide turnover. Company directors may also be disqualified. Finally, the OFT and the Serious Fraud Office have the power to investigate and prosecute individuals who have participated in the worst types of cartel offence. Such individuals may be jailed for up to five years or fined an unlimited sum by a criminal court.

Whether or not the OFT or European Commission finds a breach of competition law, any person (including a company) who considers that they have suffered loss or damage as a result of a breach of EC or UK competition law has a right of private action for damages in the UK courts.

The OFT has published a range of guidance booklets which provide a general overview of competition law and explain its general approach to investigation and enforcement. In particular, the OFT has indicated that it will prioritise its resources to focus on the investigations that appear most likely to benefit UK consumers. The guidance documents and a consultation on the OFT's proposed approach to prioritisation are available at www.oft.gov.uk.