



**Hampshire & Isle of Wight  
Local Resilience Forum  
Flu Pandemic Plan**

**Managing Excess Deaths**

**February 2009**

**Prepared by Hampshire & Isle of Wight Local Resilience Forum  
Hampshire County Council Emergency Planning Group**

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## Foreword

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.

It is clear that should a pandemic cause an increase in the numbers of natural deaths in a potentially short period of time it 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.

It is not possible to predict in advance the number of deaths that will occur as a result of a flu pandemic, modelling suggests that over the entire period of a pandemic up to 50% of the population may show clinical symptoms of the influenza. Due to this uncertainty a reasonably worst case scenario on which to base this plan has been determined to be pandemic which has:

- A clinical attack rate of 50% in a single wave – pandemic may be spread over one or waves, each of about 15 weeks.
- An overall case fatality rate of 2.5%

The Managing Excess Death Plan is a dynamic document which will be updated as new guidance is produced and formally reviewed every three years. It should be read in conjunction with:

- H&IOW LRF Flu Pandemic Contingency Plan,
- HO Guidance Planning for a Possible Influenza Pandemic – A Framework for planners Preparing to manage deaths
- DoH National Framework for Responding to an Influenza Pandemic
- CO – Preparing for Pandemic Influenza – Guidance to Local Planners
- H&IOW Media Plan

A programme of consultation has taken place with representatives of the following groups from Hampshire and the Isle of Wight. Their help in producing this plan has been invaluable :

Coroners

Faith Groups

Funeral Directors

Hospital Mortuary Managers

Crematoria Managers

Registration Service

Cemeteries

PCT

Medical Practitioners

## Plan Ownership

Prepared for: **Hampshire and Isle of Wight Local Resilience Forum**

Department Responsible:

**Hampshire County Council Emergency Planning Unit**

Plan Implementation Date:

Plan Review Date:

## Document Control

To ensure the contents of this document are maintained, it is important that an administrative system is followed to allow updating, changing and amending the contact details. This will also serve as an audit trail for location of individual copies of the plan and for other changes to the content of the plan. Notification for changes of key information or critical contact details will be updated and amendments issued as these are received. Any other routine changes will be issued on a regular update basis of six months.

Each plan will have an individual copy number and will be registered to an individual person (or post) for each organisation holding a copy of the plan and all amendments will be sent to that person (or post). It will also be the responsibility of that person to notify the plan administrator of any amendments necessary concerning that organisation.

This document has been produced by the Emergency Planning Unit of Hampshire County Council and any amendments must be notified to the Unit at the following address:

**EMERGENCY PLANNING UNIT  
THE CASTLE  
WINCHESTER  
HAMPSHIRE  
SO23 8UG**

**TEL: (01962) 846486**

**FAX: (01962) 855020**

**E-MAIL: [epoffice@hants.gov.uk](mailto:epoffice@hants.gov.uk)**

## Record of Amendments

Amendment Number	Date	Description of Amendment	Page	Amended by	Signature

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## Training & Exercising

The Civil Contingencies Act 2004 requires all plans to contain a training and exercising regime.

The Regulations require provision for the training of staff or other persons to be included in plans. The training should extend beyond those employed by the responder and include contractors and where relevant, any other organisations, including voluntary ones, that might be used in support of the plan.

It is recommended that the training and exercising of relevant personnel be based on the integrated functional response of Strategic (Gold), Tactical (Silver) and Operational (Bronze) levels of management for an incident. This links people and posts to specific functions during an incident in line with their managerial or functional responsibilities within the organisation.

Training and Familiarisation of the Managing Excess Deaths Plan needs to include the following:

- Management response structure.
- Roles and responsibilities of agencies, contractors and voluntary agencies.
- County, Unitary and District response structure.

Links with other Plans e.g. National Framework for Responding to an influenza Pandemic and Hampshire and Isle of Wight LRF Media Plan

- Health and Safety including PPE requirements and welfare support.

Each agency is responsible for ensuring that appropriate training is carried out in accordance with this Plan. Each agency will therefore retain it's own training records.

## Validation and Review of the Plan

The Managing Excess Deaths Plan will remain under constant review. The Plan will be reviewed following exercises, training or incidents. The Plan will be validated by exercise at least once every three years.

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## Distribution List

This Plan will be made available to those responding agencies that have a role to play within Managing Excess Deaths following a Flu Pandemic.

Parts of the Plan will be published on the Hampshire County Council website available to members of the public. Where sections of the Plan are classified as restricted the sections will only be available to those who require them.

Classification of the Plan will be reviewed on an ongoing basis.

Organisation	Number of Copies*	Copy Number
Basingstoke and Deane Borough Council		
Crematoria Managers <ul style="list-style-type: none"> <li>• Aldershot</li> <li>• Basingstoke</li> <li>• Isle of Wight</li> <li>• Portchester</li> <li>• Southampton</li> </ul>		
East Hampshire District Council		
Eastleigh Borough Council		
Environment Agency		
Fareham Borough Council		
Gosport Borough Council		
Hampshire & Isle of Wight Acute Hospital Emergency Planning Officers: <ul style="list-style-type: none"> <li>• Basingstoke &amp; North Hampshire NHS Foundation Trust</li> <li>• Isle of Wight NHS PCT</li> <li>• Portsmouth Hospitals NHS Trust</li> <li>• Southampton University Hospitals NHS Trust</li> </ul>		
Hospital Mortuary Managers: <ul style="list-style-type: none"> <li>• SGH Southampton</li> <li>• North Hampshire Basingstoke</li> <li>• RCH Winchester</li> <li>• QA Cosham</li> </ul>		

<ul style="list-style-type: none"> <li>• St. Mary's IOW</li> <li>• St. Mary's Portsmouth</li> </ul>		
Hampshire Constabulary		
Hampshire Coroners: <ul style="list-style-type: none"> <li>• Central Hampshire</li> <li>• North East Hampshire County Council</li> <li>• Portsmouth and South-East</li> <li>• Southampton and New Forest</li> </ul>		
Hampshire County Council Registration Services		
Hampshire County Council Emergency Planning		
Hampshire PCT – Emergency Planning		
Hart District Council		
Havant Borough Council		
Health Protection Agency		
Isle of Wight Coroner		
Isle of Wight Council Registration Services		
Isle of Wight Emergency Planning		
National Association of Funeral Directors Hampshire		
New Forest District Council		
Portsmouth City Council Bereavement Services		
Portsmouth City Council Registration Services		
Portsmouth City Council Civil Contingencies		
Portsmouth City Teaching Primary Care Trust		
Rushmoor Borough Council		
South Central Ambulance Service		
Southampton City Council Registration Services		
Southampton City Council Emergency Planning		
Southampton City Primary Care Trust		
Test Valley Borough Council		
Winchester City Council		
Faith Groups – Portsmouth Diocese		
Faith Groups – Winchester Diocese		
Southampton Bereavement Services		

\* Plan will be CD's unless otherwise stated

## Acronyms and Glossary

	Name	Description
BCP	Business Continuity Plan	plan to maintain critical business in the event of a disaster.
Bronze	Operational	Bronze (Operational) level is the level at which the management of 'hands-on' work is undertaken at the incident site or impacted areas
CCC	Civil Contingencies Committee	Central Government Committee formed to deal with emergencies
CCC(O)	Civil Contingencies Committee (Officials)	
CO	Cabinet Office	Government Department responsible for supporting the Prime Minister and the Cabinet.
CRIP	Common Recognised Information Picture	Factual report prepared 'situational reports' from trusted sources reflecting the 'state of play'
DoH	Department of Health	Government Department focusing on the general health of the population.
EPU	Emergency Planning Unit	
GMC	General Medical Council	The regulator of the medical profession.
Gold	Strategic	Gold (Strategic) Strategic decision makers and groups at the local level. They establish the framework within which operational and tactical managers work in responding to and recovering from emergencies.

GOSE	Government Office of the South East	Government Offices are Central Government in the regions carrying out work for the 10 Whitehall Departments.
GP	General Practitioner	A medical practitioner who provides primary care and specializes in family medicine.
HCC	Hampshire County Council	
H & IOW	Hampshire and Isle of Wight	
HO	Home Office	Government Department responsible for immigration control, security and order.
LA	Local Authority	
LGA	Local Government Association	Body for advancing the interests of local authorities in England and Wales
LRF	Local Resilience Forum	A forum consisting of local agencies, focussing on emergency planning issues within a police force area – Hampshire and Isle of Wight Local Resilience Forum.
MCCD	Medical Certificate of the Cause of Death	Document that declares the date, location and cause of a person's death.
NCC	Cabinet Office News Co-ordination centre.	Ensures that Government's messages are co-ordinated with all departments and stakeholders.
NHS	National Health Service	
	Pandemic	an epidemic of infectious disease that spreads through populations across a large region; for instance a continent or even worldwide.

PEDAG	Pandemic Excess Deaths Advisory Group	A working group formed by the SCG to oversee the transition to Different Ways of Working as laid out in Home Office Guidance
PCT	Primary Care Trust	Part of the NHS with a role to develop health services for a particular community.
PME	Post-mortem Examination	Determines the cause of death
PPE	Personal Protective Equipment	Equipment used to protect the health and safety of personnel while carrying out their role e.g. masks or surgical gloves
RCCC	Regional Civil Contingencies Committee	Co-ordinate the response to and recovery from an emergency at a regional level.
SCG	Strategic Co-ordinating Group	Multi-agency group which sets the policy and strategic framework for emergency response and recovery work at local level. See also Strategic (Gold).
Silver	Tactical	Tactical level of management introduced to provide overall management of the response.
WHO	World Health Organisation	An agency of the United Nations (UN) that acts as co-ordinating authority on international public health.

## Links or overlaps with other Plans and Policies

These following plans are relevant to the Managing Excess Deaths Plan:

### Cabinet Office

- Draft Guidance: Planning for a Possible Influenza – A Framework for Planners Preparing to Manage Deaths
- [http://www.ukresilience.gov.uk/media/ukresilience/assets/flu\\_managing\\_deaths\\_framework.pdf](http://www.ukresilience.gov.uk/media/ukresilience/assets/flu_managing_deaths_framework.pdf)
- Preparing for Pandemic Influenza – Guidance to Local Planners  
[http://www.ukresilience.info/latest/human\\_pandemic.aspx](http://www.ukresilience.info/latest/human_pandemic.aspx)
- Preparing for Emergencies. HMSO  
<http://www.ukresilience.info/preparedness/ccact.aspx>
- Responding to Emergencies. HMSO
- Contingency Planning for a possible Influenza Pandemic  
<http://www.preparingforemergencies.gov.uk/emergency/health.shtm>

### Department of Health

- Pandemic Influenza: Draft Guidance on the management of death certification and cremation certification  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080741](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080741))
- A national framework for responding to an Influenza Pandemic  
([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734))
- Pandemic Flu: Guidance for Funeral Directors  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082431](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082431))

**Hampshire and Isle of Wight Resilience Forum**

- Media Plan  
[http://www3.hants.gov.uk/lrf\\_media\\_plan\\_2008.pdf](http://www3.hants.gov.uk/lrf_media_plan_2008.pdf)
- Pandemic Flu Plan
- Temporary Mortuary Plan

**Other**

- General Register Office. Pandemic Influenza: Draft Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes  
<http://www.gro.gov.uk/gro/content/news/flu-pandemic-guidance.asp>
- Ministry of Justice. Burial Grounds: The results of a survey of burial grounds in England and Wales (June 2007)  
<http://www.justice.gov.uk/publications/burialgrounds050607.htm>
- Ministry of Justice. Pandemic Influenza: Guidance on the operation of the Coroner system in England and Wales  
<http://www.justice.gov.uk/docs/consultation-pandemic-flu-response.pdf>
- Category 1 Responder and Service Providers Emergency Plans
- Category 1 Responder and Service Providers Business Continuity Plans
- British Red Cross Disaster Appeal Scheme (United Kingdom).

## Diversity

This plan will be equality impact assessed.

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# 1. Activation and Management of the Managing Excess Deaths Plan

## 1.1 Activating the Managing Excess Deaths Plan

Activation of the Managing Excess Deaths Plan will be by the Strategic Co-ordinating Group (SCG) who will meet when WHO Phase 6 is announced and the Chief Medical Officer announces UK Alert Level 2 (the SCG may meet when WHO Phase 4/5 is announced).

When the decision has been taken to activate the plan, the SCG will notify Hampshire County Council Emergency Planning Unit who in turn will notify the **Pandemic Excess Death Advisory Group (PEDAG)**.

## 1.2 SCG Activation Table

		Phase
<b>Inter-pandemic phase</b> New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
<b>Pandemic alert</b> New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
<b>Pandemic</b>	Efficient and sustained human-to-human transmission <b>UK Alert Levels:</b> <b>Level 1</b> – virus/cases only outside the UK <b>Level 2</b> – virus isolated in the UK <b>Level 3</b> – outbreak(s) in the UK <b>Level 4</b> – widespread activity across the UK	6

*Table Source: World Health Organisation*

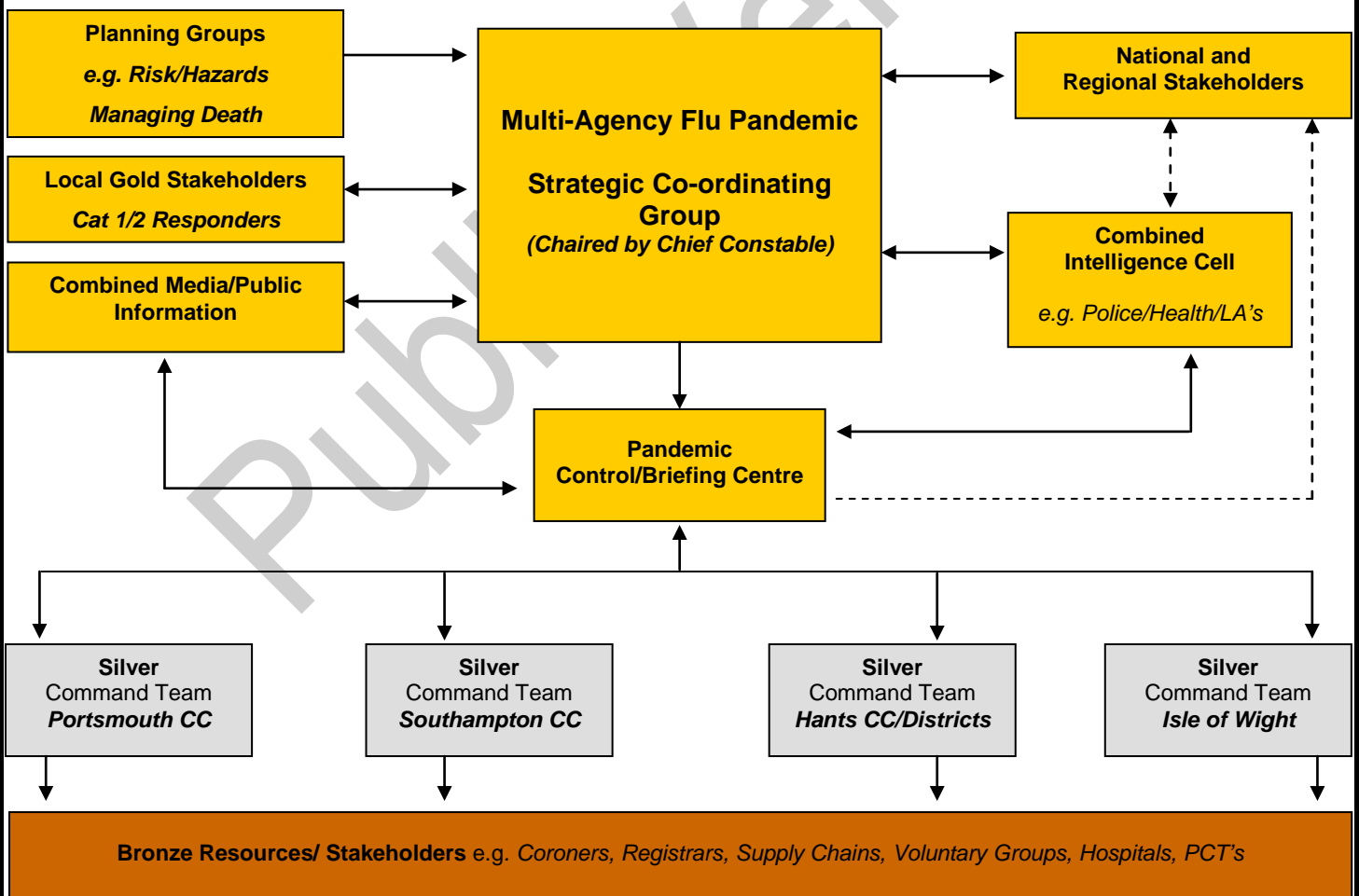
The meeting of the SCG will determine whether all or part of the Hampshire & Isle of Wight LRF Flu Pandemic Command and Control Structure will be

implemented and whether it will be necessary to activate the Managing Excess Deaths Plan and the formation of the PEDAG as one of the planning groups.

### 1.3 Command and Control

The command, control and co-ordinating arrangements for an Influenza Pandemic will fundamentally be the same as for other Major Incidents. PEDAG will be a working group reporting to the SCG and reporting mechanisms for information flow will be through a cell established within the SCC. Further details can be seen in the Hampshire County Council: *Major Incident Plan*, the Hampshire & Isle of Wight LRF: *Pandemic Influenza Contingency Plan* and the Cabinet Office, *Preparing for Pandemic Influenza: Guidance to Local Planners*.

#### Command and Control Structure



### 1.4 Pandemic Excess Deaths Advisory Group (PEDAG)

Membership of the group will comprise of representatives from each business area involved in the management of death.



The chair of the PEDAG will either be the Coroner for the Isle of Wight or the Coroner for North East Hampshire. The Secretariat will be provided by Hampshire Scientific Services.

The frequency of the PEDAG meetings will be agreed at the initial meeting. It is expected that the group will meet on a weekly basis, but this will be assessed during the pandemic and the group will meet more regularly if required.

If the decision is taken by GOLD that the risk of infection is too high for the PEDAG to meet in person, liaison will need to take place electronically and if available via telephone / video conferencing.

## Role of the PEDAG

One of the main roles of the PEDAG will be to oversee the transition to Different Ways of Working as laid out in the Home Office Guidance, Planning for a Possible Influenza Pandemic: *A Framework for Planners Preparing to Manage Deaths*.

It is important that the PEDAG provides reassurance to communities that any move towards different ways of dealing with the death process is considered and fully justified.

It is important that the Environment Agency are consulted on increased burial rates, new burial sites and any waste issues.

## 1.5 Roles and Responsibilities

Multi-agency roles and responsibilities are outlined in the Hampshire County Council major Incident Plan which can be found at::

[http://www3.hants.gov.uk/hcc\\_mip\\_public\\_version\\_1.0-2.pdf](http://www3.hants.gov.uk/hcc_mip_public_version_1.0-2.pdf) (Appendix B)

Specific response for key organisations can be found in the following publications:

- Pandemic Influenza: Draft Guidance on the management of death certification and cremation certification
- Ministry of Justice. Pandemic Influenza: Guidance on the operation of the Coroner system in England and Wales

(see [Linking Plans and Policies](#) for web addresses)

## Section 2 **Scope of the Plan**

### 2.1 **Aim of the Plan**

The aim of this plan is to enable Hampshire & IOW to cope with an increase in the number of deaths as a result of a flu pandemic

### 2.2 **Objectives of the Plan**

The objectives of this plan are to:

- Engage with all business areas involved in the management of death
- Apply the National Planning Assumptions reasonable worst case scenario to the H&IOW population i.e. a clinical attack rate of 50% in a single wave and an overall case fatality rate of 2.5%
- Identify the processes and capacities (normal and maximum) of each business area engaged in the management of death.
- Encourage each business area to produce a Business Continuity Plan (BCP), applying national assumptions for absenteeism based on Cabinet Office Guidance Contingency Planning for a Possible Influenza Pandemic
- Provide assurance about the existence of Business Continuity Plans for individual business areas and local authorities
- Identify pinch points for individual business areas within H&IOW
- Set out the processes for moving to 'different ways of working'
- To obtain agreement between organisations involved in the process about the need to move corporately to Different Ways of Working
- Provide a framework for communications;
  - Within individual business areas within the LRF area
  - With the public in the LRF area
  - With the RCCC and Central Government in the event of a crisis

## 2.3 Planning Assumptions

### Excess Death Numbers

The following table shows the estimated numbers of excess deaths for each of the top tier authorities in Hampshire and the Isle of Wight. These estimates are based on an infection rate of 50,000 cases per 100,000 population and a death rate of 2.5%\*.

\*Source of assumptions: Pandemic influenza: A national framework for responding to a influenza pandemic DH 2007.

Week	Hampshire	Southampton	Portsmouth	Isle of Wight	Hampshire & the Isle of Wight
1	21	3	2	2	28
2	42	6	5	3	55
3	166	22	19	13	221
4	644	86	73	51	855
5	2,204	293	250	176	2,922
6	4,490	597	509	358	5,955
7	4,407	586	500	352	5,845
8	2,973	395	337	237	3,942
9	2,017	268	229	161	2,674
10	1,559	207	177	124	2,068
11	1,081	144	123	86	1,434
12	541	72	61	43	717
13	333	44	38	27	441
14	187	25	21	15	248
15	146	19	16	12	193
<b>TOTAL</b>	<b>20,789*</b>	<b>2,765*</b>	<b>2,356*</b>	<b>1,659*</b>	<b>27,569*</b>

*Table Source: ImpactCalculatorIB200607 Hants & IOW LRF Area. Produced by Dr Ian Blair; Health Protection Agency.*

\*The difference in totals is due to rounding up.

## Business Continuity Management – Staff absence from Work

Estimates of likely levels of absence from work caused by influenza or by the need to care for family members with influenza are set out in the table below against a range of assumptions on the clinical attack rate of the pandemic virus. The table also reflects the results of scientific modelling which suggests that small organisations, and small teams within larger organisations, may experience higher rates of staff absence at the peak of a pandemic than would large teams.

	Clinical Attack Rate		
	10%	25%	50%
<b><u>Large Organisation</u></b>			
<i>% of people ill at peak</i>	2%	5%	10%
<i>% of people ill &amp; carers taking time off at peak</i>	3%	7%	15%
<b><u>Small Organisations or unit</u></b>			
<i>% of people ill and carers taking time off at peak</i>	6%	14%	30%
<b>TOTAL</b>			
<i>Cumulative % total of those ill over the whole period of pandemic</i>	<b>10%</b>	<b>25%</b>	<b>50%</b>

*Table Source: Cabinet Office Guidance: Contingency Planning for a Possible Influenza Pandemic 2006*

- These figures are estimates based on current knowledge and modelling
- All figures given are percentage of total workforce
- It is expected that ill people will on average be absent for 5-8 working days
- A small organisation or unit can be defined as a group of up to 15 people
- In the event of local school closures, additional staff who are parent-workers may also be absent to care for (well) children.
- These figures do not include 'normal' absenteeism levels; people taking time off due to family bereavement or psychosocial impact of pandemic; people self-absenting from work

## Section 3 Capacities

### 3.1 Registration

#### Deaths Registered in Hampshire LRF Area 2003 – 2007\*

Local Authority	2003	2004	2005	2006	2007
Hampshire County Council	11979	11441	11353	11227	11573
Isle of Wight Council	1823	1667	1664	1678	1666
Southampton City Council	2090	1897	1957	1892	1799
Portsmouth City Council	1973	1839	1704	1750	1706

\* Source: Vital Statistics Output Branch, Office of National Statistics

### 3.2 Crematoria

The following table illustrates existing capacities at Crematoria within Hampshire and the Isle of Wight.

The table also shows the approximate Maximum Operating Rate (excluding a service) at the Crematorium. In the event of a pandemic these figures may be affected by severe staff shortages. It is important to note that future capacities will be affected by the installation of new abatement equipment.

Crematorium	Normal Operating rate	Maximum Operating Rate <i>Including Service</i>	Maximum Operating Rate <i>Excluding Service</i>	Total Staff	Critical Staff <i>Minimum number to operate</i>	Cremators
	Average a day					
<b><u>Aldershot Crematorium</u></b> Guildford Road Aldershot Hampshire County Council GU12 4BP	8	15	36 <i>(24 hour working)</i>	8	2	3
<b><u>Bournemouth Crematorium</u></b> Cemetery Lodge Strouden Av, Bournemouth, BH8 9HX	15	25	40 <i>(24 hour working)</i>	5	2	4
<b><u>Basingstoke Crematorium</u></b> Stockbridge Road North Waltham Basingstoke RG25 2BA	6	10	20 <i>(24 hour working)</i> 12 <i>(normal hours)</i>	8	3	2
Chichester Crematorium Westhampnett Rd Chichester, PO19 7UH						
<b><u>Poole Crematorium</u></b> Gravel Hill Broadstone Poole BH17 9BQ	10-15	15	23 <i>(24 hour working)</i>	6	2	3
<b><u>Portchester Crematorium</u></b> Upper Cornaway Lane Fareham PO168NE	16	27	40	9	3	6

<b>Southampton Crematorium</b> Bassett Green Road Southampton SO163NF	<b>7-23</b> <i>(14 average)</i>	<b>25</b>	<b>50</b> <i>(with shift changes)</i>	<b>8</b> <i>(6 certificated)</i>	<b>2</b> <i>(providing temporary staff can be employed)</i>	<b>6</b>
<b>Isle of Wight Crematorium</b> Whippingham Station Lane, Whippingham East Cowes PO32 6NJ	<b>7</b>	<b>11</b>	<b>18</b>	<b>7</b>	<b>4</b>	<b>3</b> <i>(in 2012 reduced to 2)</i>

Table Source: HCC EPU Survey \*Oct 2008

### 3.3 Cemetery

District Council & Cemetery	Standard Burials	Max. Burials	Staff	How would they cope with staff loss	Critical Staff <i>Minimum number required</i>	Available Burial Space (Collective Burial Site? <b>CB</b> )
	Per week					
<b>Basingstoke and Deane Borough Council</b>	4-5 Including cremated remains	6 with current staff numbers	3 1 X Admin 2 x operators	Use Grounds Maintenance Staff from the Council Hire in new staff – 2 week training for min-digger	2 Operators	Approx <b>10-14 yrs</b> 2 x large <b>CB</b> sites  Plot L and M Worting Rd Cemetery
<b>East Hampshire District Council</b>	3 Full Burials  2 cremated remains	15 not including cremated remains	6 2X Admin 4 X Operators	Use Grounds Maintenance Staff from the Council Hire in extra staff – 2 week training for min-digger  Informal mutual Aid arrangement with Havant	2 Operators	Approx <b>75 yrs</b> <b>CB</b> site at Whitehill (4 acres)
<b>Eastleigh Borough Council</b>	2 a day  2 cremated remains	4 full burials	2 Admin  5/6 operators	No Business Continuity Plans in place	2 Operators	<b>15 yrs</b> Eastleigh Cemetery, Brookwood Rd  <b>At capacity</b> Ramalley Rd, Chandlers Ford  <b>2-3 yrs</b> Bishopstoke Cemetery
<b>Fareham Borough Council</b>	3 full burials 5 cremated remains	5-6 Full Burials	3 1 x Admin 2xOperator s	Contingency plans in place to use staff (already trained) from other areas of the Borough Council	2 Operators	<b>20-30 yrs</b> <b>CB</b> sites available across Borough
<b>Gosport Borough Council</b>	Average 3 Includes Cremated remains		1.5 Admin 1 x Operative	Ring S Voller Arrange for external Contractors to assist	2	Approx <b>3 yrs</b>
<b>Hart District Council</b>	Less than 1 burial  5 cremated remains	10	0.5 admin/ operative	Would take a couple of weeks to train new staff and be up and running		<b>150 plots or 5 yrs</b> (30 burials a yr)
<b>Havant Borough Council</b>	2-3 Full Burials  2-3 Cremated Remains	3 Full Burials based on a two hour ceremony  6 per day based on a one hour ceremony	2 X admin  4 x operators	Mutual aid arrangement with East Hants  Can probably cope in house. Grounds maintenance staff already trained.	2 Operators	2 Sites 1 with <b>5 years</b> capacity  Newer site with <b>10 years</b> capacity in natural burial area <b>CB</b>  Potential site (5 hectares) may be available but linked to building development

<p><b>Isle of Wight Council</b></p>	<p>3 full burials 2 cremated remains</p>	<p>2 per day Unlimited cremated remains</p>	<p>1 admin 1 cemetery Inspector 4 operators (2 teams)</p>	<p>Contingency Plan to bring in other members from Council Dep Grave digging services contracted out Can extend to 3 teams (Isle of Wight Resources)</p>	<p>1 admin 1 Inspector 2 operators</p>	<p><b>30 yrs</b> Ashley Cemetery Gatehouse Rd <b>30 yrs</b> Binstead Cemetery Cemetery Rd <b>40 yrs</b> Carisbrooke Cemetery Whitcombe Rd; <b>CB</b> <b>10 yrs</b> East Cowes Cemetery Kingston Rd <b>25 yrs</b> Newport Cemetery Fairlee Rd; <b>CB</b> <b>40 yrs</b> Northwood Cemetery Newport Rd; <b>CB</b> <b>At Capacity</b> St Paul's Cemetery Halberry Rd <b>At Capacity</b> Ryde Cemetery West Street <b>20 yrs</b> Sandown Cemetery Lea Rd; <b>CB</b> <b>40 yrs</b> Shanklin Cemetery Cemetery Rd; <b>CB</b> <b>30 yrs</b> Ventor Cemetery Newport Rd <b>30 yrs</b> Wroxall Cemetery Castle Rd; <b>CB</b></p>
<p><b>New Forest District Council</b></p>	<p>2 per day (1am and 1 pm) Total burials approx 280 per annum Awaiting breakdown of full and remains</p>	<p>(4 to 6 a day) Based on limiting travel requirements</p>	<p>2 X Admin staff 4 x operators (two teams of 2)</p>	<p>Written operating instructions available for admin staff Admin Grounds maintenance staff trained to cover absences of operators</p>	<p>2 Operators</p>	<p>7 Cemeteries Across District</p>
<p><b>Portsmouth City Council</b></p>	<p>10 per week 0.5 cremated remains</p>	<p>25 per week Unlimited cremated remains</p>	<p>1.5 Admin 2 Operators (contracted out)</p>	<p>Contingency Plans to bring in admin support from Portsmouth City Council Departments Operators Contracted out, contract includes additional resources required</p>	<p>1 Admin 2 Operators</p>	<p><b>30yrs</b> Kingston Cemetery <b>30yrs</b> Milton Cemetery <b>No capacity</b> Highland Cemetery</p>

<p><b>Rushmoor Borough Council</b></p>	<p>1-2 full burial 2-3 cremated remains</p>	<p>2 per day Unlimited cremated remains</p>	<p>4.5 Admin 4 operators (can extend to 8 if required) Grave preparation contracted out</p>	<p>Contingencies plans in place to bring in admin staff from other Council departments Operators contracted out</p>	<p>2 admin 2 operators</p>	<p>3-4 yrs Redan Rd, Aldershot 10-15 yrs Ship Lane, Farnborough Potential site for Collective Burial 2 yrs Victoria Rd, Farnborough</p>
<p><b>Southampton City Council</b></p>	<p>9 Full Burials 4 Cremated Remains</p>	<p>15 Full Burials Unlimited Cremated Remains</p>	<p>4 Admin 1 X Supt Grave preparation contracted out to Open Spaces 1 x manager 5 full-time 1 agency</p>	<p>Ground maintenance staff and others resources brought in from other services</p>	<p>1 x Admin 1 x Supt 2 grave preparation</p>	<p>5 cemeteries Not fully assessed 2 almost full (Millbrook and The Common) Plenty of capacity at Hollybank, Stoneham and St. Mary's Hollybank has a large area which is yet to be landscaped and would be suitable for collective graves</p>
<p><b>Test Valley Borough Council</b></p>	<p>3 – 4 Ashes+Burials</p>	<p>10 Burials + 5-6 Ashes</p>	<p>3xAdmin 1 Manager Winter 2 x Grounds Staff Summer 4 x Grounds staff</p>	<p>Use In house Grounds Maintenance staff from other Sources</p>	<p>2x Grounds staff.</p>	<p>2 Available Sites. More detail to follow.</p>
<p><b>Winchester City Council</b></p>	<p>2-3 Full Burials 5 Cremated Remains</p>	<p>Capacity to increase numbers (at least double) Dependant on ability of contractors (SERCO) to increase resources</p>	<p>Cemetery Manager + 5 Admin Staff (Dual role Land Charges and Cemeteries) Grave Preparation contracted out to City Councils contractors (SERCO)</p>	<p>Pool of 5 admin staff and 2 full-time Serco contractors for grave preparation Extra Serco staff can be brought in if required.</p>	<p>2 operators</p>	<p>2 sites St . James Lane – at capacity Magdalen Hill Arlesford Road Winchester 6 years capacity on current site. Adjacent site available with capacity for 7,000 graves. Not developed as yet – suitable for Collective Burial.</p>

Table Source: HCC EPU Survey \*Oct 2008

### 3.4 Hospital Mortuary

Hospital Mortuaries are used for:

- Performing Post Mortem Examinations (PME)
- Holding bodies before and after a post Mortem Examination
- Holding bodies before any decision is made as to whether a doctor can issue a Medical Certificate of Cause of Death
- Holding bodies where death has occurred in hospital
- Viewing bodies as part of the identification/grieving process

#### Capacities

Hospital	Contact Telephone Number	Standard Storage Spaces	Emergency Storage Spaces	Infected Body Store Spaces	Freezer Spaces	Post Mortem Tables
North Hampshire Hospital Basingstoke	Not for publication	30	5	0	6	3
Frimley Park Hospital	Not for publication	55	0	0	5 Temp	3
Queen Alexandra Hospital Cosham	Not for publication	133	0	3	3	6
St Mary's Hospital Portsmouth	Not for publication	36 holding only	0	0	0	0
Southampton General Hospital	Not for publication	78	70	8	6	8
St Mary's Hospital IOW	Not for publication	65	Refrigerated Lorries	2	2	3
Royal Hampshire County Hospital Winchester	Not for publication	53	10	0	4 Temp	4

The number of PME's that can be undertaken is determined by a number of factors including:

- Experience of pathologists and Mortuary technicians
- Complexity of examinations
- Availability of equipment
- Start time of examinations

Hospital mortuaries run to at or near existing capacity at peak times during the year (winter) for their normal business.

According to the Home Office Guidance (Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths), effective use of measures in the guidance is likely to mean minimal impact on mortuary capacity. 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.

NHS Trusts should be working with local authorities to ensure that mortuary capacity is adequate to meet peaks in winter deaths.

The availability of trained mortuary staff during a pandemic is likely to have a significant effect on hospital mortuary capacity. The majority of mortuaries are staffed by 1-2 senior technicians and a similar number of deputies and / or trainees. Hospital mortuary staff perform a critical function. Therefore, hospital Business Continuity Plans need to identify additional staff that can be trained in advance to assist in the mortuary if required.

The Department of Health has recommended that temporary facilities must meet the minimum standards of permanent mortuaries to respect the dignity of the deceased. They advise that refrigerated vehicles and trailers should not be used. NHS trusts and local authorities will put in place suitable local arrangements – as informed by potential pandemic influenza pressure points. This may involve seeking solutions from commercial solutions. Non-use of refrigerated vehicles and trailers may become unsustainable during a pandemic.

### 3.5 Coffins

Due to the large diversity of the UK coffin manufacturing industry the following information is a general overview provided by the Dignity UK project team representative;

- There are no Coffin Manufacturers in Hampshire. Although there is a supply line through various National Manufacturers.
- The average cost of a basic coffin is £35 that is without furnishings, gowns, or nameplate. Manufactured with a paper coating and not veneer.
- The larger manufacturers hold about two weeks supply (400), most average size manufacturers would supply on demand.
- Standard lead-time from order to delivery is approximately two weeks.
- The production run will vary dependant on manufacturer. A mechanised factory can produce on a standard shift about 20 Per hr or 160 Per Day.
- The larger manufacturer could produce as much as 800 units per week based on the previous model. If needs be a rotational shift could be put in force and 2400 units produced per week. However, this might not be feasible as many of the staff could be absent from work due to illness and caring commitments.
- Larger groups employ about 40 staff in manufacturing. Smaller companies pro-rata.
- In theory only one person is required to operate all machinery but in practical terms it would depend on how mechanical the manufacturer is.
- Some companies have a contingency plan in place to cover staff absence, but this is not likely to be the case for all manufacturers.

The Funeral Furnishings Manufacturers Association (FFMA) have suggested that small manufacturers are likely to be able to produce approximately 350 coffins per week maximum, mid size companies 500 per week and large companies around 800 per week. Therefore, the average maximum number of

coffins that each manufacturer can produce in the UK per week is 550. There are 18 UK coffin manufacturers, which provides an approximate total of 10,350 coffins per week.

Work undertaken by the FFMA for Ministry of Justice indicates that Coffin Manufacturers could increase output by 3-50% during a Flu Pandemic (this takes into account the impact of reduced staffing levels). This figure is based on the current range of coffin being available and does not take into account any restriction on the range of coffins available which could be imposed during a pandemic.

## Section 4 Different Ways of Working

### 4.1 Transition to Different Ways of Working

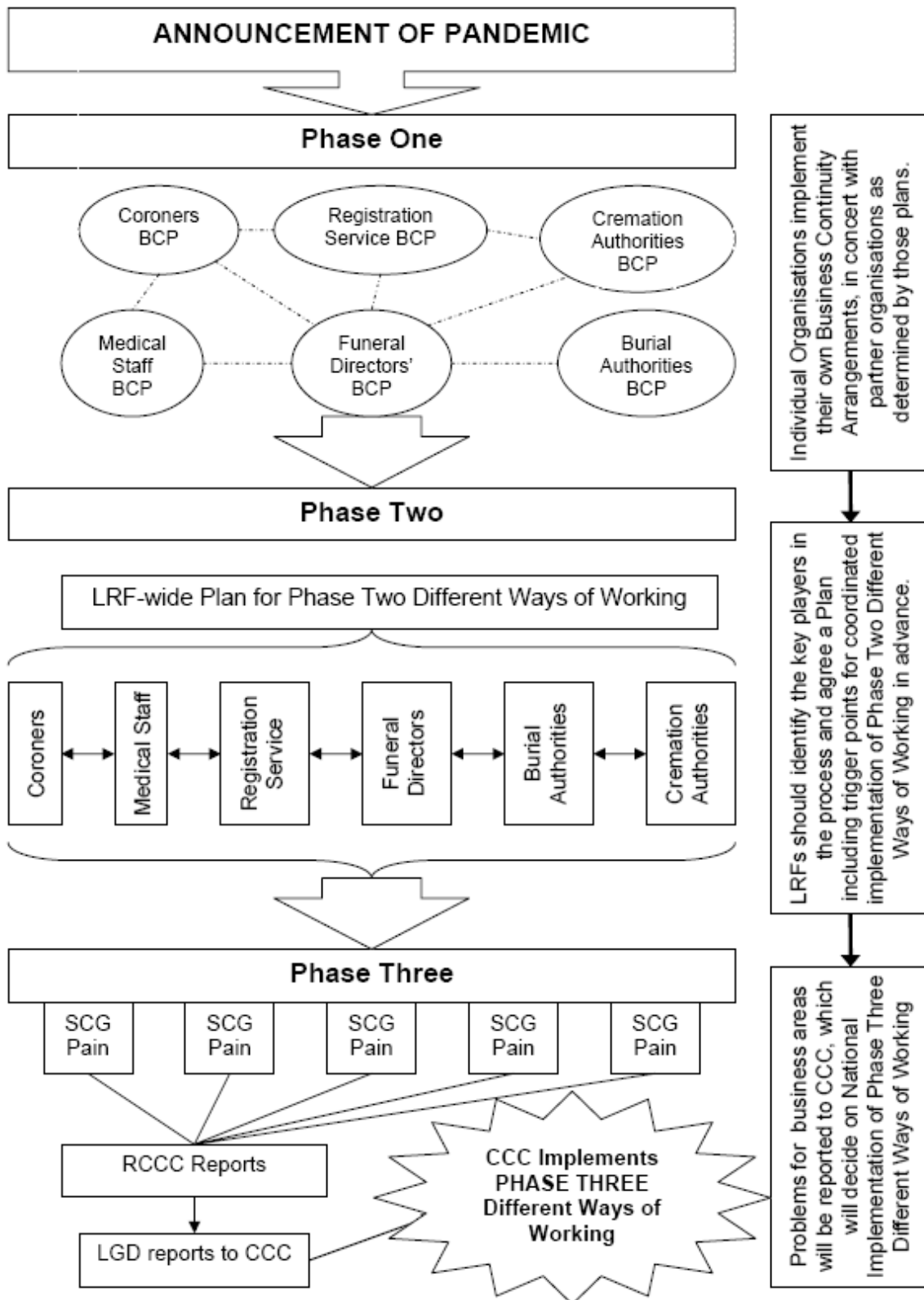
Section 4 identifies different ways of working which may be introduced by the PEDAG during a flu pandemic. The transition to different ways of working can be divided into three phases which reflect Government Guidance.

**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).

## 4.2 Pandemic Influenza: A Phased Transition to Different Ways of Working in Managing Excess Deaths



Source: Home Office; Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths

### 4.3 Triggers for moving towards different ways of working

#### Phase One – Phase Two

The point at which it will be necessary to move away from single agency Business Continuity Plans to working within the overarching LRF plan will be based on the ability of key areas to be able to deal with the excess capacity. Therefore reporting mechanisms will identify to tipping point for these key areas. Examples include:

1. Funeral Directors / body storage accommodation is reaching capacity
2. The registration Service are unable to process death registrations

If any of these services indicate that they are unable to deal with a number of excess deaths, this will signal the point to move towards the activation of 'Different Ways of Working'. It is therefore crucial that there is a mechanism for monitoring each service area during a pandemic.

### 4.4 Registrars

Registration services in Hampshire, Portsmouth and Southampton have already received detailed advice and checklists on suggested different ways of working from the General Register Office. Many have been implemented already through business continuity plans.

#### Phase One

Involves changes that can be implemented within the registration service alone.

- Employment and training of additional staff to act as deputy registrars
- Extension of opening hours and incorporation of shift working
- Contact between registration districts and local authorities to explore the potential for interchange of staff. This might include the redeployment of

registrars not able to reach their usual office because of travel constraints in an emergency.

- Publicity of arrangements for death registration through local media, websites and notices.
- Delaying the issue of certificates unless they are required urgently
- Rationalising work processes so that priority is given to death registration and issue of certificates for burial or cremation.

### Phase Two

Involves services other than the registration service and requires co-operation to implement locally.

- Relaxation of the requirement to receive the original signed MCCD or Corners forms – Documents faxed or Emailed from GP surgeries, Hospitals and Coroners Offices may be accepted as evidence of cause of death.
- Where it is local practice for a coroner to require that all deaths which occur within 24 hours of admission are reported to them, this should cease insofar as it concerns death caused by pandemic influenza or complications thereof.

### Phase Three

The following different ways of working require changes to legislation and will be available nationally only when authorised by Ministers. There are two sections to phase 3 as follows:

*Phase 3 section one (involves only the work of the registration service):*

- (i) provision will be made 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 interviews for all registrations.

- (ii) provision will be made to allow still-births to be registered more than 3 months after a child has been still-born.

*Phase 3 section two (involves co-operation between a range of services):*

- (i) the legal requirement that a registrar must refer a death to the coroner if a registered medical practitioner who had attended the deceased during their final illness and 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 28 days;
- (ii) 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.
- (iii) Provision will be made to allow a registered medical practitioner who has not attended the deceased during 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 to have died of pandemic influenza.

#### **Note**

The various references to legislative change are planning assumptions and not legal commitments, since Ministers will need to decide whether or not to make Orders amending the law in the light of the pressures on services brought about by a pandemic.

The following discussions with local Superintendent Registrars; other Different Ways of Working may be to cut down on the length of the marriage ceremony to free up time.

## 4.5 Crematoria

### Phase Two

- Extend opening hours and working days
- Redeploying staff from other local authority functions
- Arranging inspections of equipment ahead 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

### Phase Three

- 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).
- 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 in forthcoming guidance, *Pandemic influenza: Guidance on the management of death certification and cremation*
- If it is practical for crematoria to move to 24/7 working, 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.

## 4.6 Cemeteries/Burials

Any changes to existing arrangements would be for local determination and therefore would be Phase Two different ways of working.

National statistics show that the current trend is that 30% of the population prefer to be buried and 70% prefer cremation. It is unknown if this trend will continue during a pandemic as these views currently reflect the preferences of the elderly. Preferences among younger people 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. Therefore there could be a significant move away from the current trend.

A Ministry of Justice Survey in 2005 showed that 21% of burial grounds, cemeteries and churchyards were operated by first and second tier local authorities, 70% by the Church of England and 9% by other faiths, charitable trusts and woodland burial sites. It is difficult to determine which group provides the majority of burial services as whilst the local authorities operate 21% they are likely to be bigger in scale than the others. Again any current trend may change during a pandemic.

Figures provided showing capacities for local authority cemeteries throughout Hampshire and the Isle of Wight indicate that there is sufficient capacity for a number of years and in terms of space most will be able to absorb a higher throughput caused by a pandemic. There could be some localised shortages.

Some of the different ways of working proposed are:

- Extending working hours and working days to cope with increased burials and absenteeism.
- Funeral services at places other than cemeteries.
- Shorter time slots for committals.

- Prior mechanical preparation of the burial site for multiple graves and consecutive burials. This would allow for, and require the marking of the position of individual burials and the statutory recording requirements but not the choice of position or adjacent burial of family members.
- Wherever possible arrangements for existing family graves already acquired or purchased should be maintained but this will need to be balanced against the pressing needs for early and swift burials together with available resources.
- Collective Burial – As a last resort. Burials in a trench in rapid succession, for example some war graves. This will only be considered if the number of dead exceeds the capacity to store, inter or cremate them. It is not anticipated that collective burial would significantly reduce the existing distances between coffins in many cemeteries and burial grounds. An example of a collective burial site accepting 100 coffins laid side by side three feet apart would involve excavating a trench 4' 6" (1350mm) deep, 300' (90000mm) long and 8' (2400mm). One hectare would accept about 2,000 bodies. There are a number of local authority cemetery sites across within the Hampshire and Isle of Wight which could be used to for collective burial.

## 4.7 Coroners

### Phase One and Two

Business continuity measures that could be planned and introduced locally by the coroner or under the auspices of the Pandemic Excess Deaths Advisory Group

- Identifying and appointing additional assistant deputy coroners.
- Ceasing the common (non-statutory) practice of reporting all deaths to the coroner that occur within 24 hours of admission to hospital.
- Redeploying staff from other local authority functions to act as coroners officers and coroners administrative staff.

- Ensure that existing coroners officers are not deployed by Police Forces into other roles.
- Pooling staff with adjoining authorities/jurisdiction.
- Managing the number of coroner post-mortems
- Efficient processing of disposal certificates

### Phase Three

- 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.
- Jury inquest to be held at the discretion of the Coroner
- Simplified arrangements for the appointment of deputy and assistant deputy coroners
- Relaxing the requirements for investigating deaths abroad
- Greater flexibility for coroners to order post-mortems outside of their jurisdiction
- Increasing a coroner's ability to hold inquests based on documentary evidence

## 4.8 Funeral Directors

All different ways of working for 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.

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.

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.

- Ensure robust mutual aid arrangements – agreements to pool resources should be negotiated (e.g. reception staff, telephone operators, vehicles)
- Work with clergy to persuade relatives not to hold a funeral service at the time. A memorial service can be held after the pandemic is over. This would assist with infection control and free up time for increased workload.
- Prepare for basic and shorter services at chapel or for a memorial service to be held at other venues (e.g. home or place of worship).
- Collection of bodies into their premises out of hours. This would mean hospital trusts being able to accommodate collections out of hours.
- Introduction of shift working
- Increased working hours
- Businesses moving to seven day week operation
- Essential services only are maintained e.g. only the dead are transported to chapel (no car service is offered for relatives)
- Arrange for measures to increase capacity to hold the deceased prior to funerals i.e. additional body storage measures e.g. chilled areas or embalming.

- Ensure deaths are registered in a timely way. Liaise with the registration service.
- Be able to resource additional vehicles and drivers for body transport.
- Limiting the choice of types and size of coffins, to ensure manufacturers can supply demand.
- Agreements should be negotiated whereby funeral directors staff will support burial and cremation staff by taking on no-technical duties at the chapel, crematorium or cemetery with a view to assisting cemeteries and crematoria to deploy their own staff on other essential duties.

#### 4.9 Medical Practitioners

Medical practitioners play a key role in both death and cremation certification. Decreasing the safeguards within the present system of death and cremation would be a serious step and requires justification.

##### Phase One

- Retiring or retired medical practitioners willing to assist in a Pandemic should be prepare or for deployment in support of Primary Care Trusts/Local Hospital Boards/Cremation Authority (must be registered with the GMC, equipped with PPE, trained in the certification, the completion of forms and infection controls ).
- Notify the registration service of the names and medical qualifications of additional medical practitioners.
- Ensure adequate supply of MCCD forms (should be in place prior to Phase One)
- In consultation with local registration service ensure arrangements are in place to fax or e-mail MCCD's to the local register office.
- Ensure communications plans are implemented for issues concerning death and cremation certification.
- Ensure primary care practices and local hospital boards are aware of the possibility of alternative ways of working.

- Provide a central point of contact for all enquiries about death and cremation certification during a pandemic.
- Provide a central point of contact for the registration service and all other enquiries.

### Phase Two

- SCG (PEDAG) to agree to cease the common (non-statutory) practice of reporting all deaths that occur within 24 hours of admission to hospital to the coroner insofar as it concerns deaths caused by pandemic flu or complications thereof.
- Deploy retired Medical Practitioners (registered with the GMC) to assist in the provision of healthcare. They should be able to complete the MCCD in the event of death of a patient under their care.
- Fax or Email MCCD direct to Registrar where relatives are concerned about personal collection/delivery or they are unable to attend in person.

### Phase Three

- One or more SCGs may request ministers to introduce legislation to relax the '14 day' rule. Normally when a doctor attends a patient during their final illness, the death must be referred to the coroner if the doctor who certified the cause of death has seen neither the body after death or the patient within 14 days of their death. The limit will be relaxed from 14 to 28 days. This change will be announced centrally and cascaded to SCGs, registrars and coroners.
- One or more SCGs may also request ministers to introduce legislation to allow a registered medical practitioner, who has not attended the deceased in their last illness, to certify those who appear, to the best of their knowledge and belief based on the information available, to have died of pandemic influenza. This is designed to facilitate the provision of MCCD's for those who have died at home. In some cases there be little or no medical intervention and the medical practitioner may only be able

to obtain limited information. The medical practitioner should consider what information is available and other relevant circumstances. A proforma for collecting evidence on the deceased to assist this process is available. It should be retained with patient records as evidence of the information available on which the M CCD was signed. See [Annex B](#).

## 4.10 Faith Communities

### Phase Two

- 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)
- Undertake funeral services away from the crematorium

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

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

## 4.11 Mortuary Capacity/Body Storage

All different ways of working in respect of body storage are categorised as Phase Two Different Ways of Working.

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

Effective planning and use of measures outlined will mean minimal impact on mortuary capacity.

NHS mortuaries are essentially for patients who die in hospital, or have, for example died in an ambulance on the way to hospital. In addition all Hampshire and Isle of Wight Coroners use NHS facilities for their Post Mortems. People who die in their own homes would not normally go to NHS mortuaries unless the matter is reported to the coroner. They would be managed by funeral directors.

Seeking to create an entirely new capability(s) to provide mortuary storage facilities may prove difficult to source, manage and operate. Any new capability must meet minimum standards to respect the dignity of the deceased. Central assistance will not be made available to support additional facilities.

Measures which may be able to assist in increasing the storage capability in Hampshire are:

- Hospital Mortuary Facilities will need to plan to increase their body storage capacity i.e. by identifying additional secure rooms that could be cleared and utilised during a Pandemic. Measures such as cooling and leak proof bags will need to be applied.
- Hospital Mortuaries could operate a 24 hour admission and discharge system provided additional trained staff were available.
- Funeral Directors increasing their body storage capacity between 20 and 25%. This can be further enhanced by the use of temporary refrigeration units.

- Embalming can be used to store bodies for a longer period. The deceased can then be en-coffined and placed in a central holding facility prior to burial or cremation.
- Additional on-site external long term storage units – for example supplied by Kenyon International in the form of either 20 foot (40 body) or 40 foot (80 body) shipping containers. They could be sited near locations where existing facilities are becoming overwhelmed either at NHS premises or Local Authority premises.
- Smaller internal body storage units can be purchased or hired from suppliers such as:
  - W.J. Kenyon Group, Manchester, England. Telephone: 0044(0)870 7607751 – 2 to 30 body Cold Chambers. They also can convert small rooms into chilled storage units. See Annex F
  - Nutwell Logistics Ltd (ResponStor®) Modular Body Storage System.

#### 4.12 Body Transport

Funeral Directors locally have indicated that they expect to be able to resource vehicle and drivers for body transport in the event of being presented with excess deaths. All Funeral Directors should plan for overnight removals as a contingency measure.

Funeral Directors may require that hospital trusts have dedicated staff available out of hours for the delivery and collection of bodies.

Should fuel shortages become an issue Funeral Directors will need to receive priority supplies in order to maintain services.

In the event that Funeral Directors have difficulty in managing to transport the additional number of bodies other vehicles (and drivers) will need to be sourced. Special attention will need to be paid to the respect and dignity of the deceased where other vehicles are used.

It is not appropriate for South Central or the Isle of Wight Ambulance Service to transport bodies unless there are special circumstances e.g. death on route to hospital.

Local Authority Transport Services can call on a variety of vans and minibuses which theoretically could be used. However most vehicles used by are for passenger transport and there are a number of considerations to take into account before they are deployed for body transportation:

- Many Local Authority vehicles are used for transport of the elderly and the young and their use for body transport will be unacceptable to most people. Any vehicles used may not be able to be used for passenger transport once the pandemic is over.
- Some would need to be adapted for the transportation of bodies.
- It is unlikely that the existing pool of drivers would volunteer to drive vehicles in such circumstances and additional resources will need to be resourced.

Alternatively Local Authority Transport Services may be used to source appropriate hire vehicles.

Any contingency arrangements to transport bodies will need to be co-ordinated with Funeral Directors to ensure that they provide the best service for the deceased and their families. For example it may be that Funeral Directors operate a service where any family interaction is necessary i.e. collection from home and contingency arrangements are focused on other transportation e.g. collection from hospital out of hours or delivery to the point of disposal.

## Section 5      **Communications**

### **5.1 Introduction**

There will be significant interest in the way the dead are being treated and it is likely to become a focus of media reporting at local, regional and national levels, particularly where there is move to different ways of working.

The command and control arrangements for a pandemic are based on the existing emergency management procedures to other emergencies and therefore the media response will be co-ordinated through the Hampshire and Isle of Wight Strategic Co-ordinating Group. As part of these arrangements the Hampshire and Isle of Wight LRF Media Plan will be activated. This will ensure that the distribution of media information at the local, regional and national level will be consistent.

The lead agency will be Hampshire County Council.

The specific aim of the Managing Death Media Strategy is:

Receiving and disseminating information to provide factual, timely and accurate information about the arrangements to deal with excess numbers of deaths in a pandemic.

The objectives will be:

- To provide information sensitively with consideration for the bereaved
- To engage with all service providers involved in the managing death process
- To ensure that all service providers are providing consistent information
- To utilise all available means of communication to reach as many people as possible e.g. Newspapers, TV, Web sites, Leaflets

- To make arrangements to convey information to all members of the local community, including all those who cannot understand written or spoken English
- To raise awareness of the pressures that local service providers are under
- Provide accurate and timely information when there is any move to different ways of working which affect the way the dead are treated.
- Ensure that any media release relating to different ways of working or other significant releases likely to have a national impact are brought to the attention of the Cabinet Office News Co-ordination Centre.
- To raise awareness that local management of the pandemic may vary from one area to the next depending on the pressures on services.
- To seek to recover to pre-pandemic levels of service as soon as practicable.

## 5.2 Notification 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.

### 5.3 Regional and Welsh Considerations

Messages on how the dead are being treated will form part of wider communication strategies in the GOSE Region. The GOSE communication leads will want to ensure consistency with national messages.

### 5.4 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*. 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.

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## Section 6 Business Continuity

### 6.1 Business Continuity Management

In carrying out business continuity planning, organisations will wish to consider how best to:

- Support the Government's efforts to reduce the impact of the pandemic by:
  - Taking all reasonable steps to ensure that employees who are ill or think they are ill during a pandemic are positively encouraged not to come into work. Personnel policies may need to be reviewed to achieve this aim.
  - Ensuring that employers and employees are made aware of Government advice on how to reduce the risk of infection during a pandemic. (Information for staff will be available on the Department of Health website and in printed form.)
  - Ensuring that adequate hygiene (e.g. hand-washing) facilities are routinely available.
- Put in place measures to maintain core business activities for several weeks at high levels of staff absenteeism, including options for remote working and expanding self-service and on-line options for customers and business partners.
- Identify those essential functions and posts, and perhaps individuals, whose absence would place business continuity at particular risk.
- Identify which services could be curtailed or closed down during all, or the most intense period, of the pandemic.
- Ensure that health and safety responsibilities to employees continue to be fully discharged.

- Identify inter-dependencies between organisations and ensure they are resilient, for example by ensuring that supplier organisations delivering services under contract have appropriate arrangements in place themselves to sustain their service provision.
- As necessary, factor into their planning the need to support the health service.
- Factor into their planning the presumption that assistance from the Armed Services will not be available.

Factor into their planning that medical counter-measures will not solve business continuity requirements because antiviral drugs for treatment will only lessen the severity of the illness. They will neither cure it nor significantly reduce absenteeism.

## 6.2 Sources of Guidance

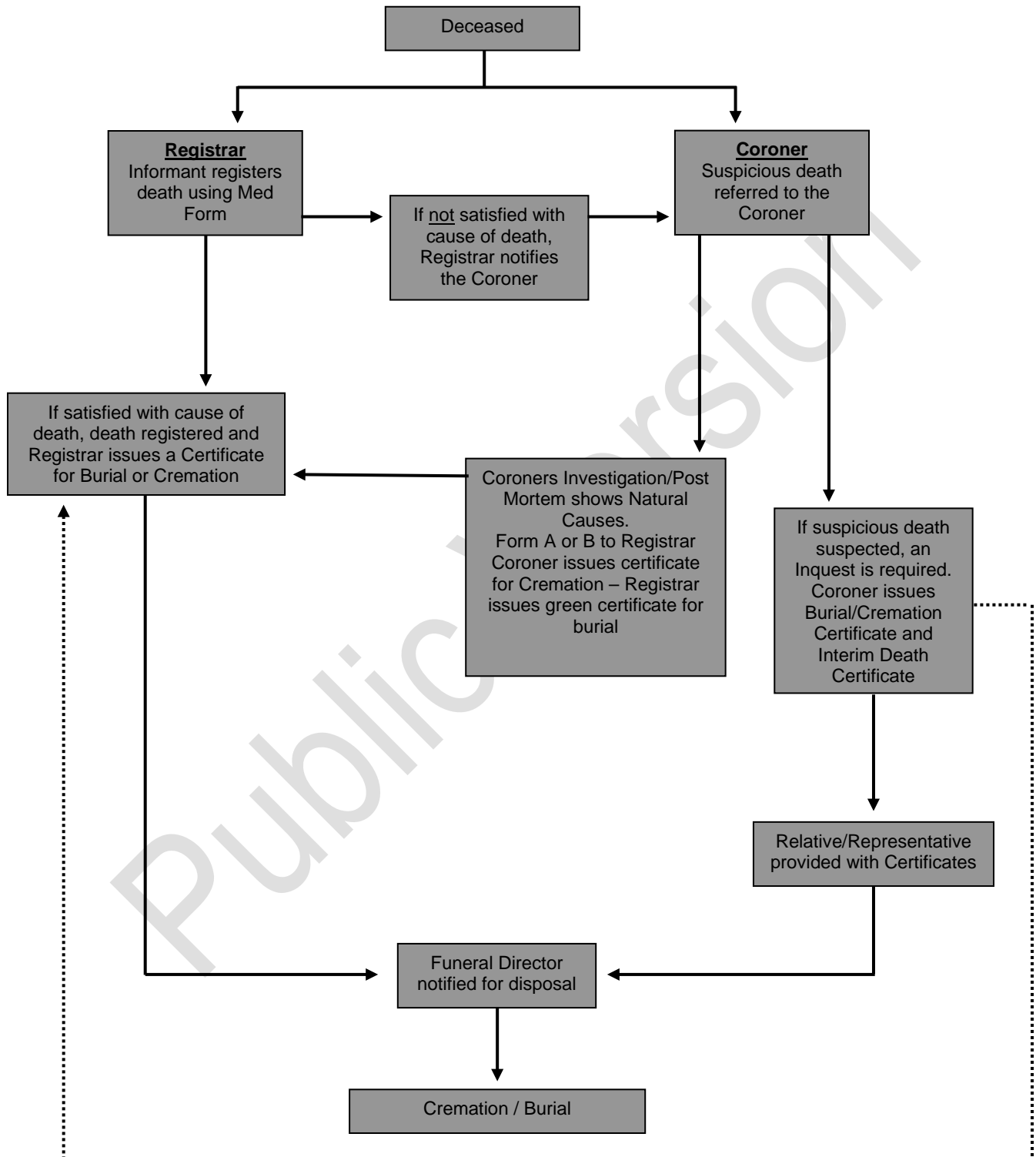
Current information and advice can be found in the following guidance documents:

- UK Health Departments' Influenza Contingency Plan (October 2005), plus further information for the public as well as information and operational guidance for the NHS.
- This is listed at Annex A. This material is available via the Department of Health's website <http://www.dh.gov.uk/pandemicflu>.
- Pandemic Influenza Checklist For Businesses (May 2006) – <http://www.ukresilience.info>.

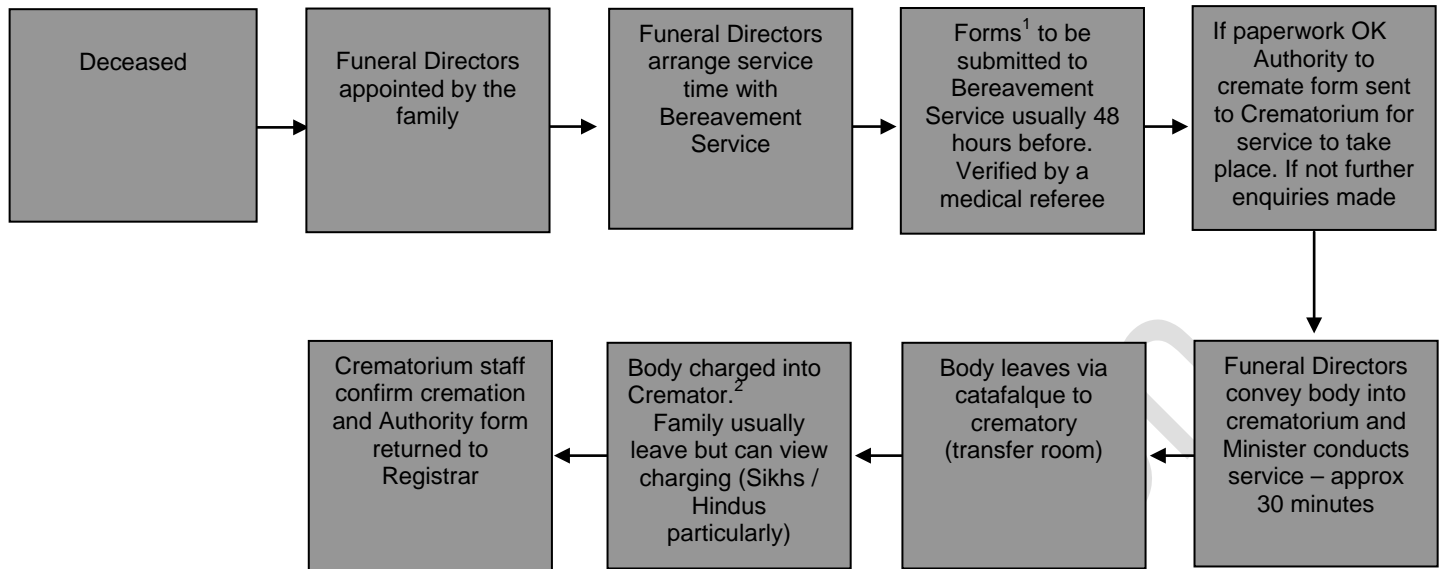
- Health and Safety Executive Guidance to employers, available via the HSE website - <http://www.hse.gov.uk/biosafety/diseases/influenza.htm>).
- DfES Guidance to schools and child-care settings (July 2006) <http://www.teachernet.gov.uk/wholeschool/healthandsafety/Influenza/>
- Generic guidance to assist business continuity planning, at Chapter 6 of *Emergency Preparedness*, statutory guidance issued under the Civil Contingencies Act 2004. This material is available at the UK Resilience website - [http://www.ukresilience.info/ccact/ep\\_chap\\_06.pdf](http://www.ukresilience.info/ccact/ep_chap_06.pdf).
- Hampshire County Council advice and information for Businesses <http://www3.hants.gov.uk/emergencyplanning/whatisbc.htm>

In addition, organisations will need (as necessary) to be aware of, and plan for the consequences of measures that the Government may conclude are necessary to control or delay the spread of the disease, described below, which may result in additional staff absence from work (in addition to increased parent-worker absences arising from possible school closures).

# 1. Process Maps – Registrars



## 2. Process Maps - Cremation



### <sup>1</sup> Forms required for Cremation

- Form A** Application for Cremation completed by Executor/Next of Kin/other where no Executor or Next of Kin
- Form B** Completed by first Dr who has been treating deceased or immediately after death. Must record cause of death.
- Form C** Completed by second Dr (5 years standing) who cannot be associated with first Dr or a friend or relative of deceased. Second Dr must view body and confer with first Dr and a third party. Must record cause of death.
- Form F** Completed by Medical Referee (Dr of 5 years standing) employed by Bereavement Service to validate the process prior to agreeing cremation.

Notice of Cremation – From Funeral Director notifying if family want to retain ashes or other e.g. metal implants.

Certificate E - Coroners cases (Sudden or unexplained death etc.). Processed in the same way as forms B, and C. Form F completed by Medical Referee

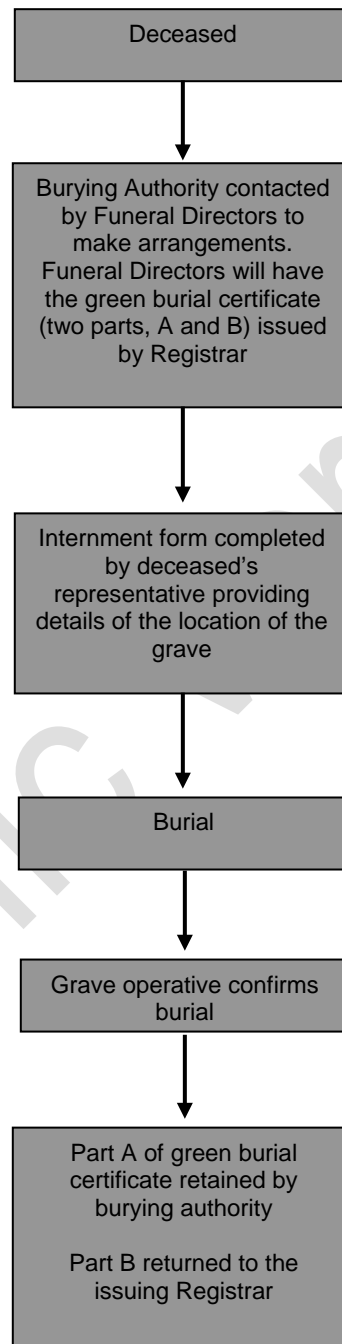
<sup>2</sup> **Cremation**

Cremation takes approximately 1.5 – 1.75 hours. Ashes cooled and processed and then into an urn.

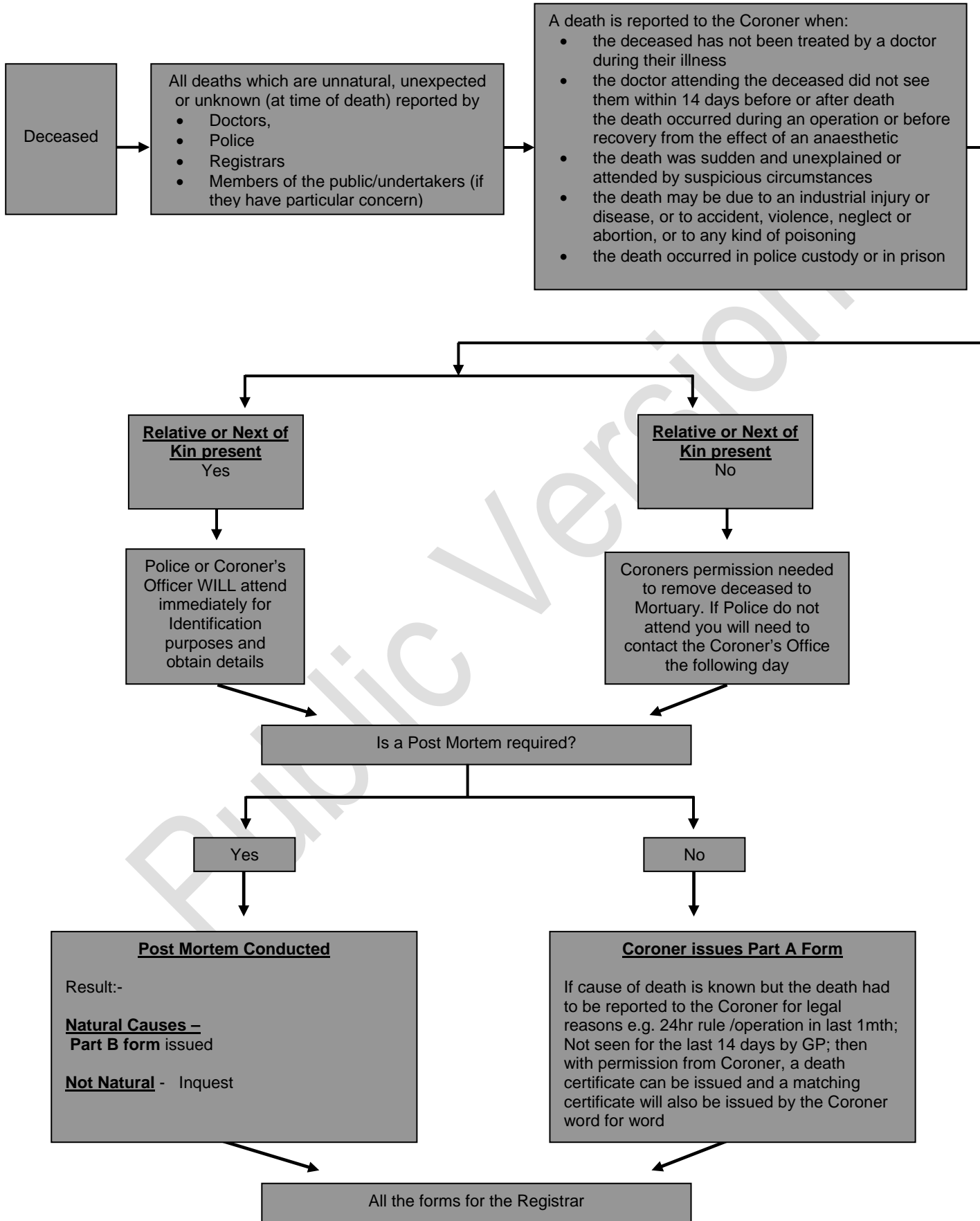
If family request them the ashes they must be collected from the Crematorium within 4 weeks

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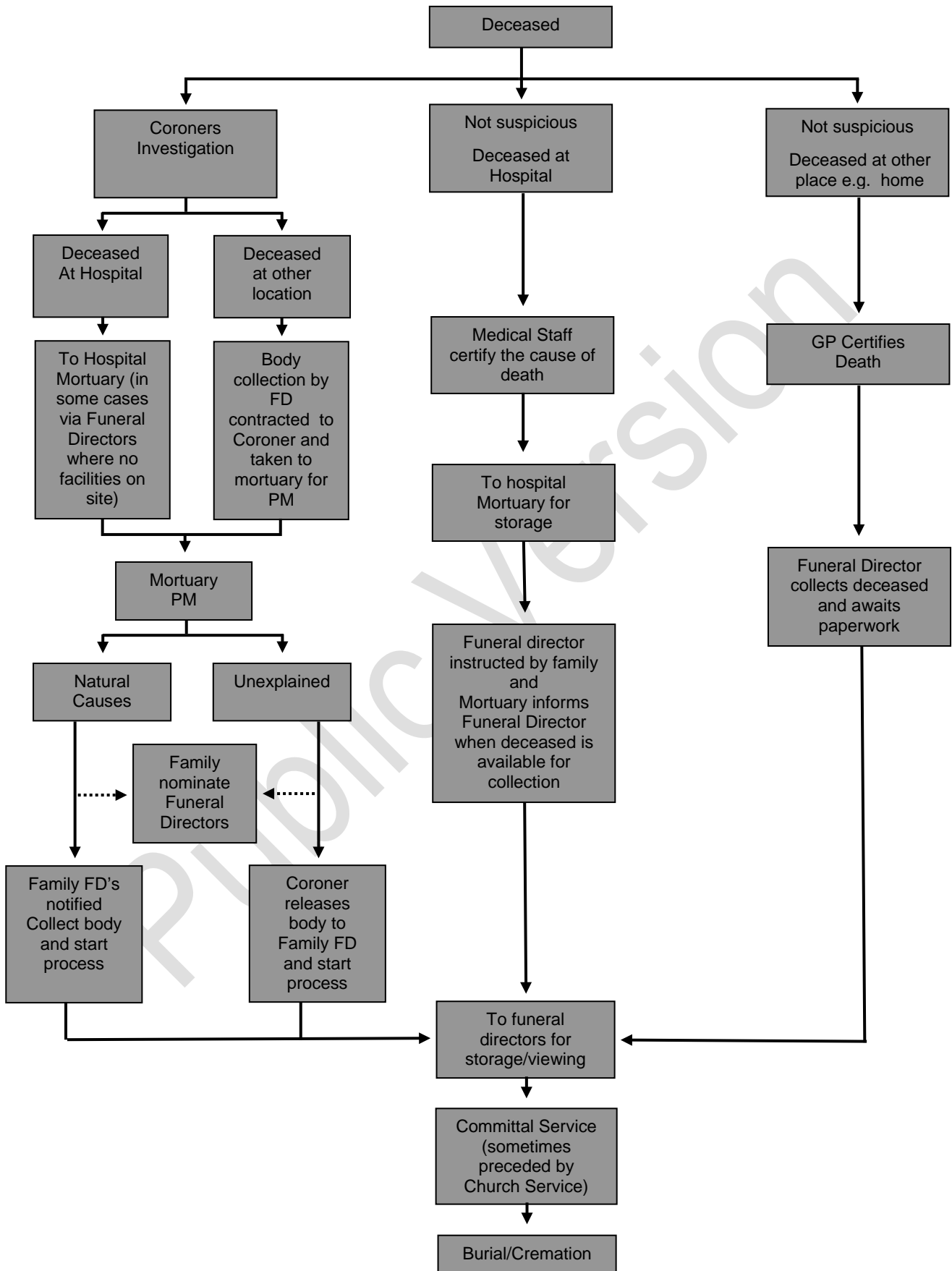
### 3. Process Maps – Cemetery/Churchyard/ Woodland Burial



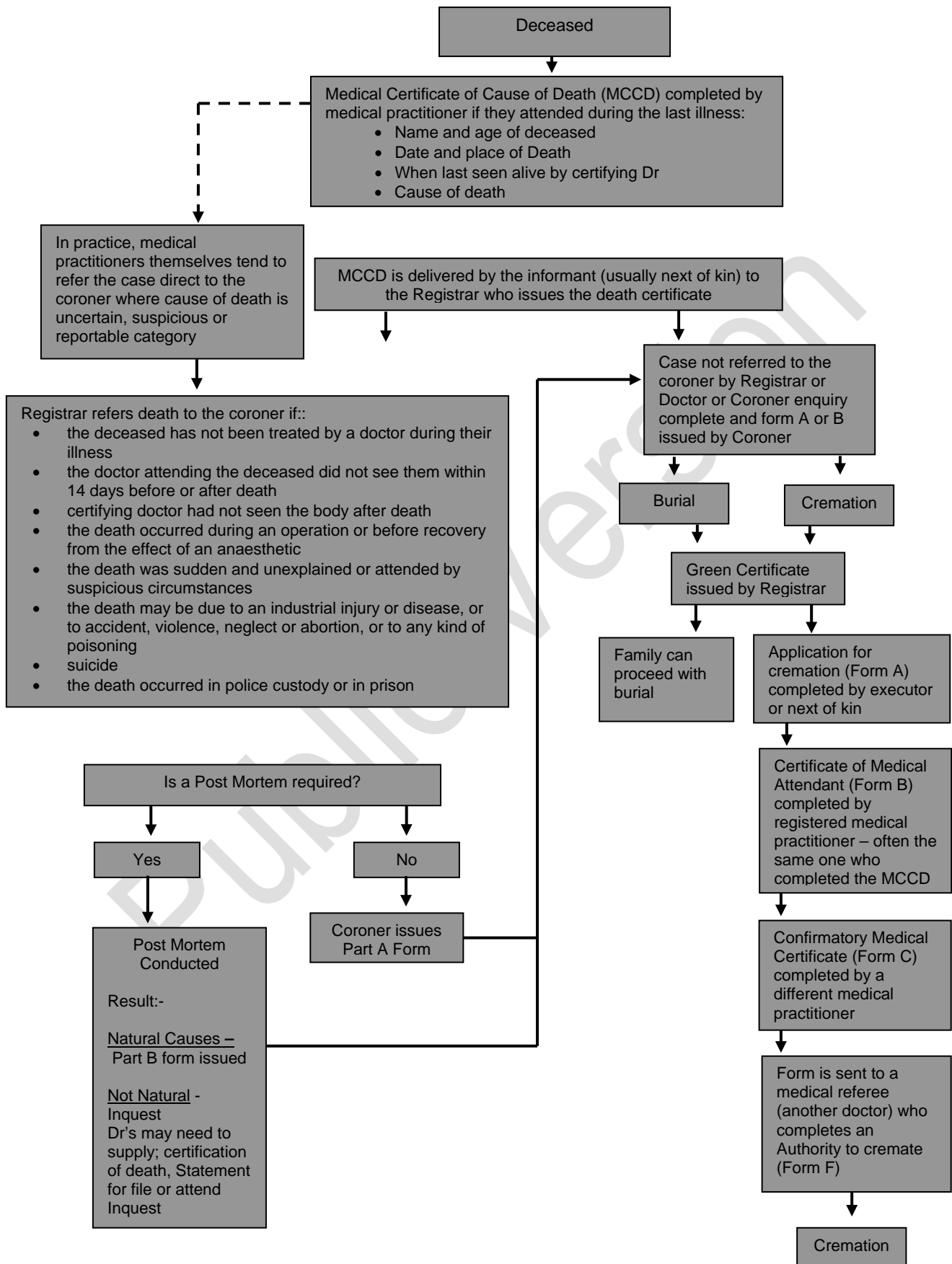
### 4. Process Maps – Coroners



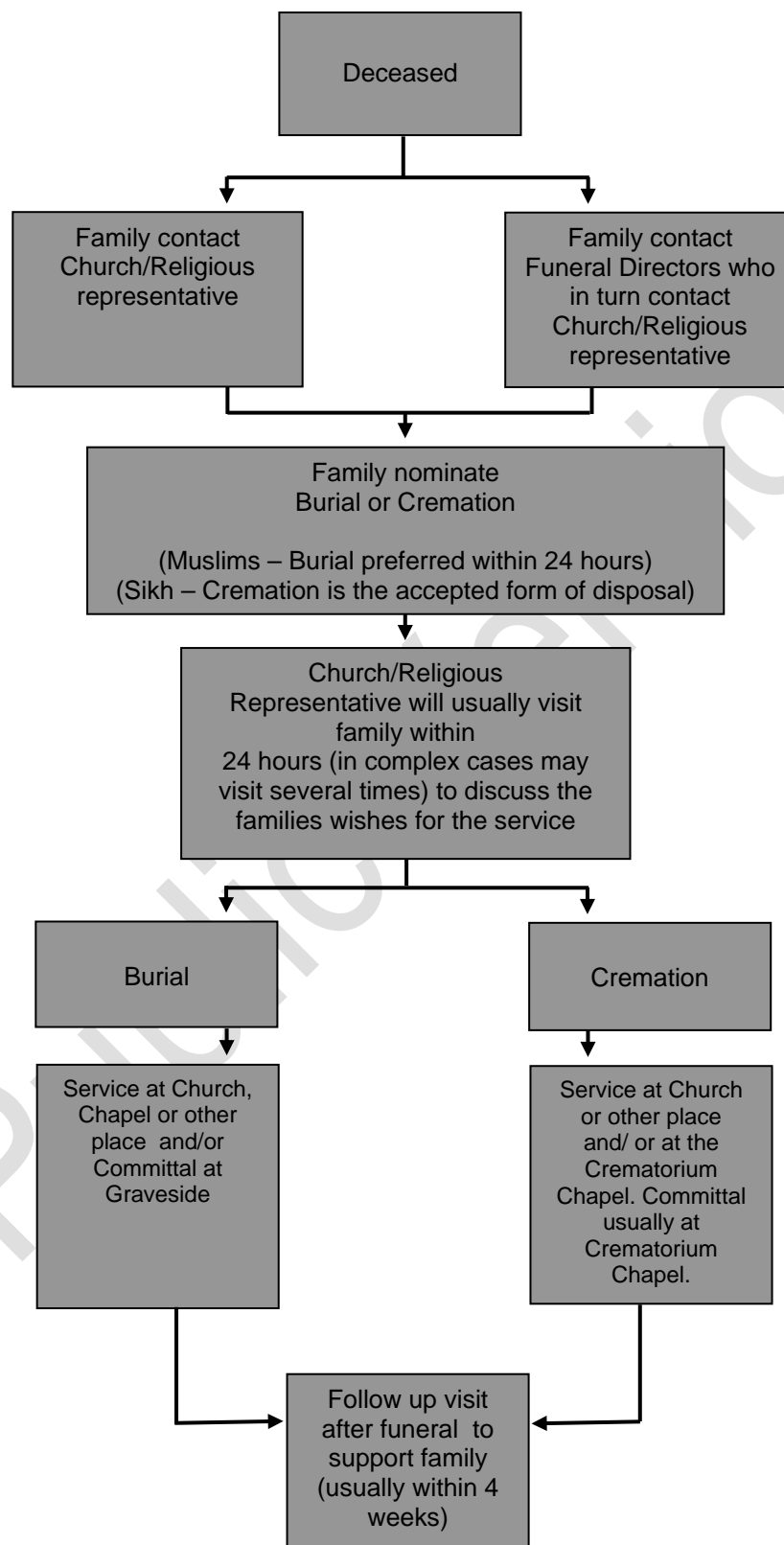
### 5. Process Maps – Funeral Directors



## 6. Process Maps – Medical Practitioners



## 7. Process Maps – Faith Groups



## Appendix D – Draft proforma to assist death certification

This proforma would be adapted if necessary to take into account the symptoms resulting from the pandemic influenza virus.

### Information concerning a person who has not been seen by a medical practitioner in the 28 days before death

Information collected by \_\_\_\_\_ (name)  
 \_\_\_\_\_ (post)  
 on \_\_\_\_\_ (date)

Name of deceased: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address (including postcode): \_\_\_\_\_

Name and address of General Practitioner: \_\_\_\_\_

1. Source(s) of information (indicate name of informants):
 

GP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family and friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the person personally or did someone on their behalf make contact with the National Flu Line service?  Yes  No
3. Immediately prior to death, did the person show symptoms of:
 

Fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coryzal symptoms/viral respiratory infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Myalgia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For children	Rhinorrhoea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For infants	Diarrhoea and vomiting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For older children	Pharyngitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have PCR/tracheal swabs confirmed possible flu?  Yes  No
5. Is there evidence in the home of the deceased having taken antiviral therapy for influenza?  Yes  No
6. Any other information relevant to the cause of death.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Source: Department of Health: Pandemic Influenza, Guidance on the management of death certification and cremation certification.

## Hampshire and Isle of Wight LRF

### Excess Deaths Reporting Form

For use by:	
<b>Hospital Mortuaries</b>	Basingstoke; Queen Alexandra, Cosham; St. Mary's, Isle of Wight; St Mary's, Portsmouth, Royal Hampshire County Hospital, Winchester, Southampton General Hospital
<b>Registration Service</b>	Hampshire; Isle of Wight; Southampton; Portsmouth
<b>Faith Groups / Churchyards</b>	Hampshire and the Isle of Wight
<b>Coroners</b>	Central Hampshire; Isle of Wight; North East Hampshire; Portsmouth and South East Hampshire; Southampton and New Forest
<b>Funeral Directors</b>	Hampshire and the Isle of Wight
<b>Local Authority Cemeteries/Private Burial Grounds</b>	Basingstoke and Deane; Eastleigh; East Hants; Fareham; Gosport; Hart; Havant; Isle of Wight; New Forest; Portsmouth; Rushmoor; Southampton; Test Valley; Winchester
<b>Crematoria</b>	Aldershot; Basingstoke; Isle of Wight; Porchester; Southampton

**Name of Business:** \_\_\_\_\_

**Location of Business:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pandemic Excess Deaths Condition Rating**

Place an X in the relevant box below

- 0** – No significant impact on services
- 1** – Slight effect on services
- 2** – Moderate effect on services\*
- 3** – Major disruption to services \*

\*Please supply details where grading is 2 (Amber) or 3 (Red)

**Comment:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## National 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
GOSE			
GOSW			
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 Service	Burials	Coroners	Registrars	Funeral Arrangements
GOSE						
GOSW						
Etc...						
National Total						

*Source: Home Office, Planning for a Possible Pandemic: A Framework for planners Preparing to Manage Deaths; Annex F*

## 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:

*Source: Home Office, Planning for a Possible Pandemic: A Framework for planners Preparing to Manage Deaths*

## CONTACT NUMBERS

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**July 2009 – Public Version**

**Prepared by Hampshire & Isle of Wight Local Resilience Forum  
Hampshire County Council Emergency Planning Group**