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**TYNE AND WEAR FIRE AND RESCUE AUTHORITY  
EMERGENCY PLANNING UNIT**

***Committee Report***

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**Meeting: CIVIL CONTINGENCIES COMMITTEE: 8 SEPTEMBER 2008**

**Subject: PANDEMIC INFLUENZA EXCESS DEATHS WORKSHOP**

***Report of the Chief Emergency Planning Officer***

**1. INTRODUCTION**

1.1 The purpose of this report is to provide an overview of the Pandemic Influenza Excess Deaths Workshop held on Friday 18 July 2008.

**2. BACKGROUND**

2.1 In the event of an influenza pandemic occurring, there are likely to be significant numbers of excess deaths as a result. These deaths will need to be managed in a dignified and professional manner.

2.2 Department of Health guidance suggests that a worst case scenario could see up to 50% of the population being infected with flu: and of those, 2.5% are likely to die as a result of complications arising from the virus.

2.3 Based on this worst case scenario information from the Department of Health the additional deaths in the Tyne and Wear could be up to 13,635. This is based on the population figure of 1,090,800. These deaths would occur over a fifteen week period. To put this into context, over a fifteen week period in Tyne and Wear, approximately 3,322 normal deaths would usually occur.

2.4 All public services will have a great burden placed upon them during such a pandemic. In terms of managing the deceased, many specific services will be placed under increasing demand and will also be suffering from loss of staff. These include services such as:

- Burial and Cremation;
- Funeral Services (both Funeral Directors and Clergy and Faith Groups);
- Bereavement Services
- Registrars;
- Coroners; and

- Hospital Mortuaries

### **3.0 GOVERNMENT GUIDANCE**

3.1 The following guidance is available from Government:

- Pandemic Flu: A National Framework for Responding to an Influenza Pandemic (Department of Health)
- Responding to Pandemic Influenza: The Ethical Framework for Policy and Planning (Department of Health)  
Preparing for Pandemic Influenza - Guidance to Local Planners (Cabinet Office)
- Pandemic flu guidance for funeral directors (Department of Health)
- HSE Pandemic Influenza Workplace Guidance (HSE)
- Guidance on the management of death certification and cremation certification (Department of Health)
- Framework for planners preparing to manage deaths (Cabinet Office)
- Supplementary Guidance for Local Resilience Forum Planners (Cabinet Office)
- Guidance for Faith Communities and Local Influenza Pandemic Committees (Communities and Local Government)

3.2 Guidance collectively suggests different ways of working and is defined in three phases:

- Phase 1 – Business Continuity plans for individual organisations should be in place
- Phase 2 – Will see the relaxation of some regulatory areas of the death management process
- Phase 3 – This phase will see changes in the law. For example, the 14 day Coroners rule will be stretched to a 28 day rule. This applies to the requirement for the deceased to have seen a medical doctor 14 days before death thus generally ruling out the need for a post mortem/inquiry.

3.3 Although guidance and support for each sector involved in managing deaths is available and aims to help ease the pressure on these services, there is still a need to ensure that all sectors understand the proposed changes. Plans need to have regard to those of other organisations to ensure joined up working.

## **4.0 NORTHUMBRIA LRF PLANNING**

- 4.1 The LRF Pandemic Influenza Excess Deaths Group (PIEDG) has been formed to look specifically at the issues associated with managing excess deaths during a pandemic.
- 4.2 The group was established as a sub group of the LRF Mass Fatalities Group. The PIEDG reports to both the LRF Mass Fatalities Group and the LRF Pandemic Influenza Group for planning purposes.
- 4.3 At present, the group consists of representatives from TWEPU, Northumberland Emergency Planning Department, North of Tyne PCT, H.M Coroners Officer Coordinator and an Environmental Health Officer from Castle Morpeth Council.
- 4.4 In order to identify some of the issues which the plan will need to address, the PIEDG agreed to hold a workshop event.

## **5.0 WORKSHOP EVENT**

- 5.1 The event was held at Police Headquarters, Ponteland on Friday 18 July 2008. The event started with an introduction and welcome from Northumbria Police and the CEPO from Tyne and Wear EPU. The joining instructions from the event are attached at *Annex 1*.
- 5.2 Two speakers also attended the event; Helen Shirley-Quirk who is the Deputy Director of the National Pandemic Influenza Preparedness Programme and Derek Winter, HM Coroner for the City of Sunderland.
- 5.3 Sixty people attended the event from a range of agencies and organisations associated with the death management process.
- 5.3 The event consisted of a series of syndicates, each looking at specific topics related to their organisations and roles and responsibilities. The syndicates were:
- Closed Communities – Children’s Homes, Prisons and Health Care facilities;
  - Burial and Cremation – Cemeteries and Crematoria, Funeral Director Association Representatives, Environmental Health Officers
  - Death Certification and Registration – HM Coroners, Coroners Officer Coordinator, Registrars, GP, Department of Health
  - Storage of the Deceased – Hospital Mortuary Managers, Environmental Health Officers, Funeral Director Association Representatives.

- 5.4 Each syndicate was allocated a Chair and a Facilitator. The role of Chair was important in order to feedback to the larger group about discussions which had taken place. The role of the Facilitator was to ensure discussion was maintained and as many of the issues covered as possible.

## **6.0 EVALUATION**

- 6.1 The evaluation report is in draft format awaiting agreement of the PIED Group at its meeting on 27 August 2008.
- 6.2 At the end of the event, Helen Shirley-Quirke from the Department of Health advised the event planning team that this is the first event of its kind to be held in the UK and commended the planning team for addressing this extremely important issue.
- 6.3 Helen Shirley-Quirk also agreed to take the issues arising and feedback these to Central Government and to the Department of Health. The Group is currently collating a report with such comments and issues for this purpose.
- 6.3 Colleagues from the PCT will ensure that a report is fed into the National Pandemic Influenza Newsletter which is published on the NHS website as appropriate.

## **7.0 NEXT STEPS**

- 7.1 It is proposed to hold further similar events to look at the issues raised in more detail.
- 7.2 In particular, it is felt that an event to bring together more Funeral Directors to discuss the impact on their services would be beneficial. Local authorities have a statutory duty under the CCA 2004 to promote business continuity. This would be a way to fulfil that duty in relation to pandemic influenza deaths.
- 7.3 It would also be beneficial to determine local storage capacities in the private funeral services sector and whether any support is available from these private sector providers in Northumbria.
- 7.4 The PIEDWG will also produce an Excess Deaths Plan to work alongside the LRF Pandemic Influenza Plan. The Group will develop a framework for planning to manage excess deaths across Northumbria. The plan will cover:
- A joined up approach to the proposed new ways of working (Phases)
  - A reporting structure to feed information back to central government

- A communication structure to be implemented during a pandemic
- Ways to minimise the potential impact on families and friends of the deceased
- Support and mutual aid across the Northumbria LRF area
- Communication with the public and media

7.5 In order to progress planning, the PIED Group will extend the membership of the group to include Registrars, Cemeteries and Crematoria, Funeral Director Association Representatives, Hospital Mortuary Management and Environmental Health Officers.

## **8.0 RECOMMENDATIONS**

8.1 Members are asked to:

- a) agree the next steps as outlined in the report
- b) note this report and agree to receive updates as appropriate.

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## **BACKGROUND PAPERS**

PIED Group Workshop Joining Instructions

Annex 1

## **Northumbria Local Resilience Forum**

# **Pandemic Influenza Excess Deaths Workshop**

Friday 18<sup>th</sup> July 2008

Northumbria Police HQ, Ponteland

# **Pandemic Influenza Excess Deaths Workshop**

## **Aim and Objectives**

### **Aim**

To identify key issues across a wide range of organisations in managing excess deaths with consideration of national and local planning assumptions.

### **Objectives**

- To provide an opportunity to exchange information
- To identify the key issues / potential problems facing individual organisations
- To look at capabilities and capacities
- To consider options on how to take this work forward

# **Pandemic Influenza Excess Deaths Workshop**

*Venue: Bailey Hall, Northumbria Police Headquarters*

*North Road, Ponteland NE20 0BL*

*Tel: 01661 868410*

## ***Timetable***

**0830 Coffee / registration**

**0915 Welcome**

Northumbria Police

Tyne and Wear EPU

**0925 Format of Day**

**0930 Pandemic Influenza (Department of Health)**

Helen Shirley-Quirk, Deputy Director, Pandemic Influenza Preparedness Programme, Department of Health

**0945 Impact - Current and Proposed Working Arrangements**

Derek Winter, HM Coroner, Sunderland

**1000 Workshop One - Phases 1 and 2 (Different Ways of Working)**

**1100 Feedback**

**1115 Coffee**

**1130 Workshop Two - Phases 2 and 3 (Different Ways of Working)**

**1230 Feedback**

**1245 Round up / next steps**

**1300 Close**



# Pandemic Influenza Excess Deaths Workshop

## 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. An influenza pandemic qualifies as an emergency since it is likely to cause human illness and loss of human life. Category 1 responders are required 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

Additionally, in the event of an emergency, the government could pass regulations under Part 2 of the CCA to make any provision thought appropriate for the purpose of preventing, controlling or mitigating the emergency.

# **Pandemic Influenza Excess Deaths Workshop**

## **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 which should be used as the basis for the planning assumptions to shape local planning for the management of excess deaths.

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 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.

## **Planning Objectives**

In planning and preparing for implementing different ways of working the common objectives must be 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
- inform and engage with service providers and the public to ensure that plans are well-known and approved by all important stakeholders

# Pandemic Influenza Excess Deaths Workshop

## Relevant Guidance Documents

- Pandemic Flu: 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)
- Responding to Pandemic Influenza: The Ethical Framework for Policy and Planning  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080751](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751)
- Preparing for Pandemic Influenza - Guidance to Local Planners (including checklist for Local Resilience Forum plans)  
[http://www.ukresilience.gov.uk/pandemicflu/guidance/~media/assets/www.ukresilience.info/flu\\_lrf\\_guidance1%20pdf.ashx](http://www.ukresilience.gov.uk/pandemicflu/guidance/~media/assets/www.ukresilience.info/flu_lrf_guidance1%20pdf.ashx)
- 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)
- HSE Pandemic Influenza Workplace Guidance  
<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>
- Guidance on the management of death certification and cremation certification  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_084877](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084877)
- Framework for planners preparing to manage deaths  
[http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu\\_managing\\_deaths\\_framework%20pdf.ashx](http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu_managing_deaths_framework%20pdf.ashx)
- Supplementary Guidance for Local Resilience Forum Planners  
[http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu\\_lrf\\_best\\_%20practice\\_final%20pdf.ashx](http://www.ukresilience.gov.uk/~media/assets/www.ukresilience.info/flu_lrf_best_%20practice_final%20pdf.ashx)
- Guidance for Faith Communities and Local Influenza Pandemic Committees  
<http://www.communities.gov.uk/documents/communities/pdf/846026.pdf>