

The National Resilience Strategy: A call for evidence

September 2021

Deceased Management Advisory Group (DMAG) response

Introduction

The Deceased Management Advisory Group (DMAG) includes representatives from each of the following organisations: The Association of Private Crematoria and Cemeteries (APCC); Federation of Burial and Cremation Authorities (FBCA); Funeral Furnishing Manufacturers' Association (FFMA); Institute of Cemetery and Crematorium Management (ICCM); National Association of Funeral Directors (NAFD); National Society of Allied & Independent Funeral Directors (SAIF); The Cremation Society. We work together to develop a consensus approach to the many challenging issues which now face the sector.

As leaders in the deathcare sector we are pleased to present evidence to support the development of a new National Resilience Strategy. The introduction of DMAG provided a sector wide point of contact for central and devolved governments and promoted dialogue which facilitated key information sharing and provided opportunity for in depth discussion of relevant issues and expert input into the development of policy. The Group welcomed, and continues to do so, the regular interaction with the various government departments and devolved administrations at meetings and strongly advocates the continuation of this close working relationship in the future, as we continue to deal with the pandemic, and beyond.

Funeral care as a process, is delivered through a partnership of two distinct providers, funeral directors and cemetery/ crematoria operators. A significant increase in capacity, immediately and in the longer term, can only be delivered through both groups of providers cooperating to deliver the agreed outcome. The development of DMAG provided a high-level cross sector working group, providing all representatives with valuable insights into each other's ways of working, issues and solutions. The group became the first point of contact for central and devolved governments and provided a single voice on behalf of the entire sector. DMAG provided early warning of the prevalence of the virus across the regions and notably occurrences of deaths in care homes prior to other streams of information being collected by government. Members of DMAG representative bodies responded to repeated requests for information. Regular surveys allowed the group to report data/insights directly to government, providing an earlier warning of problems, and pre-empting official data. At the government's request the group tracked staff absence, delays between death and funeral, mortuary capacity and viability of PPE supply chains. In addition, we gathered qualitative data about local issues and passed this directly to the UK government and devolved administrations. Pressure from DMAG secured the publication of detailed government guidance on caring for the deceased and managing funerals very early in the pandemic. DMAG fed in observations and offered expertise to Public Health England, ensuring guidance was updated with critical additional detail required by frontline sector workers.

Overall, the engagement through DMAG was extremely productive, enabling both government and the sector to explore issues, seek solutions and share a wide range of information. It is hoped this will continue as we move forward and understand and plan for future events.

Now is the right time to learn the lessons of covid, to fully assess our national resilience and to develop a UK wide strategy to protect the country in the case of emergency, be it pandemic, natural disaster, structural disruption or any other major incident. The forthcoming review of the Civil Contingencies Act, the sunset of the Coronavirus Act, and the launch of a Public Inquiry into covid, are all occurring in the first few months of 2022, and will hopefully focus policy makers on the development of new resilience structures whilst covid is still fresh in our minds. With the impact of Brexit being felt, new international challenges and the increasing impact of natural events - floods, fires and the mass movement of people - it is clear that enhancing global resilience must be embedded across all aspects of policy making and should involve a wide and diverse range of stakeholders. We are pleased to see the government's ambition to make the UK the most resilient nation; to do this we must learn from our national and international experiences, and from other nations and governments. As our world becomes increasingly interconnected and interdependent the opportunities that can be gained from information sharing internationally are extremely important and must be promoted.

This response was prepared by the NAFD on behalf of DMAG and is to be considered equally alongside the individual submissions from each representative organisation. Answers are grouped by theme below and may be reproduced in the NAFD response.

For more information, please contact

Rachel Bradburne

Policy and Public Affairs Manager

National Association of Funeral Directors

Rachel.bradburne@nafd.org.uk

Vision and Principles:

1. Do you agree with the proposed vision of the Resilience Strategy? Is there anything you would add, amend, or remove?
2. Do you agree with the principles laid out for the strategy? Is there anything you would add, amend, or remove?

We agree with the proposed vision and with the core principles. The vision and principles are appropriate and will provide the necessary framework for the development of an ambitious strategy. However, it is important when considering what is possible to be mindful of the limitations we currently face, including the lack of a consistent integrated structure for preparedness UK wide -both nationally and regionally. There are weaknesses of internal infrastructure, the reliance on private/public cooperation without a standardised approach, and the issue of resource and available funding for resilience in the absence of a dedicated Ministerial department, which will be compounded by the impact of the forthcoming spending review on departmental priorities. In addition, this must be a UK wide approach (devolution allowing) as we must learn from the covid experience and acknowledge the issues that resulted, for instance the introduction of different covid restrictions in the four nations. The ability to withstand adversity in the deathcare sector was significant, but much time was wasted making the case for access to PPE for the sector, securing vaccinations for frontline workers and negotiating our way through the various arrangements and agreements at a local level. We must learn those lessons now and ensure that in the future such efforts can be streamlined, with clear lines of reporting, enhanced information sharing (locally and nationally with, and within, central government/s) and changes made to legislation to better reflect the needs of modern society. Those legislative

amendments must include the categorisation of death management workers within the Civil Contingencies Act.

Risk and Resilience:

- 1. Is there more that the Government can do to assess risk at the national and local levels? If so, what?**

The sector and the government have both benefitted from the regular meeting and briefing opportunities. Regular updates, honest communication and the development of good working relationships between representative groups, trade bodies, operational funeral workers and officials, has worked well to mitigate risk and to encourage collaboration for the greater good. Locally, standing committees to assess impact of COVID and to feed into local, regional and national strategies should be considered. There is a role for the death management sector to feed into the National Risk Register (NRR), the National Security Risk Assessment (NSRA) and the Community Risk Registers locally. The input into local risk assessment and resilience planning is inconsistent. To ensure that national resilience can be built locally it is essential that local authorities and other bodies are guided as they undertake risk assessments. All relevant stakeholders must be sufficiently included to ensure that risk and resilience is fully understood locally to account for geographical, socio-economic, cultural and other regional variations, whilst working within a standardised framework.

- 2. Is there more that the Government can do to communicate about risk and risk appetite with organisations and individuals? If so, what?**

In the first stages of the pandemic the lack of communication over key information, for example death rate modelling, was a significant issue and remained a concern for preparedness in the sector for a second surge in COVID-19 deaths. Although through the course of the pandemic and subsequent waves this did improve, and the desire on the part of government to communicate more widely was recognised and welcomed. The introduction of Pandemic Multi-Agency Response Teams (PMARTs) without any prior discussion or communication with the sector undermined the efforts of local funeral directors. Additional information and analysis of need should have been made available before this measure was introduced, particularly as there was evidence that the PMARTs were inadequately trained, and involvement led to the delay of some funerals.

The wide number of government departments issuing communications and advice relating to the sector was confusing and highlighted the problem of funerals and death management sitting in one department (Ministry of Justice) but relevant policy being formulated across government. For instance, the delays in receiving guidance on crucial issues such as PPE usage, lockdown dates and a lack of consultation on the various guidance produced, led to confusion and low levels of confidence among sector colleagues. This was further exacerbated by devolved administrations issuing guidance which differed on important matters, such as the use of body bags. This situation did improve throughout 2020 as lessons were learnt, but time, energy, and effort was wasted across the board. Excessive requests for information from Local Resilience Forums (LRFs) in some areas, and the lack of involvement by others, added to the already overstretched sector's fatigue, with local funeral, crematoria and cemetery operatives becoming increasingly disillusioned with the value their efforts were being given. Local Resilience Forums should be evaluated fully on an annual basis and a standing membership that includes funeral directors, crematoria, cemeteries and members of the death management sector, such as bereavement services, should be established in each case. The current situation relies too heavily on the existing knowledge and awareness of those coordinating the groups.

The government should ensure that a central point in government is established for clearing, issuing and clarifying information in circumstances where an emergency situation is constantly evolving, and keeping all stakeholders up to date is essential. It is unclear if this is a role for the new National Situation Centre (SitCen), if it is not then alternative approaches to establishing this central information point should be considered. The deathcare sector is keen to have a future input into the development of communication guidelines and advice, as experienced and expert input is vital.

3. How could the Government make risk assessment and data more accessible by frontline personnel in an emergency?

The definitions of frontline, essential or key workers, and the professions and individuals that includes and excludes is evolving and will continue to do so as we understand more about the risks that we face and the actions we must take to mitigate against them. The government must promote and support the sharing of information amongst key personnel to mitigate against cascading and compound risks. For example, funeral sector workers were prioritised as frontline health and social care workers for access to the coronavirus vaccines. Given the very specific risks, both to the sector and posed by funeral sector, crematoria and cemetery workers as they went about their business during the pandemic, operatives were included as a priority group in the PHE Greenbook (14a). However, awareness of this amongst health providers was very low and almost non-existent. NAFD and SAIF had to work hard to raise awareness with health authorities and boards, individual GPs and others to ensure that funeral director members were not turned away when trying to access the vaccine. This caused a huge level of anxiety and frustration. Similarly, the lack of clarity over the definition of 'funeral operatives' in the Greenbook priority group, resulted in confusion as to whether cemetery and crematoria staff were included within this definition. As a result, some staff were vaccinated as part of the priority group and others were not, whilst updated guidance was awaited. There was a real sense of urgency as infections and deaths increased in early 2021. At one point the UK funeral sector trade bodies, NAFD and SAIF sent membership lists directly to the Welsh government (on request) to be cascaded to health boards to ensure that those operatives that needed a vaccination could access it. This situation could have been improved significantly had the original risk assessment process and outcomes been shared with those responsible for planning and rolling out the vaccination programmes at a local level.

4. How does your organisation assess risks around unlikely or extreme events, when there is limited or no data?

The NAFD and SAIF represent funeral directing businesses whose primary role is to arrange funerals, provide care for deceased people, and support for the bereaved. The NAFD ensures that its members provide the highest standard of care through a robust Code of Practice - the Funeral Director Code¹. SAIF also has a code of practice and members of both trade bodies are regularly inspected to ensure a high-quality service is maintained. SAIF created a UK Contingency Plan across its membership to provide business continuity and contingency arrangements to protect against emergencies. Similarly, the NAFD Funeral Director Code includes a mandatory requirement for members to 'Identify, monitor and manage risks..and to take steps to address issues identified'². This includes having in place contingency arrangements for the continuation of business operations in the event of absences and emergencies, including pandemics, with the minimum interruption to funeral services. NAFD inspectors expect to see evidence of contingency planning, in addition NAFD offers support to members in the form of specific guidance for the sector. Although this guidance and support was issued to support contingency arrangements in the event of a known risk (covid 19) this was an unknown event in terms of

¹ NAFD is currently seeking Chartered Trading Standards Institute (CTSI) approval for its Code of Practice.

² NAFD Funeral Director Code (O4.3) April 2021.

international impact at the time. The main Crematoria and Burial Associations have similar measures in place and include them in their training and qualification programmes.

In the case of extremely unusual or unlikely events DMAG would use the following guiding principles, which are to ensure minimum disruption to funeral services, to always uphold the dignity of the deceased, to support the bereaved, and to minimise the public health and social impact of service disruption by effectively managing storage and disposal. For the death management sector, the exact nature of the event may impact on the way that the above is managed, the use of PPE for instance, but fundamentally we are able to plan for any event of whatever kind that resulted in an excess number of deaths. The need to manage excess deaths will require in each case additional storage (although the exact requirements may differ), efficient and dignified disposal, and the ability for the bereaved to take part in a funeral service if desired.

Where there is no data or data is very limited we would work from the knowledge we have now that just a few extra deaths has a significant impact very quickly. Relative short delays to funerals creates a backlog that needs actively managing. The sector is able to plan for this through arrangements with third parties, hospital and others, in addition crematoria have some ability to store deceased if required, but this is very limited. The building of temporary mortuary facilities, as seen during the pandemic, although not used in all cases, was useful in some instances but needs to be more accurately assessed in relation to specific circumstances. In the UK we are able to build things relatively quickly to respond to need, however we are also quick to decommission. And in the case of local authorities, immediate budgetary concerns take priority, which is not helpful to those of us seeking to ensure that such capacity is available in the event of any major incident (unknown or otherwise) that results in excess numbers of deaths.

With regards to burial there are also specific challenges, not least that this is not acceptable to some faith groups. For other groups, burial within a specific timeframe is extremely important, and so delays could have a significant cultural impact. To ensure that all people are treated with dignity, and their cultural and religious requirements are respected we must have contingency plans in place for both methods of disposal. Burial in the UK is limited by space, impacted by weather conditions, the availability of gravediggers and other personnel. There are measures that could assist with this such as the reuse of graves. In the case of an extreme backlog, where many burials are delayed and space becomes extremely limited, we must be aware of the psycho-social impact on any contingency measures put into place, for instance multiple burials in mass graves. The impact on the public of such events, which would be broadcast on social media quickly, should not be underestimated and is a national risk to the psychological strength and resilience of the nation (for instance in the event of an act of war or attack on the mainland of the UK) and should be considered by the government at the highest level and mitigated against as far as possible.

5. How could the current local risk assessment process, managed through Local Resilience Forums, be strengthened to help local partners?

In August 2021 NAFD surveyed all its members to understand more about their experiences of the pandemic, their thoughts and opinions on national and local resilience, and their involvement with Local Resilience Forums (LRFs) and partnerships. The following is a summary of responses on the issues of local risk assessment.

The vast majority of respondents felt that although in some areas robust processes were in place, this was very limited and that in general, risk assessment development was negatively impacted by a lack

of good communication and proactive engagement with the death management sector and with funeral directors in particular. Each LRF or partnership should have a funeral director, crematoria and cemetery representative, but as the sector is diverse in terms of business type, with variations in the handling of risks, that a network of deathcare representatives feeding into the forums and groups should be considered. Funeral directors are already working with hospitals, hospices and in other settings where infection control was being managed, and so understanding the full range of mitigation activities is essential for any thorough and comprehensive risk assessment process. . In turn, while local communications between funeral directors, crematoria and cemeteries have got better during the pandemic there is still considerable room for further improvement.

Risk assessment must involve looking for and strengthening the weakest link. It is suggested that a communication link be established in each area, to receive and output real time information on challenges on the ground so they can be understood and addressed with knowledge sharing backwards and forwards across the sector/s and local authorities. To ensure real understanding of the role of death management in contingency planning, those responsible for local risk assessment must increase their own knowledge, for instance by visiting mortuary facilities, joining call outs (if that can be safely facilitated) and visiting local crematoria and cemeteries. Responsible officers must also make use of planning reports done previously, for instance for flu pandemic planning in 2000s. Information should be shared across regions. In some areas it has been reported that officials were referring to planning that was many years out of date. Stronger relationships between local authorities and the death management sector should be built before incidents occur to ensure that communication flows easily and readily once active management becomes necessary. Risk assessment and resilience planning should be established in stages and communicated widely before events begin to unfold and stakeholders lack the time to actively input. In addition, a central group should seek to establish satellite groups in larger and/or more diverse areas where there are multiple crematoria, or specific community death management requirements for example.

Fundamentally, there is a lack of resource at a local level which impacts on what is possible, but not on what is necessary in terms of the risk assessment process and delivery. Dedicated funding for crisis scenario exercises should be available locally and nationally, along with clear guidance produced on best practice and stakeholder engagement.

Responsibilities and Accountability:

- 1. Do you think that the current division of resilience responsibilities between Central Government, the Devolved Administrations, local government and local responders is correct? If not, why?**

We support the principle of subsidiarity and that the leadership on national resilience must sit at the highest level of government. As previously stated, communication between the various levels of government, in addition to the communication between ministerial departments, could and should be improved. We agree that the current division of resilience responsibilities is appropriate given the geographical and socio-economic diversity of the UK and its nations. However Local authorities and associated bodies often lack expertise and knowledge, more central guidance and support is required particularly with regards to the exercising of responsibilities. Please see the answer to Q2 below and a standardised approach to local resilience structure and group composition.

- 2. How can the UK Central Government, DAs, local and regional forms of government and local responders better collaborate on resilience?**

Regular stakeholder meetings involving the sector and key officials from the devolved nations have worked well, both as a route to inform and shape policy, but also as information sharing routes in both directions. What has been missing in our opinion is direct Ministerial input, coordination and overall management across departments.

The production of clear best practice guidance, with explicit reference to the death management sector, and a standardised approach to local resilience structure and group composition is essential to address disparities in resilience from area to area. With regards to national cooperation, differing rules and restrictions across land borders (in the case of Wales and Scotland) was problematic for the sector and the trade bodies advising members, and confusing for the general public. Devolution allowing, any future resilience strategy and associated frameworks should seek to harmonise principles, plans and actions across the UK as far as is possible and appropriate, whilst remaining locally reactive. National resilience and protection of UK citizens should sit above party politics and national leaders should be united in their desire to make the UK the most resilient country in the world.

3. What role, if any, should the UK Central government have in assuring that local areas are effectively carrying out their resilience responsibilities, whilst also respecting local responsibilities?

UK central government should have responsibility for leadership on all non-devolved issues that impact the UK as a whole, and on its citizens abroad. The Prime Minister and the leaders of the devolved administrations have overall responsibility for their governments and for ensuring that legislation is appropriate and fit for purpose and that any statutory responsibilities are fulfilled by local government and other agencies and bodies, including non-executive government departments. In addition, political leadership is vital to reassure the public; - visible, open and honest communication should be encouraged from our political leaders as far as national security restrictions allow.

UK central government, through the Cabinet Office should have a guiding and advisory role with local resilience leaders to ensure needs are being met fully and supporting local action with national guidance. On matters of national significance, the government should provide the focal point for all policies, plans and action programmes that can be initiated by local groups according to individual needs. In terms of LRFs and partnerships there should be a standardised membership profile, reporting structure and timetable with groups empowered to co-opt additional professional/alternative services for specific 'exceptional' circumstances combined with a compulsory obligation to keep the 'centre' informed.

4. What do you consider the advantages and disadvantages of the current legislative basis for resilience?

Advantages include the maintenance of infrastructure, access to resources, information sharing and inclusion in key groups for categorised personnel. Statutory responsibilities, including business continuity planning, and the structure for the initiation of emergency powers. The ability to introduce easements, such as the digitalisation of the death registration process is helpful to those groups managing emergency situations and to members of the public.

Disadvantages include the exclusion of the death management sector. The lack of inclusion as Category 2 responders under the Civil Contingencies Act for frontline funeral, crematoria and cemetery sector workers was unhelpful and highlighted the need for legislation to be updated as a matter of urgency to better reflect the needs of society. Through the pandemic, significant time and resources were spent

on addressing issues such as a lack of access to PPE, and inclusion in the priority groups for vaccine access. In addition, the lack of understanding of the sector's vital role amongst local groups and bodies (including some LRFs and Partnerships) created delays and did not support robust risk assessment and contingency planning at a local level. Time, energy and resources, that could have been better used elsewhere, were spent on making the case to officials for PPE, Vaccines, and LRF inclusion. This is a key lesson for all involved in resilience planning, and this experience and knowledge must be captured now to ensure that we can all avoid this lack of coherence in the future.

Partnerships: Critical National Infrastructure (CNI) owners and operators:

1. Do you think that the resilience of CNI can be further improved? If so, how?
2. Do you think the introduction of appropriate statutory resilience standards would improve the security and resilience of CNI operators? Why?
 - a. How would such standards define the necessary levels of service provision?
 - b. Are there any risks associated with implementing such standards?
3. What do you think is the most effective way to test and assure the resilience of CNI?
 - a. To what extent do you think regulators should play a role in testing the resilience of CNI systems and operators?
4. During an emergency, what do you think should be the role of the operators of CNI in ensuring continued provision of essential services (e.g. water, electricity, public transport)?
 - a. How can the Government support CNI owners or operators during an emergency?

The definition of CPNI, attached below, is appropriate and we consider that the current CPNI does provide a good framework to ensure resilience for the critical elements of infrastructure.

Those assets, facilities, systems, networks or processes and the essential workers that operate and facilitate them, the loss or compromise of which could result in:

- a) *Major detrimental impact on the availability, integrity or delivery of essential services – including those services whose integrity, if compromised, could result in significant loss of life or casualties – taking into account significant economic or social impacts*
- b) *Significant impact on national security, national defence, or the functioning of the state.*

Death management in the UK is impacted by all thirteen national infrastructure sectors, and subsections to a greater or lesser extent. Infrastructure sectors such as Chemicals, Emergency Services, Energy, Government, Health, Transport and Water will have a direct and immediate impact on death management, whereas others, including Food and Communications could impact indirectly on work force availability and service provision.

Consideration should be given to the consequences of infrastructure disruption on death management, in terms of excess deaths, but also service disruption and the resulting social and public health impact. Key data from the sector should feed into the CNI knowledge base, if it does not already. This would be in addition to any data captured in the annual National Risk Assessment (NRA) and National Risk Register (NRR).

The failure of death management represents a threat to both public health and to national security and could be disabling to the nation as a whole. It is the responsibility of gas suppliers to ensure that critical customers (such as crematoria) are prioritised in the case of gas supply disruption, with criteria for categorisation focussed on threats to human life. However, the government should give consideration to the management of human death and the resulting impact on the psychological health of the nation should respectful disposal become impossible.

In 2020 there were 542,774 cremations in the UK³ - a 15% increase from 472,308 in 2019. The impact of the pandemic on excess deaths should be taken into consideration when analysing these most recent figures, however examination of the data from both 2018 (481,712) and 2017 (468,702)⁴, highlights the increasing popularity of cremation amongst the public, and the scale of the service being provided by the sector. There are 310 operating crematoria in the UK, with 638 operational cremators and 80% running on natural gas⁵ For just one of these facilities to be out of action for a very short time would create a significant delay and backlog that would need to be actively managed, for all to be non-operational would create a national disaster. In the event of a catastrophic disruption to the gas supply UK wide, the ability to manage this number of deceased would quickly become severely compromised, it would be impossible to provide enough storage and alternative methods of disposal would need to be sought. Such a situation would have a serious immediate and long-term impact on both individual members of the UK public and on the nation. The international impact of such scenes being played out, should also not be underestimated.

Government must ensure that the owners and operators of CNI are required to consider the broadest possible impact of their actions. Regular assessment, evaluation, and consultation with the wider critical sectors is essential to ensuring that they can meet their obligations in full.

Wider Critical Sector

5. What role, if any, does your business or sector play in national resilience?

DMAG member firms represent and/or provide death management services to the UK. In many cases our members are front line operatives. DMAG members support the sector with information, they work with government/s, civil contingency groups, fulfil reporting requirements, and support all efforts to deal with the pandemic.

6. What are the risks that your business is most concerned about?

The impact of excess deaths, a lack of capacity in the current system and the future ability (national consistency) to build that capacity at pace making best use of (limited) available resources. The inability to provide for dignified funeral care for every individual is a significant concern for the sector as a whole in addition to workforce vulnerability, and the impact of deaths not being adequately managed and any resulting public health issues.

Capacity is not limited to issues with cremation, but also to burial. With restrictions on the number of burials that can be accommodated by a cemetery (sometimes only two a day), significant delays have occurred between death and the date of burial. This leads to issues over mortuary/storage capacity for

³ Source [Figures for Directory \(cremation.org.uk\)](https://www.cremation.org.uk/figures-for-directory)

⁴ Source [2018 Cremation Statistics.pdf](#)

⁵ Source Environmental Stewardship Group, 2021

funeral directors and also has a negative impact on those groups that require burial as a religious or cultural necessity.

The lack of diversity in deceased disposal methods is a major risk, particularly with such a high proportion of funerals currently reliant on a fossil fuel-powered method of disposal. Cremation will be around for the foreseeable future but there should be government support for quickly scaling up alternative methods.

7. What information, tools or guidance could the Government provide to help your business better assess or prepare for these types of risk?

The 2020 guidance⁶ produced ‘to establish a consistent and progressive means for LRFs and their constituent local responder organisations to self-assure their capabilities and overall level of readiness, and to guide continuous improvement against mandatory requirements’, should be redeveloped to include guidance on the management of excess deaths and contingency arrangements beyond pandemic preparedness. The mismanagement of death management is a risk in itself and must be considered alongside the risk of excess deaths, in all resilience planning and activities.

The guidance, whilst helpful in some respects, was not sufficiently embedded to make a real impact on the ground at the height of the pandemic. Consideration should now be given to updating and expanding that document and all associated resources, in addition to standardising the approach with specific and explicit reference to death management - ensuring this covers the entire death management process, from supply of coffins to cemetery and crematoria staff. There should be clearly defined roles and actions for LRF and partnership groups, to cover both group composition and responsibilities to consult with the wider critical sectors. DMAG members will be very willing to contribute to this task.

Feedback from funeral directors, crematoria and cemetery staff on the efficiency of LRFs was extremely mixed, with the majority seriously unimpressed but with some pockets of excellence. We know of several LRFs that had no funeral director or death management input whatsoever, and two that refused to involve funeral directors despite having willing participants.

8. What is your business’ approach to building resilience in any key supply chains that your business is part of?

The deathcare sector is acutely aware of weaknesses in supply chains which can very quickly become problematic. Availability of PPE is a serious issue for the sector and must be managed centrally. As previously stated, the sector had to secure access to the NHS supply through negotiation and campaigning. Given the nature of the work of funeral directors and others, the need to enter premises with infection control procedures in place and the interaction with those who have died, from all causes, access to PPE is a necessity for effective death management in many emergency situations.

With regards to the supply of funeral furniture, and coffins in particular, the UK’s departure from the EU is likely to have some negative impact on the sector and on consumers, although the full extent of this is currently unknown. An increase in deaths, even in the short term, would exacerbate this situation even further. As sector representatives, DMAG maintains good working relationships with suppliers, shares information readily, and is in a position to report concerns to government. The ability to deal

⁶ [National Resilience Standards August 2020](#)

with supply issues however, particularly in the case of Brexit, is limited and government should have a coordinating and supporting role here.

In January 2021 delays in the supply of coffins from ROI to the UK began to appear. The lack of information on the exact reason for delays was not helpful as consignments backed up the system. Although Brexit has not, as yet, caused any insurmountable problems, we remain concerned that a future combination of events could force the system to come to a halt, with serious consequences for consumers and throughput.

During COVID-19 coffin manufacturers had to review their working practices to meet the increased demand from funeral directors. This included changing work patterns to introduce a 24 hour manufacturing system, and purchasing or hiring additional vehicles to maintain a strong delivery programme as the number of deaths increased. At times it became necessary to limit the choice of coffins so that demand could be met.

There were 607,922 deaths registered in the UK in 2020, with the vast majority of these buried or cremated in a coffin. This shows how capable the coffin manufacturers were in increasing output to meet demand and it should be noted that coffin manufacturers work to an order book rather than a stock system which highlights the capability to increase production as required. At the height of the pandemic, there were concerns about the supply of raw materials, but with imports from Europe being maintained, albeit at increased cost, and supplies from UK mills the supply chain did not falter.

Cultural awareness and expectations are also important in any assessment undertaken of the robustness of supply chains. Cremation is the preferred method of disposal for the majority of people in the UK, and this commonly requires a coffin. Even if it was considered that using other coverings, such as shrouds, were an option in the case of supply chain breakdown, public expectations must be taken into account. It is our opinion that bereaved people in the UK would not currently be accepting of alternatives in the vast majority of cases, and certainly not without a public education campaign. Practical considerations must also be considered; the placing of a body into a cremator requires it to be placed on a smooth, flat surface such as a board, which must be readily combustible.

It is recommended that the FFMA is used as a point of contact should the need for mass coffins arise. The FFMA can then put plans in place to ensure demand is met. In the case of one County Council, 2000 cardboard coffins were ordered but never used during covid, further illustrating the need for better awareness of, and closer liaison with, the death management sector from local resilience groups, bodies and agencies.

9. How useful have vehicles such as Local Enterprise Partnerships, Growth Hubs and other local business support services been strengthening your organisations' resilience? Why?

Not useful.

Businesses need to understand more about the support (both public and private) that is available to them, as those involved in local business support services are unlikely to be sufficiently aware of the death management sector or its role in resilience. Research into the experience of Covid will be particularly important, but for any benefits to be realised, learning must be captured and developed to produce resources that are of real practical use to businesses planning for emergency situations. CPD is currently provided primarily through the sector trade bodies.

Academic and research organisations

10. What can the Government do to make collaboration between academic and research organisations more effective?

Support research with funding, and actively encourage cooperation to raise the profile of projects. We are aware of many current research projects that focus on aspects of death, our societal needs from funerals and death care, the experiences of the sector generally, and the impact of bereavement. Whilst this work is essential, we are not aware of any research focussed specifically on death management in a resilience context, working to understand and capture the lessons of covid specifically, and we consider this to be a gap.

11. Are there areas where the role of research in building national resilience can be expanded?

Yes, please see the answer to Q10. In addition, the impact of supply chain disruption on disposal and death management should be examined. Also, the capabilities of crematoria nationwide, the availability of appropriate burial options, and social impact of alternative emergency measures. This should include the reuse of graves.

Community and local resilience:

1. Do you agree that everyone has a part to play in improving the UK's resilience? If not, why not?

Yes we agree.

2. Do you understand the types of emergencies that might impact you and other members of your community?

Yes, any emergency that results in excess deaths, or impacts the availability of the work force or service capacity will impact on the death management sector. In addition, any incident or event that affects supply chains could restrict dignified disposal of the deceased.

a. What would help you better understand the risks that could affect your community?

More joint working with central and local governments, more international joint working, and better understanding of, and opportunity to input into the National Risk Register.

b. Do you know where to access information about emergencies that could affect you?

Yes, however there is limited understanding of death management outside of the sector.

3. Have you considered the actions you might take to prepare for or during an emergency?

a. What has motivated you to plan or make preparations?

Experiences during the pandemic and increasing awareness of the lack of knowledge of death management outside of the sector.

b. What has stopped you from planning or making preparations?

It is difficult to comprehensively plan for all emergency situations as the future status of the sector and its personnel under the Civil Contingencies Act is currently unknown. Business continuity and contingency planning is not required by law and although this is required in various industry codes of practice, this represents best practice only. As a result, trade bodies are always limited in the extent to which we can help the wider sector to prepare beyond our memberships.

c. What would help you to be able to make a plan or prepare?

Secured status as Category 2 responders under the Civil Contingencies Act, security in the consistency of arrangements at a local level and assurance of, and involvement in, contingency planning locally as permanent members of LRFs and partnerships. Scenario modelling should be shared on a confidential basis with the sector to ensure risks can be flagged and mitigation strategies rapidly developed. Early warning indicators, for instance rising infection rates in the case of this, or a future pandemic or similar emergency, would enable rapid planning and action, ensuring we have the right resource and capacity in the right geographical areas.

4. Have recent emergencies (e.g. COVID-19 pandemic, flooding, terrorist attacks) made you think differently about risks or changed the way you prepare for emergencies?

Yes, the need to manage excess deaths and storage capacity needs a national approach and national leadership supported by robust, readily available data. The wider sector has not been immune to the psychological impact of covid and of the many thousands of lives lost and lives affected. In order to ensure dignity in death and culturally appropriate funerals in the event of a major disaster, death management should be considered by policy makers now and built into contingency planning at every stage and by every relevant department.

The lack of coordination and direction in LRFs was exacerbated by the fact that groups were unprepared and often prepping for the worst-case scenario. As such they were developing large potential mortuary sites and deploying the PMART process very quickly and without consultation with the sector.

Private companies and businesses in the sector developed emergency storage very quickly, and in many cases have kept those facilities. Local authorities are breaking down the emergency capacity, which in many areas, was never used and represents a waste of time, money and human resources. We can see good practice by other authorities, redeploying that emergency capacity with the ability to revert if required. There is a lack of consistency in approach generally, but where death management representatives were close to local planning, the experience was much better. Experience from these areas should be used to help develop other understanding elsewhere. There are clearly lessons from this experience for all of us to learn.

5. Are there any barriers in accessing local volunteering schemes or finding community groups that discuss local emergency planning? If so, what are the barriers?

As previously stated, there is a lack of awareness of the role of the death management sector amongst local decision makers and officials unless they have had prior involvement with the sector. Information

sharing is key to raising awareness but is not consistent across the country. Trade bodies and representative groups have a role to play, and it is hoped that post covid we will see and contribute to more practical cooperation and involvement.

Investment:

1. How does your organisation invest in your approach to the risks outlined in this document? Is your investment focussed on particular stages of the risk lifecycle (for example, on prevention)?
2. Has the COVID-19 pandemic impacted the way your organisation is investing, or will invest, in preparing for these risks? If so, how?
3. Are there models of successful resilience investment? If so, to what extent could they be adopted in the UK?
4. Are there examples of where investment (whether by the Government, by businesses or by individuals) has driven improvements in resilience?

Businesses in the sector have invested in resilience planning and contingency arrangements, and it is expected this will increase in the future.

In addition, representative groups and trade bodies have also spent time and resources on supporting their members, the public, the government and local agencies. Time has had to be invested in raising awareness amongst policy makers and others, as sector needs were not automatically included in contingency arrangements. If future investment is to be required, we expect to see the necessary legislative and policy changes enacted, to both support and reassure sector businesses working to support the UK's resilience efforts.

Resilience in an Interconnected World:

1. Where do you see the UK's resilience strengths?

The UK is a world leader with regards to managing disastrous events. Personnel from the UK are deployed all over the world to coordinate and support event recovery in countries where they lack that expertise and capacity. There are only a very small number of organisations globally that offer these services, and several are based in the UK⁷. Funeral service personnel are frequently deployed abroad to deal with both the deceased and with the living. All mass death event management will involve the same principles, but different practical considerations. We have this expertise in the UK, in the private and the public sectors and with regards to disaster event management there is excellence and not just competence. For instance, we have Disaster Victim Identification (DVI) trained police officers, emergency responders and others in the UK. With regards to emergency recovery and incident management the private and public sectors work well together. The gaps become apparent where wider planning and cooperation is required, and a lack of funding, awareness and information sharing negatively impact on the ground activity. There is a lack of preparedness locally for catastrophic interruptions to supply chains. As seen with the emergency mortuary capacity, we can build things quickly in the UK. But local bodies are also quick to decommission, are unable to commit to contracts, and are restricted in their ability to innovate.

⁷ For example [Blake Emergency Services](#)

2. Are there any approaches taken by other countries to resilience that you think the UK could learn from?

There is very little qualitative or quantitative information available on international death management and resilience to provide for comparative analysis. It is hoped that post-covid this information becomes more readily available to stakeholders.

3. Which of the UK's international relationships and programmes do you think are most important to the UK's resilience?

No comment

4. What international risks have the greatest impact on UK resilience?

Incidents that cause the biggest loss of life including but not limited to pandemic, incidents of mass disaster and global supply chain issues.

5. How can the UK encourage international partners to build resilience to global risks?

The UK must offer leadership on the world stage politically, and facilitate key information sharing, training and coordination at a practical level between nations. Utilising the expertise in disaster recovery we have in the UK to equip governments and agencies abroad to understand and develop the infrastructure that will allow them to contain an event before it has an international impact.

Civil Contingencies Act 2004

Questions

NAFD on behalf of DMAG has provided answers below as far as possible and as is appropriate. Funeral directors, crematoria and cemetery staff work alongside the emergency services and others currently included in the categories of the CCA. We want to see the death management sector included in all contingency planning, and frontline funeral, crematoria and cemetery workers included as category 2 responders at the earliest possible opportunity.

Part 1 of the CCA:

Definition:

The CCA (section 1) defines an emergency as:

- (a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom,
- (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom, or
- (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom.

1. Does the above definition reflect your understanding of an emergency, and if not how does the definition need to be expanded within the CCA?

Yes, the definition reflects our understanding of an emergency. (a) refers to 'damage to human welfare' which includes, in our opinion, the impact on human life of human death, and the associated public health considerations including the psychological importance of deathcare and dignified funeral services.

Included parties:

2. Is the current designation of Category 1 and 2 responders appropriate? If not, what would be the merits of changing the identities and/or status of responders within the CCA?

3. Are there gaps in critical representation of responder organisations?

Funeral directors, crematoria, cemetery, and death management personnel should be included as category 2 responders.

The death management sector and all those who work within it will be involved in all future emergency situations, many as frontline and key workers. Confirmed status as category 2 responders in the CCA will be extremely important in the event of any future pandemic or further challenges to the health and welfare of the UK. Sector organisations report that operatives are tired (both physically and emotionally) after what has been a very challenging 18 months. Reclassification within current legislation is 'extremely important' to the vast majority⁸ of NAFD members, and would demonstrate recognition of the valuable contribution of all those who work in the funerals, crematoria and cemetery sectors.

⁸ 89% of members surveyed said classification of funeral directors as category 2 responders was 'extremely important' or 'important'. NAFD member survey August/September 2021.

4. Should elected local figures (e.g. Council Leaders, MPs, Metro Mayors, Police and Crime Commissioners) have greater involvement in emergency planning and preparative exercising, response and recovery and in what way?

Elected local figures have a key responsibility with regards to political representation and leadership in their local areas. They have a role in scrutiny and for ensuring that standing committees and groups follow appropriate central guidance, have the required sector representation, and (if having budget holding responsibility) that necessary resources are available to facilitate preparedness - which should include contractual security for disaster event management and resilience exercises. Elected figures also have public facing roles and must be fully informed and engaged to fulfil their responsibilities to the electorate.

It is thought that the Local Government Association (LGA) may well be able to assist in identifying areas where greater guidance and support are required in this regard.

Duties:

1. Are the current duties on Category 1 and 2 responders, as described in the CCA, appropriate?
2. If not, please list the duties which should be added, adjusted or removed?
3. Does the framework set out in the CCA provide sufficient clarity of the different roles and responsibilities of Category 1 and 2 responders?
4. If the answer to the above question is no, how could this be made clearer within the CCA?

The duties are appropriate, and the current framework provides sufficient clarity in our opinion.

Oversight and assurance:

There are currently no provisions for collective oversight and assurance of resilience organisations within the CCA as they are reviewed by independent or organisational audit regimes.

5. Are existing mechanisms for oversight and assurance of organisations involved in resilience adequate?
6. If the answer to the above question is no, please explain why this is the case, providing evidence to support where possible
7. Should the CCA mandate review of local contingency plans covering a range of risk scenarios?
8. If you answered yes to the question above (Please rate the options below based on how appropriate they are 1 = not appropriate, 10 = highly appropriate):

- Peer review (e.g. LRF to LRF)
- Independent review
- Lead Government Department review
- Other - please specify

Sector experiences through the recent pandemic highlight the need for death management to be considered as widely as possible in all contingency planning. The relevant legislation should provide for this, and mandated review of local contingency plans appears to be an appropriate provision. We consider that Peer review or independent review is most likely to deliver improvements and facilitate shared learning, whereas review by the lead government department would be helpful to assess preparedness and provide essential direction. DMAG members could also play a key role here given our significant reach across the sector and level of experience. Consideration should be given to assessing the potential for establishing a uniform periodic review for which the CCA could have responsibility

13. Do the arrangements as set out in the CCA provide the LRF Chair and Secretariat with sufficient means by which they can effectively coordinate contingency planning of Category 1 and 2 responders in their area?

Yes, but updated guidance is required to better support LRFs in their activities with wider critical sectors, including the death management sector.

Enforcement:

Enforcement remains an option under the CCA but would only be used as a last resort. We expect all public bodies and local responders to meet the highest standards in performing their duty, these standards are routinely upheld by their own organisational rules and processes.

14. A Minister of the Crown may use High Court or Court of Session proceedings to enforce duties under Part 1 of the CCA upon a Category 1 or 2 responder.

Is this the right way to enforce obligations under the CCA if duties are not met?

As a last resort.

Additional issues:

15. Does the CCA sufficiently consider recovery arrangements? If not, how could this be improved?

No comment

16. Are the responsibilities related to information sharing and cooperation sufficient for ensuring an effective multi-agency response?

Updated guidance is required to support the inclusion of the wider critical sectors, with explicit reference to death management and a standard approach to group composition, to include funeral, crematoria and cemetery workers.

17. How could we improve the effectiveness of LRFs (non legislatively)?

More support, guidance, and training for officials. Regular review of arrangements, and guidance to support the collection of feedback from wider critical sectors and the public.

Consideration should be given to the establishment of a peer-support network, LRFs/Partnerships working together in small regional groups, or 'buddying' up (larger groups covering areas with similar demographics) to share experiences and review and revise arrangements, with online forums to facilitate discussion. This is suggested to be an informal arrangement which would operate beyond the

multi-LRF, sub-national tier activities coordinated by DCLG-RED, and would be led by personnel within each local authority.

18. Are LRFs/Strategic Coordinating Groups (SCGs) fulfilling a sufficient role in terms of planning, response and recovery? If not, what are the barriers to this?

They should be, but in our experience that has not been fully realised. Please see answers to Qs 16 and 17 above.

19. Should specific duties be placed upon central government in Part 1 of the CCA, and if so, what would these be?

No comment

20. Would you like to note anything in regards to Part 1 of the CCA that is not captured by the questions above.

N/A

Scotland, Wales and Northern Ireland:

The CCA applies to the whole of the UK, but with some variations for Scotland, Wales and Northern Ireland. Part 1 is applicable to the equivalent organisations in Scotland and Wales, but applies only to a limited number of organisations in Northern Ireland. The CCA extends to Scotland, Wales and Northern Ireland in accordance with their devolution settlements and civil contingency arrangements.

21. Are the responsibilities and duties set out in the CCA fit for purpose for Northern Ireland?

Funeral directors, crematoria, cemetery and death management personnel in Northern Ireland should be included as Category 2 responders in the CCA.

22. Are the responsibilities and duties set out in the CCA fit for purpose for Scotland?

Funeral directors, crematoria, cemetery and death management personnel in Scotland should be included as Category 2 responders, alongside those Scottish bodies over which Scottish Ministers have regulation-making powers in relation to devolved matters, such as Scottish water and harbour authorities.

23. Are the responsibilities and duties set out in the CCA fit for purpose for Wales?

Funeral directors, crematoria, cemetery and death management personnel in Wales should be included at Category 2 responders in the CCA, and work with the Welsh Government to develop pan-Wales plans. This would be in accordance with the 'Concordat' between the Welsh Government and the UK Government which provides guidance on operation of the Act and the role of the Welsh Government.

Part 2 of the CCA:

This section focuses on Part 2 of the CCA, which provides for the making of special temporary legislation ('emergency regulations') to deal with the most serious of emergencies, and the conditions under which they may be made (known as the 'triple lock'):

- An emergency has occurred, is occurring or is about to occur;
- It is necessary to make provision for the purpose of preventing, controlling or mitigating an aspect or effect of the emergency;
- The need for provision referred to in point 2 is urgent.

The emergency regulations must also be an appropriate and proportionate response to the emergency.

In the event that emergency regulations are made, Part 2 also requires a senior Minister of the Crown to appoint a Regional Nominated (or Emergency) Coordinator who is not a servant or agent of the Crown, to oversee the coordination of response efforts in each area where the emergency regulations are made, at the regional level and in Scotland, Wales and Northern Ireland.

24. The CCA sets out strict conditions which must be met for emergency regulation to be made - this is known as the 'triple lock'. Are these conditions still appropriate and, if not, how could the 'triple lock' be improved?

No Comment

25. Should the regional coordinator role be retained? If yes, why is this the case, and who should be eligible to fill the position?

No Comment

26. Would you like to note anything in regards to Part 2 of the CCA that is not captured by the questions above?

No Comment

Statutory Guidance questions

The statutory guidance is available to view here:

<https://www.gov.uk/government/publications/emergency-preparedness>

27. Are there institutions and positions that have come into existence after this CCA was developed which should be included in the statutory guidance? For example, Police and Crime Commissioners and Combined Authority Mayors

Please answer to Q4 above.

28. Would you like to note anything in regards to the statutory guidance of the CCA?

No comment

