#### **Mountsett Crematorium Joint Committee**



# Report of the Superintendant and Registrar





# Report of Ian Staplin, Superintendant and Registrar to the Mountsett Crematoria Joint Committee

#### **Purpose of the Report**

1. To provide members of the Mountsett Crematorium Joint Committee with a quarterly update relating to performance and other operational matters.

#### **Performance Update:**

#### **Number of Cremations: Quarter 1**

2. The table below provides details of the number of cremations for the period 1<sup>st</sup> April 2011 to 30<sup>th</sup> June 2011 inclusive, with comparative data in the same periods last year:

	2010/2011	2011/2012	Change
	QTR1	QTR1	
	[April-	[April-	
	June]	June]	
APRIL	91	89	-2
MAY	90	103	+13
II INIT	00	100	
JUNE	86	103	+11
TOTAL	0.70	20.5	- 00
TOTAL	273	295	+22

Gateshead	80
Durham	182
Outside Area	33
Total	295

3. In summary there were 295 cremations undertaken during the first quarter, compared to 273 in the comparable period last year, an increase of 22.

#### **Number of Cremations: Quarter 2 YTD**

4. The table below provides details of the number of cremations for the period 1<sup>st</sup> July 2011 to 31<sup>st</sup> August 2011 inclusive, with comparative data in the same periods last year:

	2010/2011	2011/2012	Change
JULY	83	99	+16
AUGUST	86	101	+15
TOTAL	169	200	+31

Gateshead	54
Durham	123
Outside Area	35
Total	200

5. In summary there has been 200 cremations undertaken this quarter, compared to 169 in the comparable period last year an increase of 31. In overall terms, there have been 495 cremations in the first 5 months of this year, compared to 442 in the same period last year, an increase of 53 (12%).

#### **Operational Matters**

#### **Mountsett Crematorium Pre-Payment Cremation Bond**

- 6. At the last meeting of the Mountsett Crematorium Joint Committee (29th July 2011), members agreed the principal of introducing a Pre-Payment Bond from 1<sup>st</sup> October 2011, subject to confirmation regarding registration requirements from the Financial Services Authority (F.S.A.).
- 7. Full details of the proposed scheme have been provided to the FSA and discussions are ongoing, in consultation with the Councils legal team, with regards to whether FSA registration will be required. If registration is ultimately required the FSA have advised that the cost is £1,500, with the process taking approximately 6 months for approval of any application.
- 8. Given these ongoing discussions, the pre-payment bond scheme will not now be commencing on the 1<sup>st</sup> October and introduction of the scheme will be delayed until the issue of FSA registration is resolved. If no registration is required the service will implement the scheme as agreed by the Joint Committee, otherwise an application will be submitted and an update provided at the next meeting.

# International Conference Cremation and Burial Authorities : Bristol 4th to 6th July 2011

9. An International Conference for Cremation and Burial Authorities was held on 4<sup>th</sup>-6<sup>th</sup> July 2011. Alan José, Superintendant and Registrar from the Central Durham Crematorium was in attendance at this conference and he has written some notes on the conference (see Appendix 2).

- 10. The main items that members should be aware of are:
  - It seems likely that the total number of Abated Cremations in 2013 onwards will be around 70% of the total, therefore exceeding the Governments original target of 50%.
  - There will be a requirement to fit an individual gas meter to each Cremator, the Independent Testing to be carried out over 4 Cremations per Cremator and additional requirements for monthly and six monthly reports to be sent to the Regulator.

#### Improving the process of Death Certification

- 11. As members may be aware, the Government has for some years (post the Harold Shipman murders) been looking at ways to improve the process of Death Certification and indeed a new scheme was due to come into effect on 1st April 2012.
- 12. This date has now been put back to April 2013, mainly due to the fact that the P.C.T.'s (Primary Care Trusts) that have to administer the new system are to be abolished and that this role will pass to Local Authorities.
- 13. Further details regarding these changes can be seen in Appendix 3 with the main impact for Mounsett Crematoria being the changes to the paperwork required for Death Certification and that a Local Authority will need to establish a local medical examiner's service for their area.

#### **Recommendations and Reasons**

- 14. It is recommended that Member of the Mountsett Joint Committee:-
  - Note the content of this report with regards to current performance of the crematorium.
  - Note the current situation with regards to the Pre-Payment bond.
  - Note the information with regards to the International Conference.
  - Note the current situation with regards to the Death Certification changes.

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### **Appendix 1: Implications**

#### **Finance**

As identified in the report.

Staffing-There are no implications

Risk- There are no implications

Equality and Diversity Public Sector Equality Duty- There are no implications

**Accommodation-** There are no implications

**Crime and Disorder-** There are no implications

Human Rights- There are no implications

#### Consultation

None, however, officers of Gateshead Council were provided with a copy of the report and given opportunity to comment/raise any detailed questions on the content of the report in advance of circulation to members of the Mountsett Crematorium.

**Procurement-** There are no implications

**Disability Discrimination Act-** There are no implications

#### **Legal Implications**

As outlined in the report

## Appendix 2: INTERNATIONAL CONFERENCE CREMATION AND BURIAL AUTHORITIES – BRISTOL 4th to 6th July 2011

The conference was opened by Lord Richard Grey who welcomed delegates from the U.K., Japan, America, France, Italy, Australia, Netherlands and Germany.

#### Revision of the PG/52 Guidance Note

The first paper was given by Andrew Mallalieu, Vice President of Facultative Technologies who examined the proposed changes to the PG5/2 Guidance notes which will affect all those who operate Crematoria:

The draft consultation document has been issued but key changes are likely to be the requirement to fit an individual gas meter to each Cremator, the Independent Testing to be carried out over 4 Cremations per Cremator and additional requirements for monthly and six monthly reports to be sent to the Regulator.

#### **Death and Technology**

Dr John Troyer, Deputy Director of the Centre for Death and Society gave an interesting paper about the connection between death and technology. It is possible for example to carry out on-line research for ancestors, look at Crematoria Websites, find locations of Cemeteries and Crematoria and so on. Public perception can be tested by the use of technology and in the case of Redditch Council who plan to use heat recovery equipment at the Crematorium to heat the nearby swimming pool, short time. Dr Troyer indicated that the public can be very understanding if new ideas are fully explained and can be justified.

#### **British Crematoria in Public Profile**

Professor Douglas Davies, from Durham University gave a very interesting paper which highlighted the changing patterns of Funerals over the past 16 years since the publication of a book - British Crematoria in Public Profile. During 2011, a survey had been sent to all Crematoria in the U.K. and the information gathered will provide a very vivid picture of the way in which Funeral Services are carried out, an example of this is the much greater involvement of families in the planning of Cremation Services, choosing music and readings and so on.

A revised version of the Book will be published in 2012.

#### **Arnos Vale Crematorium and Cemetery**

A most interesting paper was given by Juliette Randall, the recently appointed Chief Executive of the Arnos Vale Cemetery Trust. Following a £5.2 million restoration project, Arnos Vale is a national example of how a Victorian Cemetery can be brought back to its former glory.

The Crematorium buildings have also been restored and the original early 20th Century cremators can be viewed.

The Crematorium closed some 20 years ago as the Cremators could not meet emission requirements of the Environmental Protection Act 1990. The Cemetery has burial space available and so will now continue to operate, but the Crematorium is permanently closed for Cremation Services.

#### **Coroners Inquests and Coronial Reform**

Debbie Kerslake, Chief Executive of Cruse Bereavement Care, gave a very moving paper – assisted by a Film Presentation of how the Coroners Service is involved with families of soldiers killed in Afghanistan – following the process from the tragic news of the death of a soldier to the inquest.

The upshot with regard to Coroners reform however, is that at the present time the post of Chief Coroner will not proceed although the post will remain on the Statute Book.

#### **All in Decent Order**

This paper was given by The Right Worshipful Timothy Briden, Vicar General of the Province of Canterbury – was most interesting and focussed on the issues of substantive maintenance that is required in closed churchyards. The requirement for these churchyards to be maintained in good order by the Local Authority responsible and the fact that faculties for works to memorial walls etc., must be applied for. The advice for any work is talk to the Diocesan /Registrar before any works are commenced. It was pointed out, that for urgent works an emergency faculty can be applied for.

### **Heat Recovery from Cremators**

This paper was given by Brian Heap of Goldray Ltd.; a Mechanical Engineer who has worked on a number of heat recovery installations at Crematoria in the U.K. Brian outlined the plans for the use of the flue gas heat to be used to heat the swimming pool at Redditch Crematorium. This project was the subject of nationwide headlines in March 2011, when the project was branded by the popular press as outrageous. The public asked about this however, locally in Redditch and feedback from National Radio on (Jeremy Vine show) and elsewhere was almost 100% in favour.

The project is expected to save Redditch Council some tens of thousands per year in heating costs.

Pamela Chilvers, the Bereavement Services Manager of Leamington Spa Crematorium, explained that a Heat Recovery System had been in use for some 15 years without any problem with public acceptance. A new system, recently installed includes a large hot water tank which heats the offices and Crematorium buildings and a bio mass boiler has also been installed, the whole system being computer controlled for maximum efficiency.

#### Contaminated Body Storage – Autopsy and Disposal

This paper was given by Dave Butler, the Technical Delivery Manager for K.B.R. – a large company that has contracts to supply temporary mortuary facilities with many local Authorities and also has a National Emergency Contract with the Home Office.

The temporary facilities are modular and can be designed to meet almost any requirements. K.B.R. work to the Safe Handling of Contaminated Bodies Guidance issued in 2009 by the Home Office. As a matter of interest, K.B.R. have a mobile cremator which is available for hire!

#### **Improving the process of Death Certification**

The Government has for some years, post Shipman, been looking at ways to improve the process of Death Certification and indeed a new scheme was due to come into effect on 1st April 2012. This date has now been put back to April 2013, mainly due to the fact that the P.C.T.'s (Primary Care Trusts) that have to administer the new system are to be abolished and that this role will pass to Local Authorities.

In October 2011, there will be a Public Consultation by the Department of Health and in May 2012. Regulations will be laid before Parliament – the Social Care Bill. In July 2012, the Regulations will be published after which there will be 9 months to plan and prepare for the implementation of the new system. Paul Adler, of the Department of Health, gave this paper but in answering questions after his presentation, it became clear that there are many unanswered questions including how the fee will be paid, to whom, how much, how Medical Examiners will be appointed, who will carry out the associated administrative tasks etc? A major ASK within a short timescale! These proposals will present a number of significant challenges to Local Authorities over the next 18 months, if the scheme is to commence as planned in April 2013.

#### Repatriation: Rhetoric v Reality

Emerson de Luca, Managing Director of Albin International Repatriation gave a most interesting talk on the repatriation service offered by his company. There are a number of repatriations from all parts of the world each day, which can be very challenging. Albin's is working towards the adoption of international standards which could make the process more straight forward and less traumatic for families involved. It is very clear however, that Albini's have the expertise to make the process of repatriation as straight forward as it possibly could be.

#### **Tsunami - The Aftermath**

Dr Soji Eg uchi, Doctor of Engineering at Kyoto University and President of Taiyo Chikiro Industries gave a moving account of the aftermath of the Japanese Tsunami earlier this year. It is amazing that only days after the disaster, many roads had been rebuilt and power supplies restored to some areas. For other cases of courts it will take many years for the issues of those who have been affected to return to normal. Over 15,000 people were killed and after 3 days a special measure had been passed by Parliament to allow Cremation without a formal license.

Due to problems with gas and electricity supplies in some areas, local Crematoria could not operate and so bodies were sent to Crematoria in other parts of the country to avoid lengthy delays as far as 400 kilometres away.

This practical measure was of great help to assist timely disposal of many of those who died but in some areas, interment in trenches was carries out, as this was the only practical solution. Corpses were identified to allow future exhumations and disposal in accordance with family wishes.

#### **Abate or Burden Share**

Brendon Day, the CAMEO Manager, gave an update of the progress of installation of Mercury Abatement Plant throughout the country and the latest view on how the percentage of abated cremations will be audited.

AQ24 (05) recognises CAMEO as the National Burden Sharing Scheme Administrator. All Authorities and private companies that operate a Crematorium will be required to submit an annual return to CAMEO, commencing in January 2013.

The final "cost" of Abatement is yet to be agreed as a unit cost per Abatement Credit, Equipment by 31st December 2012 will have to purchase credits for 50% of the cremations carried out in 2013 and onwards based on the 2003 figure at each individual Crematorium.

As all auditing of Cremation Abatement figures are to be collated through CAMEO, the easiest and more efficient way for accurate information to be processed for individual Authorities is through Membership of the CAMEO scheme.

It seems likely that the total number of Abated Cremations in 2013 onwards will be around 70% of the total, therefore exceeding the Governments original target of 50%.

#### **Ministry of Justice - Update**

Judith Bernstein, Head of the Coroners, Burial, Cremation and Enquiries team at the Ministry of Justice – advised the conference that the Government had decided that the post of Chief Coroner is not affordable at this time, although the position will remain on the Statute Book.

Consultation on a Coroners Charter will begin in September and will be available on the Ministry of Justice website. It was confirmed that Local Authorities will be responsible for appointing Medical Examiners, but until the Social Care Bill is passed into Law the necessary revisions to the Cremation Regulation (England & Wales) 2008, cannot be made.

Judith Bernstein advised the conference that there had been a number of concerns raised about holding coffins over (delaying Cremation) where families had not been advised.

Day to day operation is not part of the Ministry of Justice remit but Authorities and Companies who do carry over from one day to another, must ensure that families are aware of the fact.

The Ministry of Justice is looking again at Legislation to allow the re-use of existing graves, and is likely to be holding a consultation exercise on this subject in due course. The Ministry of Justice does however have wide responsibilities and proposed reform in the areas of Prisons, Police and so on, which are likely to take priority over less vital matters.

### **Appendix 3: Death Certification Reforms:**

New Duty on Local Authorities This document provides an overview of the death certification reforms and an update on work to prepare for implementation of these reforms from April 2013. It has been prepared for distribution to Local Authorities and Directors of Public Health. Additional information is provided in supporting notes at the end of the document.

The Department of Health is working with a wide range of organisations and groups to reform the process of death certification. These reforms, enabled by the Coroners and Justice Act 2009, will introduce a unified system of scrutiny by independent medical examiners of all deaths in England and Wales that do not require investigation by a coroner (i.e. similar for burials and cremations). The reforms, which are part of the Government's response to the Shipman Inquiry, will strengthen safeguards for the public, make the process of death certification simpler and more open for the bereaved and improve the quality of mortality data.

The Government is proposing to fund scrutiny by medical examiners on a cost-recovery basis through a statutory fee chargeable for all deaths that are not investigated by a coroner. This statutory fee, collected locally, would replace and make more effective use of the existing fee charged by doctors for the completion of cremation forms which will be removed by the new process. (These fees, which are around £160 for each cremation where applicable, amount to £46m per year across England and Wales).

The Coroners and Justice Act 2009 put a duty on Primary Care Trusts to appoint medical examiners for their area, establish a local medical examiners service, make arrangements to collect the proposed statutory fee and ensure achievement of required service standards and levels of performance. The new architecture of the NHS announced in October 2010 led to a ministerial decision to transfer these responsibilities to upper-tier local authorities through a provision in the Health and Social Care Bill. This decision was based on the need to maintain local control and independence and the belief that these essential criteria could not be met in any other way.

Local authorities will be able to use service models that are appropriate for their area; these models may include direct provision of a standalone function, commissioning the service from a healthcare provider that can assure independence, integration with existing related services and collaboration with neighbouring authorities to provide a combined service.

All medical examiners will be required to have at least 5 years post-qualification experience, a current licence to practice and relevant expertise based on the completion of prescribed e-Learning and face-to-face training. In most areas, medical examiners will need to be supported by officers or people providing an officer function. *Death Certification Reforms:* New Duty for Local Authorities the workload is considerable.

Current estimates suggest that up to 300 full-time equivalent medical examiners will be needed across England and Wales to scrutinise and confirm around 390,000 deaths per

year and provide advice to doctors on a further 40,000 deaths that are subsequently investigated by a coroner. It is anticipated that most medical examiners will be appointed on a part-time basis (for at least 8 hours a week) so that they can maintain their licence to practice through their other clinical duties and keep up to date more generally with clinical developments. On this basis, there may be a headcount of about 1,000 medical examiners across England and Wales.

The new process has been tested and refined in death certification pilots in Sheffield, Gloucestershire, Powys, Mid-Essex, Brighton and Hove, Leicester and Inner North London. The pilots have demonstrated that the new process can be introduced successfully and is able to achieve the aims of the reforms. Feedback from the pilots has been used to draft regulations and will be used in guidance to recommend ways that local authorities can address transitional issues in implementing the new process.

The pilot work suggests that an area with 5,000 deaths per year would probably require a team of 7 part-time medical examiners (providing 2-3 full-time equivalent posts) supported by ~3 full-time equivalent medical examiner's officers (or people providing this function). The cost of providing (or commissioning) the services needed in each area will be recovered from the proposed statutory fee and work is currently being carried out -with input from local authority representatives -to ensure that the level of fee set takes account of the costs of alternative service models and other local considerations.

The death certification regulations are now expected to be published for consultation in October 2011 and, subject to the Bill's Parliamentary passage, will be laid in Parliament in May / June 2012 with a commencement date of April 2013. The extended period between introduction and commencement is intended to provide time for local authorities to establish a local medical examiner's service for their area. The Department of Health will assist local authorities by providing a suggested outline of preparatory activities, and access to national and regional support.

The death certification programme is working with a wide range of stakeholders and is coordinated by a DH-led Steering Group that includes clinicians, coroners, NHS managers, public health as well as representatives from the funeral industry, bereavement services, local government and the relevant other government departments.

The Office for National Statistics is monitoring the impact of the new arrangements on official mortality statistics. Data from the pilot projects are being examined to estimate the likely size and nature of any systematic changes in frequency of specific causes of death due to the introduction of medical examiners. This work will continue during implementation to ensure that any art factual changes in cause of death statistics are recognised as such. Overall the process is expected to improve the quality and reliability of death statistics and their value for public health and other purposes.

#### **Supporting Notes**

The following notes are referenced in the summary provided above. For further details, please see general information at **www.dh.gov.uk/deathcertification** and, in particular, the Death Certification Programme's responses to feedback from local registration services and to FAQs from coroner's officers and staff. These responses will be published respectively at **www.lrsa.org.uk** and **www.coronersofficer.org.uk** and, if necessary, can be requested by email from deathcertification@dh.gsi.gov.uk.

1 Deaths that are "investigated" are those where a coroner's post-mortem examination is carried out and / or inquest is held because a coroner has reason to suspect that the deceased died a violent or unnatural death, the cause of death is unknown, or the deceased died while in custody or otherwise in state detention. Approximately 25% of deaths in England and Wales currently require investigation. A further 25% of deaths are currently notified to a coroner and require initial assessment including appropriate enquiries and consideration but do not require post-mortem examination or inquest.

2 It is generally accepted that the causes of death certified by a significant proportion of doctors are not sufficiently precise for epidemiological purposes and that many medical certificates of cause of death (MCCDs) are not completed fully and legibly. This view is based on published audits of medical certificates of causes of death (MCCDs) or of their counterfoils and feedback from local registration services and it is supported by analyses carried out on data collected by the areas piloting the death certification reforms. Whilst improved training for doctors in certification of death has some impact on the quality of causes of deaths and certificates, it is not sufficient and is too far removed from the specifics of each case to achieve the aims of the reforms.

3 The Death Certification Programme acknowledges that concerns have been raised about the requirement for the proposed statutory fee. These concerns, outlined below, will be kept under review. However, at the current time, ministers have decided that the fee needs to remain as the preferred option for funding the new service; the key reasons for this decision are that it replaces (and extends) an existing fee that is largely ineffective and that in the current economic climate there is unlikely to be any viable alternative.  Concern	Response / Action
Risk that a single standard fee will not enable cost- recovery in areas with different requirements and cost-structures.	Consideration of alternative options for structuring the fee to allow some local flexibility and / or recovery over a multiple year period.
Reputational risk to local authorities – particularly if the fee needs to include a variable local element.	Further discussion of concern and clear communication of purpose and benefits of reforms.
Local collection of the fee will create procedural difficulties and incur costs.	Alternative options identified and assessed for use by local authorities in making arrangements and estimating costs appropriate for their service model.
It is unclear what action needs to be taken if the fee is not paid.	Further discussion of concern – particularly in relation to timing /

arrangements for payment of fee where it
is expected to be covered by a Funeral
Grant from the Social Fund.