PM

INFORMATION			
Covid-19: EMERGENCY LEGISLATION			
Date:	*09 March 2020*	*From:*	*Katharine Hammond, Mark Sweeney* *Cabinet Secretariat*
Deadline:	*10 March 2020*		

SUMMARY

1. Covid-19 looks increasingly likely to become a global pandemic, although this is not yet fully certain. The UK's approach is underpinned by science. We have a clear plan for a phased response, guided by clinical and scientific advice, as set out in the Action Plan published last week.

2. To most effectively manage a Coronavirus outbreak in the UK we will need to introduce new fast-tracked legislation. A DHSC-led Bill is being prepared at pace, with input from other departments.

3. This is a four nations Bill, and the Devolved Administrations have been engaged with at both Official and Ministerial level on the proposed clauses, as well as the timetable for the Bill. It is important that the proposals in the Bill reflect a policy consensus so that the public feels there is equitable treatment across the UK.

4. Work to finalise content and draft provisions has developed at pace. Once the Bill measures have been agreed, engagement with the Usual Channels will begin in order to agree a fast-tracked passage in order to achieve Royal Assent by 31 March, ahead of the expected peak.

BACKGROUND

5. Contingency work has previously taken place to ensure the UK would be prepared for a severe influenza pandemic. DHSC and CCS led a cross-Government work programme, scoping the provisions to be included in a free-standing draft Pandemic Flu Bill.

6. This draft Pandemic Flu Bill has formed the basis for the bespoke Covid-19 Bill. Departments were asked to confirm that previously discounted measures are not needed for a Covid-19 response, and what else might be required in a reasonable worst case scenario specific to this virus.

CONTENT

7. All departments and Devolved Administrations have been asked to verify that the Bill's provisions are *necessary* to prevent significant harm, and that such provisions could *only* be provided by primary legislation. Prospective additions which have not been deemed necessary, or which can be resolved by other means, have been discounted.

8. The Bill has four primary categories of effect: enhancing capacity and the flexible deployment of staff; easing of legislative and regulatory requirements; containing and slowing the virus; and managing the deceased. These will help ensure that COBR's objectives of maintaining services and mitigating the impact on UK citizens as far as possible are met. A full table of measures is set out at **Annex A**.

9. The content of the Bill is almost finalised, and there are just a small number of outstanding issues to be resolved. These include:

   a. SSP retrospection: DWP are assessing whether the Statutory Sick Pay provisions will be applied retrospectively.
   b. Passenger Information: DHSC is confirming whether provisions are required for Scotland, if not then this will be removed.
   c. Data sharing: the Civil Contingencies Secretariat is working with departments to confirm that there are no data sharing regulations that could hinder an effective response.
   d. Food supply chain data: DEFRA have requested that the provisions drafted for Yellowhammer are included in this Bill. These give the DEFRA SoS powers to require the provision of specified information from the food industry if they refuse to provide the information voluntarily. This is subject to activation by SI and would only be used if the food industry refused to provide the information being requested.

HANDLING RISKS

10. By its nature, emergency legislation has the potential to be controversial, as the subject matter is sensitive and the powers potentially wide. A number of clauses have been identified as particularly controversial. These include flexibilities for LAs under the Care Act and the power to direct Local Authorities with respect to measures for dealing with excess deaths (for example, to extend the working hours of crematoria).

11. The Bill's narrative and parliamentary handling plan will therefore be crucial in agreeing its fast-tracked passage with the Usual Channels as well as how the Bill lands more widely with the Public.

12. We are clear that the purpose of the Bill is to provide powers for use only if needed, judged on the basis of the clinical and scientific advice. However Depending on Usual Channel discussions, we may need to build in safeguards

to ensure that powers are only used as necessary, for example during the peak of a pandemic. Our aim is to balance the need for speed, as appropriate to the risk posed by the virus, with safeguards to ensure proper Parliamentary oversight and accountability. For example, provisions in relation to the Care Act will not be commenced until the peak of the outbreak and are expected to be used only for a small number of weeks.

TIMING

13. The Bill will need to have reached Royal Assent by a small number of weeks before the peak of the pandemic. The current intention is to seek Royal Assent for the Bill by the 31 March. This will allow the powers to be operationalised, and ensure they are in place at the point in the outbreak when they will be most effective.

14. To support the parliamentary handling, the Bill will 'sunset' after two years. There is also the power to sunset the Bill at an earlier point of time in the event that its provisions are no longer required. Whilst primary legislation would be required to reactivate a provision after sunsetting, provisions may alternatively be 'suspended', which enables their revival within the 2 year period. This suspension and revival would be employed in the event that we see further waves of the pandemic.

STAKEHOLDER ENGAGEMENT

15. COBR on 4 March agreed that engagement with trusted stakeholders and operational partners should begin on a confidential basis. This engagement will be necessary to ensure the operationalisation of the Bill's powers.

16. Consideration is still being given to the most appropriate time to communicate further the details of the provisions in the Bill. It is important that this decision is taken with the Devolved Administrations and takes into account the impact of public communications on public confidence in the Action Plan and passage through the House. Since many of the measures are for use in the 'mitigate' phase, to manage the peak of the outbreak, they will focus public attention on what that might mean in practice.

ENGAGEMENT WITH DEVOLVED ADMINISTRATIONS

17. The Devolved Administrations have been active partners in the policy scoping, both of the draft Pandemic Flu Bill, and the recent work on the emergency Bill. Ministers in the Devolved Administrations have been engaged in discussion at COBR on the requirement for the Bill and have indicated support for this legislative process.

18. The Bill includes clauses that are specific to Scotland and Northern Ireland, as well as clauses whose extent covers Wales. These will be enacted by Legislative Consent Motion (LCM), the timings of which are under discussion.

19. DHSC has agreed with the Devolved Administrations an approach that gives them appropriate control over the use of provisions in areas of devolved responsibility, an issue they have raised in COBR meetings.

20. Emergency powers in the legislation are designed to be switched on/off – in order to ensure they are in force only for the minimal period necessary over the two year lifetime of the Act, to deal with the outbreak effectively but also proportionately. For those areas that are England-only or reserved, these powers will be switched on/off by UKG Ministers. For those areas that are within the DAs' competence, these powers will be switched on/off by the DAs, or by UKG Ministers with the DAs' consent (which, in the interests of speed, they are happy to do via a minuted decision at COBR(M)). This approach has been agreed with the DAs at official level, and also now by their Ministers. We are confident that once COBR(M), acting on the advice of the four CMOs and of SAGE, make a policy decision that requires one or more of these powers to be switched on/off, then that can be readily and speedily achieved in a manner consistent with the devolution settlement.

NEXT STEPS

21. Engagement with the Usual Channels on the timetable for the passage of the Bill will determine how quickly we need to introduce the Bill, however we are working on the assumption that the Bill will be introduced next week in order to achieve Royal Assent by 31 March. This engagement may result in some requests for changes to the content of the Bill; we anticipate these will largely be related to safeguards, particularly for the more controversial measures.

22. Final Ministerial agreement to the Bill's policy content will be sought at COBR on Wednesday 11 March.

This paper has been written by the Civil Contingencies Secretariat, in consultation with the Parliamentary Business and Legislation Secretariat and the Health and Care Secretary

PRIME MINISTER'S COMMENTS:

① Make sure SURGEON & DAs stay locked in

② Some of the measures may be useful in the future - but we should make the sunset point loud & clear

cc: Mark Sedwill, Martin Reynolds, Stuart Glassborow, Imran Shafi, Patrick Curry, James Slack, NR, Ed Lister, Dominic Cummings, Munira Mirza, NR, Lee Cain, Jack Doyle, NR, Henry Cook, David Frost, NR, Ben Warner, NR

Annex A: Table of provisions

Dept.	Topic	Provisions for the Bill	Impact and rationale	Timing of use	Risks and mitigations – level of controversy
Enhanced capacity and flexible deployment of staff					
DHSC	Emergency registration of healthcare workers	Temporary registration of clinical staff, e.g. of those recently retired	This allows the Registrar of the Nursing and Midwifery Council (NMC) to temporarily register Nurses, midwives, and Nursing Associates and the Registrar of the Health and Care Professions Council (HCPC) to register Physiotherapists, Paramedics, Biomedical scientists, Clinical scientists, Operating department practitioners, Practitioner Psychologists and any other of the 'Relevant Professions' required to deal with the increase in those needing medical care and the shortage of approved staff to help. This might include, for example, those who have recently retired. The purpose is to increase capacity in the health service to deal with the increase in those needing medical care and the shortage of approved staff due to illness.	Delay / mitigate phase. Likely to need in place throughout	Not expected to be controversial – has already been made public as a potential measure. Labour have already raised questions about safeguards and fitness to practice tests. Potential operational challenges around managing this additional workforce appropriately.

DHSC	Emergency registration of social care workers	Temporary registration of social workers, e.g. of those about to qualify / recently retired	Temporary registration of social workers, e.g. of those recently retire, or have almost completed training. This will be subject to checks by the employer on fitness to practice. This is the equivalent of the above provision for healthcare workers.	Delay / mitigate phase. Use powers as needed, dependent on pressures on social care, particularly in a peak	Likely to be controversial in Parliament. Changes or additional safeguards may be requested by the Opposition prior to introduction.
DHSC	Mental Health Act	Temporarily relaxing some of the safeguards in the Mental Health Act 1983, e.g. to require fewer doctors' opinions and to allow more time.	The consequences of existing procedural requirements in the event of increased demand and staff shortages include extended waiting periods before receiving mental health assessments. These waits include those for assessments following detentions made by the police under the Act, burdening police time and increasing the number of people being assessed within police stations. Temporary amendments to the Mental Health Act 1983, including allowing fewer health care professionals to undertake certain functions; and extension	Delay / mitigate phase. Use powers as needed, dependent on pressures on health service, particularly in a peak	These measures, particularly those relating to the number of doctors needed to approve the detention of a patient take away some of the safeguards which are currently in place to protect patients from being detained unnecessarily or inappropriately. These measures are not aligned with the current policy direction for Mental Health treatment in general and may be controversial in Parliament.

			or removal of time limits relating to detention and transfer of patients. In practice, this would mean that mental health professionals may decide to detain a person on the advice of one doctor approved under section 12 of the Act, compared to the current requirement of 2. or prisoners, an amendment would help to ensure that defendants and prisoners with a mental health condition can continue to be admitted to hospital by changing the number of doctors' opinions and time limits required for detention and movement between court, prison and hospital.		

DHSC	Mental Health Act	Temporarily relaxing some of the safeguards in the Mental Health Act, e.g. with respect to the courts and prisons	As above - to maintain service at business as usual level in the event of staff shortages	Delay / mitigate phase. Use powers as needed, dependent on pressures on health service, particularly in a peak	
DHSC	NHS Pension Scheme	Enable retired staff to return to work in the NHS without any pension barriers.	The clause would mean that staff wishing to retire and return would not be restricted in the number of hours they work. For staff with a pension age of 60, this only applies to the first four weeks after retiring but for nurses with a pension age of 55, abatement applies until they are 60. This means that their new salary plus pension can be no more than their old salary. This will enable trusts to ask health care staff to do additional shifts without impacting on their pension. The cost is very de minimis as abatement rarely takes place: it is intended to prevent people doing	Delay/Mitigate Phase Immediately activated upon Royal Assent.	Unlikely to be any negative reaction and will also be welcomed by staff as it is beneficial to them.

			the extra work. Only around 25 special class members are currently subject to abatement.		
DHSC	Volunteers	Protecting the employment rights and pay of volunteers (health and social care) through a new form of unpaid statutory leave (Emergency Volunteer Leave) and provides the Secretary of State for Health and Social care with powers to establish a UK-wide emergency volunteer compensation scheme for loss of earnings and expenses incurred.	These measures will maximise the pool of volunteers that are available to fill capacity gaps and thus safeguard essential services that are at risk as a result of pandemic pressures/demand. Volunteers are central to the delivery of day to day health and social care services and are a core component to local contingency plans in the event of an emergency. Around 3m individuals volunteer in a Community Health and Social Care setting, and there are around 40,000 individual volunteers in organisations such as the British Red Cross and St John Ambulance. In the event of a pandemic, we will need to maximise the number of volunteers and the amount of time that they can commit to supporting the health and social care system. This will help to shore up resilience across the health, community health and social care systems at the point of maximum pressure.	Delay/Mitigate Phase This clause could be triggered by one or all of the below: the declaration by government of a national emergency; and/or core essential services being at significant risk of collapse; and/or overall clinical workforce not being sufficient to deliver pandemic and non-pandemic related services.	Unlikely to be controversial

DHSC	Emergency Registration of pharmacists (Northern Ireland)	Emergency registration of pharmaceutical chemists and extension of prescribing powers (Northern Ireland).	This clause is to increase flexibility with the workforce should there be either an unprecedented demand or significant numbers of the workforce incapacitated due to the pandemic to enable care to be continued to be supplied to patients access to medicines.	Delay/Mitigate Phase On notification of SofS that clauses should be activated.	Detail tbc - low risk.
DHSC	Social care	Flexibilities for LAs under the Care Act	This clause acts to protect LAs from legal challenge if they are forced by the pressures of the pandemic to cease meeting individuals' assessed needs for the duration of the emergency period. LAs would still have a duty to meet individuals' needs to the extent that not meeting them would risk serious neglect or harm. It further acts to permit LAs to provide urgent care to individuals without a full Care Act assessment, and without a financial assessment, for the duration of the emergency period. LAs would be required to fully assess individuals after the end of the RWCS emergency period.	Mitigate Phase Activated at the peak of the pandemic.	Flexibilities of Care Act duties could raise significant concerns among stakeholders and the wider public. The Department would need to be clear that these clauses would only be triggered if the conditions of the pandemic meant that LAs were at imminent risk of failing to fulfil their duties under the Care Act. Reductions in the levels of care given may also pose certain human rights and reputational risks. Guidance will be issued to support Local Authorities in prioritising care

Easing of legislative and regulatory requirements					
DHSC	Discharge	Early discharge of patients from NHS hospitals/trusts and local authorities to free up hospital space for those who are ill.	This clause is aimed at ensuring that acute care resources are used effectively. Currently, patients with social care needs go through a number of stages before they are discharged from hospital. For some patients, one of these stages is an NHS Continuing Healthcare (NHS CHC) Assessment a process that can take a number of weeks. This provision allows NHS providers to delay undertaking the NHS CHC assessment until after the RWCS emergency period has ended. Pending that assessment, the patient will continue to receive NHS care.	Delay / mitigate Use powers as needed, dependent on pressures on health service, particularly in a peak	There is a risk that by delaying the CHC assessment process until a time when there is more capacity in the system will lead to a number of patients continuing to receive NHS-funded care when they are not applicable to do so. There is a risk that this provision increases the burden on families and friends to provide informal care, however neither of these provisions are taking away the duties on either the NHS or local authorities.
DfE	Schools, further education and childcare settings	Power to disapply provisions in relation to education and childcare	In a RWCS, the education and childcare systems will need to operate in a way that continues to benefit children and young people, but in a way that is operationally viable.	Delay/Mitigate Activated congruently with the trigger of a local or regional emergency,	We expect the sector and public to welcome this, as part of necessary steps to manage an emergency, although given previous experience of attempting to alter child: staff ratios in the early years, there may be some resistance there. However, we need to be clear that these arrangements do not relax requirements such as

			Relaxing existing requirements may be desirable and necessary to allay any concerns that Local Authorities, schools, FE and HE institutions, and childcare providers may have when operating in these difficult circumstances and would help to maintain staff morale and wellbeing. To include parents not being fined for keeping children off school as a result of Covid-19, among other dispalications	and the temporary closure of educational institutions, and the requirement that specific education centres/schools/quarantine centres deliver education as a temporary measure.	safeguarding or health and safety, and that any action taken will be focused on the interests of children and young people and their wellbeing. Some parents may be resistant to the relaxation of certain measures which may result in pupils not receiving a normal service, such as disabled pupils not receiving some elements of their EHCP or children not being able to attend their normal school. We would seek to reassure parents that requirements will be reinstated as soon as it is practical to do so once any declared medical emergency for the area is lifted.
DfE	Schools, further education and childcare settings	Powers to require schools, nurseries, etc to stay open or re-open; to take on additional functions; and for staff or pupils / students to attend different premises, to enhance resilience of childcare and education sector.	There is a risk that these institutions may remain open despite being advised to close, or where there is significant risk to health. This power would enable directions to be issued to them to stay closed. There is also a significant risk that some schools, educational institutions and childcare providers may decide to close where there is no need to do this. This power	Delay/Mitigate Phase Activated congruently with the trigger of a local or regional emergency.	These powers by their nature are potentially controversial. For example, there may be concern that the government is not taking health issues seriously, if it directs an institution to stay open, even where the evidence suggests this is the rational approach. There is also a risk that someone falls ill after a direction is issued for the institution to remain open. This is why it will be vital to be responsive and engage closely at the local level, bit before and after a direction is made.

			would enable directions to be issued to them to stay open. It is also necessary to be able to require such schools and educational establishments to re-open in the event they do need to close, again where they may be reluctant to do so. This power also allows the SoS to make secure other establishments, for example, public halls, church halls, to provide these services. If we did not take powers for staff, pupils and teachers to attend different premises, there is a risk that where some schools have closed, they would not be able to attend other premises. This would be a particular risk for students who need to sit exams which will affect their future lives.		
DfE	Schools, further education and childcare settings	Power to require educational institutions and registered childcare providers to temporarily take on additional functions; and for staff or pupils / students to attend	In a RWCS, Local Authorities and other providers may need to set up new education and/or childcare provision or extend provision as far as reasonably practicable. These powers would be needed to stop the spread of the disease and	Delay/Mitigate Phase Several weeks from peak, given the need for time	We expect the sector to welcome this, as part of necessary steps to manage an emergency. However, publically requisitioning non-educational premises may been seen as controversial and private entities

		different premises, to enhance resilience of childcare and education sector.	avoid unnecessary disruption to parents' working lives where provider closures are unwarranted. There may also be a specific need to require education providers to open outside normal hours and/or for non-education providers to make premises available in order to allow exams (eg for GCSEs and A levels) to go ahead.	to reschedule exams.	may want some sort of compensation for this. For the early years this would focus on the suitability of new venues, which would not be subject to the usual pre-opening inspection. Consideration should be given to enforcement, which may be a Parliamentary concern.
Home Office	Suspending port operations	Border Force to direct a port operator, or other relevant person, to suspend operations at a specific port (or ports) if there are insufficient resources to maintain border security.	We have identified a legislative gap to deal with a scenario whereby there are insufficient Border Force resources to operate a minimum viable border control at a port as a direct, or indirect consequence of Covid-19. Where alternative contingency measures are inappropriate or ineffective, this could result in control breaches and a risk to border security (e.g. potential non-detection of national security or criminality threats, importation of drugs or other prohibited items).	Delay/Mitigate Phase Immediately activated upon Royal Assent.	This clause may impact upon, and displace, arriving passengers there may be a degree of concern about the likelihood of disruption. Given the lack of consultation and the absence of a non-legislative remedy, the provisions may be viewed as controversial and disproportionate by port operators and other relevant stakeholders.
MoJ	Expansion of video hearings in court	Enable certain civil proceedings in the magistrates' courts in relation to infection diseases / coronavirus to	Appeals against decisions made under the new quarantine regulations will be heard in magistrates' courts. These powers will allow those proceedings to take place by phone or video, so an	Delay / mitigate phase	These changes are likely to be regarded as sensible and

		be conducted via telephone or video.	appeal can take place without requiring a person with the virus to appear in person.	Immediately activated upon Royal Assent	proportionate as a measure of reducing infection.
MoJ	Expansion of video hearings in court	Expansion of fully video and video-enabled hearings in various criminal proceedings, and public participation in these.	These provisions will enable criminal proceedings to be carried out by video, so that courts can continue to function and remain open to the public, without the need for participants to attend in person.	Delay / mitigate phase Use powers as needed, dependent on pressures on the justice system, particularly in a peak	Whilst these changes are likely to be regarded as sensible and proportionate as a measure of reducing infection, there is a risk of public perception that these methods will influence the progress and outcome of criminal proceedings.
HMT	Lords Commissioner	Flexibility around signatories for the Treasury Commissioners	Flexibility around signatories for the Treasury Commissioners to ensure that the Treasury is not prevented from discharging its functions by the possible unavailability of sufficient Commissioners of Her Majesty's Treasury during a pandemic emergency period.	Delay Phase Immediately activated upon Royal Assent.	N/A
Containing / slowing the virus					
DHSC	Quarantine powers	Powers to place asymptomatic and symptomatic individuals into quarantine for	This provision will incorporate existing regulatory powers into the new Bill. This is necessary as the regulations only apply to	Delay/Mitigate Phase	The previous announcement of the new regulations was reported widely by the media. While some outlets ran

		screening and medical assessment	England, and we are seeking a four-nation approach; the regulations do not contain provision for enforcement by border force officers; and the regulations contain some minor inconsistencies.	Immediately activated upon Royal Assent.	sensationalist headlines suggesting that people would be forcibly detained, coverage was mostly sensible and positively received in the context of protecting people from the virus.
Home Office	Powers for an immigration officer	Powers to enable an immigration officer to detain a person, for a limited period, who is, or may be, infectious and to take them to a suitable place to enable screening and assessment.	The policy aim is to give immigration officers the necessary powers to help halt the spread of Coronavirus where they encounter a person who is, or may be, infectious during the course of their immigration functions. Immigration officers may come into contact with such individuals at the border when dealing with arriving passengers or crew or while exercising immigration enforcement functions in country.	Delay/Mitigate Phase Immediately activated upon Royal Assent.	We would expect the public reaction to be low controversy; although Border Force and Immigration Enforcement officers exercise law enforcement-related powers, these are very limited in respect of British citizens. However, the Covid-19 focus of the provisions and the sunset clause will help mitigate any concerns.
Home Office	Powers for police officers	Powers to detain a person to enable screening and assessment for range of police forces and DAs	The policy aim is to give Police Forces the necessary powers to help halt the spread of Coronavirus where they encounter a person who is, or may be, infectious.	Delay/Mitigate Phase Immediately activated upon Royal Assent.	We would expect the public reaction to be low controversy. While some outlets ran sensationalist headlines suggesting that people would be forcibly detained, coverage was mostly sensible.
DFE	Closure of schools, further education and	Powers to require schools, nurseries, etc to close to control or restrict	Closing such institutions and providers will reduce the risk of the	Delay/Mitigate Phase	Whilst we don't anticipate controversy with the need to have this power, there is likely

	childcare settings	attendance where there is a risk of spreading disease to others.	virus spreading amongst children and students where it is likely that due to the numbers and close proximity in such places, the virus may spread rapidly.	Activated congruently with the trigger of a local or regional emergency.	to be concern with how it will operate in practice and during execution. This is likely to be in line with reaction to emergency measures more broadly in designated areas. For example, people not being able to work because of childcare arranges, particularly where compensation is not available.
DCMS/ DHSC	Mass Gatherings	To be able to stop mass gatherings in the event of a pandemic. Premises are defined as any place, and in particular includes any vehicle, train, vessel or aircraft; any movable structure and any offshore installation.	Measures to prevent mass gatherings that could result in a large number of infections.		Detail tbc - low risk
Northern Ireland	Northern Ireland – public health powers	Clauses to help delay or prevent further transmission of an infectious agent which constitutes a serious imminent threat to public, to bring Northern Ireland into line with the rest of the UK	To bring Northern Ireland into line with the rest of the UK	Delay / mitigate phase Immediately activated on Royal Assent	We do not anticipate these being controversial, as the powers bring Northern Ireland in line with the rest of the UK.
Managing the deceased					

MoJ	Cremation Forms	Removing the need for a confirmatory medical certificate for a cremation to take place.	To enable deaths to be processed more expediently at a time when there may be additional burden from excess deaths and reduced staff (through sickness absence) to manage them.	Delay / mitigate	This could be perceived as removing safeguards, particularly in light of the concerns highlighted in the Shipman Inquiry. However, a balance needs to be struck with the effective management of excess deaths and most effective use of medical practitioners time and are likely to be perceived as proportionate in the event of a significant number of excess deaths..
GRO	Excess Deaths and MCCD signature	Allows registered medical practitioners to provide a medical certificate of cause of death without having attended the deceased.	To enable deaths to be processed more expediently at a time when there may be additional burden from excess deaths and reduced staff (through sickness absence) to manage them. This will free up medical practitioner time to focus on treating the sick.	Delay / mitigate Activate as needed, particularly in advance of a peak	This could be perceived as removing safeguards, particularly in light of the concerns highlighted in the Shipman Inquiry. However, a balance needs to be struck with the effective management of excess deaths and most effective use of medical practitioners time and are likely to be perceived as proportionate in the event of a significant number of excess deaths..
GRO	Death registration	LAs to continue to provide a registration service without the need for face to face contact.	To enable deaths to be registered more expediently and without requiring unnecessary social mixing at a time when we are trying to limit spread of the virus.	Delay/Mitigate Phase Activate as needed, particularly in	Unlikely to be contentious.

				advance of a peak	
GRO	Death registration	A funeral director, who is working on behalf of the family, would be enabled to register the death.	Under normal circumstances, death certificates are completed by an attending doctor. In the event of a pandemic, flexibility is required to enable other senior health professionals to sign off certification, who may not have attended to the patient but are able to confirm cause of death. This clause would impact on deaths from all causes not simply pandemic related mortalities.	Delay/Mitigate Phase	This could be perceived as removing safeguards, particularly in light of the concerns highlighted in the Shipman Inquiry. However, a balance needs to be struck with the effective management of excess deaths and most effective use of medical practitioners' time and are likely to be perceived as proportionate in the event of a significant number of excess deaths.
GRO	Death registration	Allow for the necessary documents needed for a death registration to be provided to a registrar without the need for the document to be posted or the personal attendance at either a register office or elsewhere	To enable deaths to be registered more expediently and without requiring unnecessary social mixing at a time when we are trying to limit spread of the virus.	Delay/Mitigate Phase Activate as needed, particularly in advance of a peak	This could be perceived as removing safeguards, particularly in light of the concerns highlighted in the Shipman Inquiry. However, a balance needs to be struck with the effective management of excess deaths and most effective use of medical practitioners' time and are likely to be perceived as proportionate in the event of a significant number of excess deaths.
GRO	Death registration	To increase the time period that a doctor had previously seen the deceased before their death to 28 days.	To enable deaths to be processed more expediently at a time when there may be additional burden from excess deaths and reduced staff (through sickness absence) to manage them. This will free up	Delay / mitigate phase Activate as needed, particularly in	This could be perceived as removing safeguards, particularly in light of the concerns highlighted in the Shipman Inquiry. However, a balance needs to be struck with the effective management

			medical practitioner time to focus on treating the sick.	advance of a peak	of excess deaths and most effective use of medical practitioners' time and are likely to be perceived as proportionate in the event of a significant number of excess deaths.
MoJ	Coroners	Doctors to not be required to report deaths to coroners on the sole basis that a death certificate was issued by a doctor who did not attend the deceased in their last illness.	A death from Covid-19 would generally be considered a death from natural causes which the coroner has no duty to investigate in most cases. We want to ensure that coroners do not become overburdened with obligations to conduct an unmanageable number of investigations into deaths from natural causes as well as placing additional burdens on pathology services and body storage capacity. If this amendment is not made, non-attending doctors who are able to complete the MCCD in cases of death from Covid-19 would nonetheless be required to report such deaths to the coroner.	Delay/Mitigate Phase Activated on declaration of pandemic.	These changes are likely to be regarded as sensible and proportionate in the event of a significant number of excess deaths which will put considerable strain on coroner services and medical professionals.
Scotland	Certification of Death in Scotland	Suspension of the referral of certificates to the Death Certification Review Service (DCRS) for review in Scotland Certification of Death	A death from Covid-19 would generally be considered a death from natural causes. This would ensure the Death Certification Review Service does not become overburdened, which could also place additional burdens on	At the discretion of Scottish ministers	Detail tbc.

		(Scotland) Act 2011. The timing of the suspension to be at the discretion of Scottish Ministers. This is a devolved matter. (Scotland)	pathology services and body storage capacity.		
Cabinet Office	Measures for dealing with excess deaths	Powers of direction for local authorities	The UK typically deals with roughly 600,000 deaths per year. The current reasonable worst case scenario for Covid-19 is 520,000 additional deaths over a 24 week period. The death management industry will be rapidly overwhelmed. There is a significant gap in body storage requirements to ensure we are prepared for the RWCS.	Delay/Mitigate Phase To be activated on notice of SofS for given regions or local authorities.	There are exceptional measures which we would not use except in an emergency where the situation warranted it. There may be some push back from those subject to direction, and media concern. Their inclusion in the Bill may generate more immediate anxiety over the anticipated scale of the outbreak.
Other					
DWP	Statutory sick pay	Provides the power for regulations to be made regarding the recovery of payments of Statutory Sick Pay (SSP) by employers from HMRC.	In the event of a severe outbreak of Covid-19, the number of people off work would increase significantly. This would include those who are displaying virus-like symptoms, as well as those who are self-isolating as a precautionary measure in accordance with government public health advice. In a stretching scenario, it is possible that up to one fifth of employees may be absent from work during peak	As soon as HMRC have systems in place to operate the scheme.	It is anticipated that this will be welcomed by the business community and reassuring to the public that the government is responding to business pressures. Early estimates put costs at around £2.9 billion.

			weeks. This would present a significant financial burden on employers through increased SSP costs. The legislative changes proposed are intended to provide the ability to provide relief to employers, with the current primary focus being on SMEs. It is being explored as to whether this will be retrospective.		
DWP	Suspension of waiting days	This clause provides the power for regulations to be made to temporarily suspend the waiting days rule. The Social Security Contributions and Benefits Act 1992 section 155 states that Statutory Sick Pay shall not be payable for the first three qualifying days in any period of entitlement.	An important measure in ensuring employees do not attend work in the event of a severe outbreak. There is concern that not paying sick pay for the first three days of sickness absence will encourage people to go into work even if they are sick, or if they are not sick but have been advised to self-isolate. This will reduce the effectiveness of efforts to contain or limit the spread of the virus.	Few weeks from peak.	There has been increasing media criticism of the rule that SSP is not paid for the first three days of sickness absence, including from trade unions. It will place a direct additional financial burden on employers as they will now be liable to pay SSP from day one of sickness (including cases of self-isolation). It will not be possible to differentiate between cases of sickness absence relating to coronavirus or to other sickness reasons. If this measure is linked to the rebate of SSP to employers then the costs to government of providing the rebate could increase.
DHSC	Commencement and sun-setting	Sets out how the Bill will be commenced and the process for sunsetting the clauses, and which may need to remain for a	The option to turn certain measures on or off depending on the latest scientific and clinical advice on what is most effective in managing the virus' impacts,	Emergency legislation for use during period of necessity	On/off options will provide reassurance that the measures will be used proportionately and only as strictly necessary. Mechanism for triggering

		period of time after the pandemic.	enabling the measures to be reactivated if necessary if the virus re-emerges in subsequent "waves" after the peak.	only, with elements being turned on and off	activation and de-activation needs to be agreed by the DAs.
DHSC	Passenger and Patient Information [TBC]	Require passenger information to be provided. Possible enactment of powers to restrict certain GDPR data protection rights	Enable individuals to be contact traced more easily, so measures can be taken to identify and take mitigating actions for any at risk of infection. Restrict certain rights on data protection in relation to the NHS e.g. subject access requests, right to object, requirement for privacy notices to reduce burden on the NHS and support scaling of home working and telemedicine	Immediate. As home working and telemed is scaled for the NHS	Data Protection considerations. Risk of objection from privacy organisations. Could also be done through affirmative regulations under the Data Protection Act. (Other existing powers will be used to e.g. direct sharing of confidential patient information if required for Covid-19 response.)
Northern Ireland	Prescribed Rights	Emergency registration of pharmaceutical chemists and extension of prescribing powers. (Northern Ireland)	Increase flexibility with the workforce should there be either an unprecedented demand or significant numbers of the workforce incapacitated due to the pandemic to enable care to be continued to be supplied to patients access to medicines	When workforce has been significantly impacted or demand for medicine has significantly increased.	
Scottish Governm ent	Provision of Vaccines by Health Board	Consideration to amend, suspend or possibly repeal the operation a restrictive clause, to allow a wider range of health	Enable faster vaccination of eligible cohorts once a vaccine becomes available.	Recovery Phase (likely) Activated when vaccine available.	Minor risk of controversy as to why revision/repeal was required in the first place.

		professionals to administer vaccinations in the event of an outbreak. (Scotland)			
DEFRA	Food industry supply data [newly proposed – seeking a steer from Number 10]	Powers to require the provision of specified information from the food industry if they refused to provide the information voluntarily.	To reserve the powers to require the food industry to provide information, where they do not provide it voluntarily. This would be subject to activation by SI and only used if the food industry refused to provide the information being requested	As soon as the information is considered necessary	The BRC has indicated that their retail members would support the use of the protocol to monitor COVID-19 supply chain risks