

ANNEXE A - EPUT NOTIFYING AND RECORDING DEATH PROTOCOL

1.0 INTRODUCTION

- 1.1 This “Notifying and Recording Death Protocol” forms part of the Trust’s “Procedural Guidelines for Mortality Review”. It should be read in conjunction with those Procedural Guidelines, other Trust guidelines in relation to care of the deceased patient and the Adverse Incident Policy (CP3).
- 1.2 The purpose of this protocol is to set out the actions which should be taken by staff to notify and record deaths of patients / users under the care of the Trust that they become aware of.
- 1.3 This protocol is designed to ensure that there are clear reporting mechanisms in place to enable the Trust to analyse and understand the position in terms of deaths and to ensure that appropriate actions are being taken.
- 1.4 This protocol applies to all staff employed within the Trust either permanent or on a temporary basis and to volunteers.
- 1.5 It should be noted that the CQC Report “*Learning, Candour and Accountability – A review of the way NHS trusts review and investigate the deaths of patients in England December 2016*” identified a number of challenges in terms of the notification and recording of deaths across NHS providers and recommended national solutions be identified. The National Guidance on Learning from Deaths published in March 2017 indicated that national work in this regard is underway. This Protocol will therefore be updated in line with any national developments over time.

2.0 IDENTIFICATION OF DEATHS AND RESPONSIBILITY FOR RECORDING ON TRUST SYSTEMS

- 2.1 Deaths may be identified in a number of ways as follows:
- 2.2 Deaths within **in-patient services** will usually be identified by Trust staff within the in-patient area. In accordance with the Adverse Incident Policy, responsibility for recording the death on the Trust clinical information systems (e.g. Mobius for South Essex Mental Health Services and Learning Disability Services, Paris for North Essex Mental Health Services and Learning Disability Services, SystemOne/ local system for Community Health Services) and on Datix (all Services) will rest with the *Person in Charge at the time of the death (South and West Essex) or the Care Co-ordinator / lead clinician holding responsibility for that patient (North Essex)*.

- 2.3 Deaths of patients in receipt of **community services (mental health, learning disability or community health)** may be notified to the service by a family member, carer, other service provider, through a staff member visiting for a scheduled appointment or via the Coroner's service. On receipt of notification of a death, responsibility for recording the death on the Trust clinical information systems (Mobius for South Essex Mental Health Services and Learning Disability Services, Paris for North Essex Mental Health Services and Learning Disability Services and SystmOne//Mobius/local system for Community Health Services) for all patients and on Datix where appropriate will rest with the *Care Co-ordinator / lead clinician holding responsibility for that patient*.
- 2.4 In addition to the above, a **list of all deaths in the locality area** will be obtained by the Trust *Patient Systems Development Team* from the National Spine at appropriate regular intervals. This list will include all patient deaths recorded by e.g. GPs. For Mental Health Services, this list will be used to automatically update patient records on the Trust's clinical information system Mobius/PARIS. For Community Health Services, the Trust's clinical system SystmOne is linked to the National Spine and is thus automatically updated from the National Spine if a death is recorded by another health provider (e.g. GP etc.).

3.0 RECORDING DEATHS

3.1 IN-PATIENT DEATHS

The Person in Charge at the time of death will be responsible for ensuring that the following recording is undertaken on Trust systems:

3.1.1 South Essex Mental Health / Learning Disability Services

The death must be recorded contemporaneously on **Mobius** episode form 17.2 in accordance with Mobius operational guidance – it is essential that staff record in the summary section at the top of the form that the patient has been “*Discharged*” and that they scroll down the form to record that the reason for discharge is “*Deceased*”. All other necessary fields should also be completed with relevant details. This action will close the record on the EPUT system and mark the patient as deceased.

The death must also be recorded on **Datix** within 48 hours of the time of death in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

3.1.2 North Essex Mental Health / Learning Disability Services

The death must be recorded contemporaneously on Paris in accordance with Paris operational guidance – it is essential that staff record date and cause of death if known. All other necessary fields should also be completed with relevant details. This action will close the record on the EPUT system and mark the patient as deceased.

The death must also be recorded on **Datix** within 48 hours of the time of death in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

3.1.3 Community Health Services

The death must be recorded contemporaneously on the **appropriate clinical information system** for the service (e.g. SystemOne/ Mobius/local system) in accordance with the appropriate operational guidance – it is essential that staff record the episode as “*Discharge*” and the reason for discharge as “*Death*”. All other necessary fields should also be completed with relevant details. This action will close the clinical record on the EPUT system and mark the patient as deceased. A check should be undertaken to ensure that the record has been closed and that any future clinical appointments in the system are cancelled.

The death must also be recorded on **Datix** within 48 hours of the time of death in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

3.2 DEATHS IN THE COMMUNITY

3.2.1 South Essex Mental Health / Learning Disability Services

The Care Co-ordinator or lead responsible clinician (when the patient does not have a Care Co-ordinator) will be responsible for ensuring that the death is recorded contemporaneously on **Mobius** episode form 17.2 – it is essential that staff record in the summary section at the top of the form that the patient has been “*Discharged*” and that they scroll down the form to record that the reason for discharge is “*Deceased*”. All other necessary fields should also be completed with relevant details. This

action will close the record on the EPUT system and mark the patient as deceased.

For the following designated deaths:

- Any deaths in a community setting of a patient with a recorded learning disability.
- Any deaths of a patient in a community setting which potentially meet the criteria for a Serious Incident (see Adverse Incident Policy CP3 for more information).
- Any deaths of a patient in a community setting for which staff have raised a significant concern about the quality of care provision.

the Care Co-ordinator or lead responsible clinician (when the patient does not have a Care Co-ordinator) will also record the death on **Datix** within 48 hours of notification in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

The following deaths will also require a Datix report; however any deaths falling into these categories will be identified by the Risk / Serious Incident teams and the relevant team will be contacted with a request to make a Datix report.

- Any patient deaths in a community setting which have been the subject of a formal complaint and / or claim by bereaved families and carers.
- Any deaths of patients deemed to have a severe mental illness in a community setting. For the purposes of this policy, this will be deemed to be any patient with a psychotic diagnosis (schizophrenia or delusional disorder) recorded on electronic clinical record systems who is recorded as having been under the care of the Trust for over 2 years.

It is likely that further categories of patient deaths will be incorporated into Datix reporting requirements over time - these additions will be notified to staff via staff briefings and updating of this Annexe held on the intranet.

3.2.2 North Essex Mental Health / Learning Disability Services

The Care Co-ordinator or lead responsible clinician (when the patient does not have a Care Co-ordinator) will be responsible for ensuring that the death is recorded contemporaneously on **Paris** – it is essential that staff record date of death and cause of death if known. All other necessary fields should also be completed with relevant details. This action will close the record on the EPUT system and mark the patient as deceased.

For the following designated deaths:

- Any deaths in a community setting of a patient with a recorded learning disability.
- Any deaths of a patient in a community setting which potentially meet the criteria for a Serious Incident (see Adverse Incident Policy CP3 for more information).
- Any deaths of a patient in a community setting for which staff have raised a significant concern about the quality of care provision.

The Care Co-ordinator or lead responsible clinician (when the patient does not have a Care Co-ordinator) will also record the death on **Datix** within 48 hours of notification in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

The following deaths will also require a Datix report; however any deaths falling into these categories will be identified by the Risk / Serious Incident teams and the relevant team will be contacted with a request to make a Datix report.

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It is likely that further categories of patient deaths will be incorporated into Datix reporting requirements over time - these additions will be notified to staff via staff briefings and updating of this Annexe held on the intranet.

3.2.3 Community Health Services

The clinician with lead responsibility for the patient will be responsible for ensuring that the death is recorded contemporaneously on the **appropriate clinical information system** for the service (e.g. SystmOne/ Mobius/local system) in accordance with the appropriate operational guidance – it is essential that staff record the episode as “*Discharge*” and the reason for discharge as “*Death*”. All other necessary fields should also be completed with relevant details. This action will close the record on the EPUT system and mark the patient as deceased.

For the following designated deaths:

- Any deaths in a community setting of a patient with a recorded learning disability.
- Any deaths of a patient in a community setting which potentially meet the criteria for a Serious Incident (see Adverse Incident Policy CP3 for more information).
- Any patient deaths in a community setting for which staff have raised a significant concern about the quality of care provision.

The clinician with lead responsibility for the patient will also record the death on **Datix** within 48 hours of notification in accordance with Datix guidance ensuring that all fields are completed with as much information as possible. Please refer to Section 7 below in terms of the minimum datasets to be completed and also the Adverse Incident Policy (CP3) for more information about reporting requirements.

The following deaths will also require a Datix report; however any deaths falling into these categories will be identified by the Risk / Serious Incident teams and the relevant team will be contacted with a request to make a Datix report.

- Any patient deaths in a community setting which have been the subject of a formal complaint and / or claim by bereaved families and carers.
- Any deaths of patients deemed to have a severe mental illness in a community setting. For the purposes of this policy, this will be deemed to be any patient with a psychotic diagnosis (schizophrenia or delusional disorder) recorded on electronic clinical record systems who is recorded as having been under the care of the Trust for over 2 years.

It is likely that further categories of patient deaths will be incorporated into Datix reporting requirements over time - these additions will be notified to staff via staff briefings and updating of this Annexe held on the intranet.

3.3 NATIONAL SPINE IDENTIFIED DEATHS**3.3.1 North and South Essex Mental Health / Learning Disability Services**

The *Patient Systems Team* will update the patient record on Mobius/PARIS for any deceased patients identified directly from the spine. Their record will therefore be closed and marked as deceased. These patient deaths in MHS are not currently reported on Datix and thus are not considered via the review of individual deaths processes undertaken by the Deceased Patients Review Group. However deaths of patients with a learning disability in this category must be reported on Datix to ensure that they are referred into the national review programme.

3.3.2 Community Health Services

The National Spine is linked to some of the Trust's clinical information systems for Community Health Services (e.g. SystmOne). Where this is the case, the patient record will be automatically updated to record the patient as deceased. This will appear as a "task" the next time that the patient record is opened. Action should be taken in accordance with SystmOne guidance to action the closure of the record. These patient deaths are not currently reported on Datix and thus are not considered via the review of individual deaths processes undertaken by the Deceased Patients Review Group. The processes followed to ensure timely update of records of death for other clinical information systems in use in Community Health Services are being established.

3.4 CONNECTIVITY WITH OTHER TRUST SYSTEMS**South Essex**

3.4.1 Any deceased patients will automatically be marked on the appointments system for Mental Health patients (Q-Flow) to cancel and remove all future appointments which might have been scheduled. This ensures that inappropriate correspondence is not automatically generated and sent to deceased patients.

3.4.2 Appointments are automatically cancelled and removed for Community Health Services patients upon closure of their SystmOne record as above. Staff in Community Health Services using other clinical information systems should ensure that future appointments are cancelled via the appropriate method.

North Essex

3.4.3 On Paris, staff should record the client as deceased and tick "Notify Involved Staff". This section can be found in Central Index/ Additional Details. This then changes the person's "status" in the header to read Person Name, Paris I.D, PERSON DECEASED. If there are any future appointments booked, they remain on the system. If staff try to amend the appointment a message appears informing staff the person is deceased. Staff will have the option to continue amending the appointment. However there is an audit trail of any changes made to Staff Diary which is visible to all staff.

4.0 ADDITIONAL NOTIFICATION REQUIREMENTS FOR:

- **UNEXPECTED DEATHS**
- **DEATHS OF PATIENTS DETAINED UNDER THE MENTAL HEALTH ACT (MHA) OR DOLS**

- 4.1 Any unexpected death of a patient currently under the care of EPUT or who had been under the care of EPUT within the previous 6 month period potentially meeting Serious Incident criteria will be notified to the Serious Incident team via Datix or via a telephone call. All in-patient deaths will also be notified to the Serious Incident team in the same way. They will be referred by the SI team to the Executive Medical Director and Executive Nurse for consideration and determination as to whether the death meets the criteria to be designated as a "Serious Incident". In these cases, the "Adverse Incident Policy including Serious Incidents" CP3 will then be followed.
- 4.2 It is the responsibility of the person certifying a patient death to notify the Coroner if the patient is detained under the Mental Health Act or DOLS, to ensure that a Datix is completed and that the Serious Incident Team are made aware to enable them to liaise with the Coroner. The Responsible Clinician must notify the Coroner of any patient who dies whilst under a Community Treatment Order and must inform the Serious Incident Team.
- 4.3 Patients who die whilst detained under the Mental Health Act (including CTO's) should also have their death reported to the Mental Health Office to ensure that correct notification and legal documents are completed.
- 4.4 The Adverse Incident Policy and Procedural Guideline (CP3) should be referred to as this contains further information in terms of the reporting requirements for unexpected deaths and for deaths of patients detained under the MHA or DOLs.

5.0 NOTIFICATION OF DEATHS TO OTHER SERVICE PROVIDERS WITHIN EPUT

- 5.1 Staff should wherever possible appropriately notify other services within EPUT who were providing services to the deceased patient of their death so that other clinical systems can be updated if necessary and appointments removed.
- 5.2 The Trust will continue exploring whether there are possible automated solutions for appropriately sharing death information on an individual patient basis across services within the Trust when a patient has been in receipt of multiple services.

6.0 NOTIFICATION OF DEATHS TO OTHER NHS SERVICES PROVIDERS EXTERNAL TO EPUT

- 6.1 There is no established IT system method for routinely directly notifying other service providers external to EPUT. Staff are encouraged to notify other known health / social care providers where it is possible to do so within the Trust's Information Governance policies and procedures. If staff are in any doubt about whether it is appropriate to notify, they should contact the Information Governance function in the Trust for advice.
- 6.2 Under the national guidance, on the death of an inpatient it is essential that the deceased patient's General Practitioner (GP) is informed of the death and provided with details of the death as stated in the medical certificate at the same time as the family or carers. It will be the responsibility of the staff member who advises the family or carers to ensure that this requirement to notify the patient's GP at the same time is fulfilled as soon as reasonably practicable. Notification to the GP should usually be either by telephone or by email to ensure timely notification. This will be followed up by forwarding the discharge summary to the GP, usually within 24 hours of the death.
- 6.3 It is understood from the National Guidance on Learning from Deaths March 2017 that national work is being taken forward as a result of the CQC Report "Learning, Candour and Accountability" to strengthen processes for sharing information, including national IT solutions. The Trust will therefore await the outcome of national consideration of this issue and make further developments accordingly.

7.0 MINIMUM DATA SETS

- 7.1 In order to ensure that the Trust is able to review deaths on an individual basis and for mortality surveillance, minimum data sets have been agreed as follows:

The **Deceased Patient Review Group (DPRG)** will receive from the risk team on a monthly basis the following dataset (from Datix) for each death that has not been closed:

1. Degree of harm (i.e. death)
2. Whether it is deemed an SI
3. Type of investigation
4. Ref
5. Type
6. Role
7. Forenames
8. Surname
9. Date of birth
10. Incident date
11. Category
12. Sub-category
13. Diagnosis
14. Description
15. Action taken
16. Action taken (investigation)
17. Cause of death
18. Area
19. Team name
20. Team base
21. Was the service user detained under the MHA / CTO?
22. Was a DNA CPR in place?
23. Date of death
24. Form approved by the Deceased Patient Review Group
25. Type of Death (Category)
26. Date form approved by the Deceased Patient Review Group (Category)
27. Type of death (degree of harm)
28. Date form approved by the Deceased Patient Review Group (Degree of Harm)

The **Mortality Dashboard** currently contains the following information:

1. Date of death
2. NHS number
3. Datix reference
4. Total death count
5. Whether recorded on PAS
6. Division

7. Service
8. Location of death (e.g. if transferred to acute secondary care)
9. Age
10. Sex
11. Ethnicity
12. Category/Type of death
13. MHA status
14. Grade of review / investigation
15. The extent to which the death was deemed to be “due to a problem in care”
16. Whether the patient was under the care of other Trust services
17. Which other authorities had been informed (e.g. CQC, coroner)
18. Diagnosis (e.g. cluster, primary, secondary etc.)
19. Life-limiting factors (e.g. >75, COPD, Cardiac, Cancer, Diabetes, EOL)
20. Client start date
21. Whether the review / investigation is open / closed
22. Date the death was closed
23. Cause of death (where known)
24. Whether the death has been referred to the LeDeR programme
25. Reason for inclusion on the dashboard (e.g. complaint, staff concern, SMI etc.)

7.2 The above minimum datasets may be amended by the Mortality Review Sub-Committee at any time based on learning from experience. Any such fields will be denoted as mandatory for completion on Trust information systems where possible / appropriate.

7.3 Staff are therefore required to complete information onto the Trust’s information systems (clinical information systems and Datix) as fully as possible to ensure that the above information is available to be extracted from the information systems for analysis.

8.0 GUIDANCE AND ADVICE

8.1 User guides for the Trust’s information systems are held on the Trust’s intranet site together with relevant contact details for assistance / advice. Please follow this link to access guidance notes for completion of a death on Datix: [Link](#)

8.2 For information, please find below telephone helplines / email addresses available for staff to access advice in terms of recording on the Trust’s main information systems:

Mobius: Trainers - [REDACTED] / [REDACTED]
[REDACTED]
[REDACTED]

CPG64 - MORTALITY REVIEW PROCEDURAL GUIDELINES - ANNEXE A

SystemOne: Bedfordshire – ([REDACTED])

South East Essex – ([REDACTED])

West Essex – ([REDACTED])

Paris: 1. Call the Support Desk Telephone Numbers: External Number - ([REDACTED]) Internal Number - (5702) 4561 or 2. Log a Call with the Self-Service Portal.

Datix: ([REDACTED])

9.0 PROTOCOL REVIEW

9.1 Any amendments to this protocol will be submitted to the Mortality Review Sub-Committee for approval.

APPROVED BY THE MORTALITY REVIEW SUB-COMMITTEE: October 2018

REVIEW: October 2020

ENDS