

TRUST-WIDE CLINICAL POLICY DOCUMENT

**POLICY AND PROCEDURE FOLLOWING THE DEATH OF A
SERVICE USER REGISTERED WITH MERSEY CARE NHS
FOUNDATION TRUST**

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2017 – Version 4

**Quality, recovery and
wellbeing at the heart
of everything we do**

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POLICY AND PROCEDURE FOLLOWING THE DEATH OF A SERVICE USER REGISTERED WITH MERSEY CARE NHS FOUNDATION TRUST

Further information about this document:

Document name	POLICY AND PROCEDURE FOLLOWING THE DEATH OF A SERVICE USER (SD02)
Document summary	The way staff manage the death of a Service User and how they support relatives is set out in this policy and procedure. The effective management of a death and the support provided to their families is of primary importance and can help all those involved gain resolution and come to terms with their loss in a safe and natural way. This Policy has been developed to provide a systematic approach to maintaining compliance with all guidance on this area. The Francis Report outlined several standards that should be met when a person who has been receiving in-patient care dies which relate to the certification of death and the assessment of whether all could have been done to either prevent the death or improve on the care of that person during the terminal stages of their life. The same standards also apply to Service Users in the community.
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Version 4 February 2017/ March 2017	Policy Group Executive Committee	February 2017 (Equality and Diversity Analysis reviewed in March 2017. The rest of the policy and procedure remains unaltered from approved and uploaded version following ratification by the Policy group in February 2017)

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Section	Page No
1. PURPOSE AND RATIONALE	7
2. OUTCOME FOCUSED AIMS AND OBJECTIVES	7
3. SCOPE	9
4. DEFINITIONS (Glossary of Terms)	9
5. DUTIES	11
6. PROCESS	12

Sub Section	Sub Heading	Page
6.1 to 6.12	Overview	13
6.13	For ALL Deaths	16
6.14	For all Expected Deaths that do NOT carry Death in State Detention Status	16
6.15	For all Unexpected Deaths, Unexplained Deaths, Violent Deaths and Death in State Detention Cases	17
6.16	Deaths that Occur whilst the Service User is Resident in the Community	18
6.17	Disposal of the Body	19
6.18	Infection Control Procedures	19
6.19	The Service User's Property	20
6.20	Supporting Relatives, Staff and Other Service Users (General)	20
6.21	Support – Special Faith needs of the Dying/Dead person	21
6.22	Support – The Next of Kin of the Deceased	21
6.23	Support – The Ward Community	22
6.24	Support – Staff Affected by the Death	22
6.25	Notification of Victims	22
6.26	Accessing and Submitting the Documentation	23
6.27	External Agencies – Contact Details	24
6.28	Media Interest	27
6.29	Review of Deaths – General Information	27
6.30	Review of Deaths – Commissioning the appropriate level of individual investigation	28
6.31	Review of Deaths – Serious Care Reviews	28
6.32	Coroner Involvement - Liaison	29
6.33	Coroner Involvement – Medical Implications	29
6.34	Inquests – The Role of the Coroner	29
6.35	Preparing for an Inquest	30
6.36	The Coronial Investigation - General	30
6.37	The Coronial Investigation – The Request from H.M Coroner	30
6.38	The Coronial Investigation – Preparing a Statement	30
6.39	The Coronial Investigation – Before the Inquest	31
6.40	The Coronial Investigation – Attending Court and Giving Evidence	32
6.41	The Coronial Investigation – The Conclusion of the Inquest	32
Sub Section	Sub Heading	Page

6.42	The Coronial Investigation – Prevent Future Deaths Report (PFDs)	33
6.43	The Coronial Investigation – Feedback	33

1

7.	CONSULTATION	33
8.	TRAINING AND SUPPORT	33
9.	MONITORING	33
10.	APPENDICES	

Appendix	Title	Page
Appendix 1	Care of the Dying and Death Customs according to Cultural and Religious Beliefs	34
Appendix 2	Notification of Death of a Service User (to the Court of Protection) – Template Letter	40

11.	EQUALITY AND HUMAN RIGHTS ANALYSIS	41
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1. PURPOSE AND RATIONALE

- 1.1 This document explains:
- Why the policy is necessary.
 - To whom it applies and where and when it should be applied.
 - The underlying belief upon which the policy is based.
 - The standards to be achieved.
 - How the policy standards will be met through working practices.
- 1.2 Within any NHS setting it is inevitable that there will be instances when deaths of Service Users occur. The purpose of this policy and procedure is to ensure that Mersey Care NHS Foundation Trust handles these situations in an appropriate manner. It has established a framework to ensure:
- Relatives and carers are informed as soon as possible.
 - The CQC, Police and Coroner are notified as appropriate and 'without delay'.
 - Death certificates are appropriately issued.
 - All required documentation (eg Care Quality Commission notifications, Datix forms etc) are completed 'without delay'.
 - Any sudden, unexpected or suspicious deaths are investigated.
 - Any necessary arrangements are made with the Coroner and appropriate funeral directors.
 - Religious needs are met and religious strengths are engaged to support recovery.
 - Other Service Users are supported in a timely manner.
- 1.3 The policy and procedure applies to all deaths of Service Users registered with Mersey Care NHS Foundation Trust.
- 1.4 This policy and procedure is based on the belief that all deaths should be managed in a dignified manner with respect for all individuals and their beliefs.
- 1.5 Mersey Care NHS Foundation Trust recognises that all sections of society may experience prejudice and discrimination.
- 1.6 This can be true in service delivery and employment.
- 1.7 The Trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a large employer.
- 1.8 The Trust believes that all people have the right to be treated with dignity and respect. The Trust is working towards, and is committed to the elimination of unfair and unlawful discriminatory practices.
- 1.9 All employees have responsibility for the effective implementation of this policy. They will be made fully aware of this policy and without exception must adhere to its requirements.
- 1.10 Mersey Care NHS Foundation Trust is also aware of its legal duties under the Human Rights Act 1998 (including Article 2 – Right to Life and Article 8 Right to a Private and family Life).

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 In the sad event of a Service User dying, the deceased will be accorded the respect and dignity required at this sensitive time. Consideration will be given to the patient's

- spiritual, cultural and religious wishes, and to any special requests made by the patient and/or their family (See End of Life Policy, SD47)
- 2.2 Prior to death, the Service User/family should be offered a chaplaincy referral (See End of Life Policy, SD47)
 - 2.3 In every case of the death of a Service User within in an inpatient setting, the Service User's nearest relative and person with whom they had closest contact should be informed as soon as possible after confirmation of death.
 - 2.4 When the Multidisciplinary Team (MDT) believe that the time of death may be imminent, they must monitor the situation very closely. In the event of a Service User with a current '*Do Not Attempt Cardio Pulmonary Resuscitation Order* (DNACPR)' suffering a cardiac arrest, the MDT must ensure that death occurs naturally without clinical interference.
 - 2.5 The senior members of the clinical team, including the on-call Consultant are to be contacted immediately.
 - 2.6 If there is any doubt about the situation staff have a professional responsibility to follow normal procedures for resuscitation. Where a decision has been made not to resuscitate, this should be recorded in both the Service User's records or the designated DNACPR Form located in Epex/PACIS and via the Trust's incident reporting system. (see *Policy and Procedure for Resuscitation (SD07)*)
 - 2.7 When a Service User is known to be suffering from a terminal illness the clinical team must develop a care plan to cover issues that will arise at time of death and thereafter.
 - 2.8 In accordance with 2.4 above: Wherever practicable, any decision to withhold life-saving treatment for a Service User must be incorporated into the care-plan.
 - 2.9 In addition, and again wherever practicable, any decision to withhold life-saving treatment for a Service User lacking capacity to consent to the same must be supported by a Mental Capacity Act (MCA) compliant capacity assessment and best interest checklist assessment.
 - 2.10 Completion of the best interest checklist assessment will include taking all practicable steps to ensure that there is no valid Advance Decision, Lasting Power of Attorney (LPA) Health and Welfare decision or any Court of Protection decision that prohibits the withholding of life-saving treatment.
 - 2.11 Where it is thought that any of the above decisions do exist, staff are advised to contact the Trust's legal team to ensure that such decisions are still valid at the time the decision needs to be made.
 - 2.12 The death of a Service User detained under the Mental Health Act 1983 is regarded as a '*death in state detention*' by the coroner.
 - 2.13 Currently, *death in state patient status* also applies to those Service Users who are detained under a Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) order.
 - 2.14 The coroner also has discretion to consider those Service Users who are:-

- In general-hospitals whilst continuing to be legally detained under the Mental Health Act 1983.
- In receipt of a Community Treatment Order (CTO).
- Conditionally discharged under Part 3 of the Mental Health Act 1983.

2.15 In all of points 2.8. 2.9 and 2.10 above, the Coroner, Police and Care Quality Commission should be notified. Advice should be sought from the Trust Legal Adviser as to how the Coroner is investigating a death in these circumstances.

3. SCOPE

3.1 All staff (both clinical and non clinical) have a general responsibility to act in accordance with this policy and in accordance with the needs of the deceased's family and friends at such a difficult time. In addition, specific legal responsibilities with respect to the death of a detained patient must be understood and observed as detailed in Section 5 below.

3.2 Ashworth Hospital has its own policy for patient deaths, which is in line with this Trust-wide policy, but includes the additional, specific details for managing patient deaths in high secure services.

4. DEFINITIONS (Glossary of Terms)

No	Term	Definition
1	Advance Decision	A legally binding decision to refuse medical treatment made by a person at a time when they have the mental capacity to do so. It takes effect once the person is no longer able to make informed decisions about the treatment in question (NB: Decisions to request medical treatment or to request/refuse anything else are NOT Advance Decisions. They should be given due consideration but are not legally binding and may be over-ruled on best interest principles.
2	Category of Death	<i>The Coroner's Act 2013 categorises the following deaths as those that must be subject to an Inquest:- Unnatural Death, Unexpected Death, Unexplained death, Violent Death and Death in State Detention.</i> The Trust uses these terms but has broadened the categories to include <i>Expected Deaths</i> which is defined as a death that is anticipated to occur within the foreseeable future (eg terminal care cases). Note that standards of care for end of life practice are clearly stated in the Trust's <i>End of Life Policy (Ref SD01)</i> .
3	Conditional Discharge	A Mental Health Act 1983 term. It refers to section 42 of the Act where the Secretary of State authorises discharge (subject to specified conditions) from detention with added restrictions (eg s.37/41. 47/49 etc). Breach of these conditions authorises recall to hospital of that patient (hence the term <i>conditional discharge</i>). Where a Service User dies whilst in receipt of a Conditional Discharge the Care Quality Commission, Police and Coroner must be informed. Trust staff must confirm that the Coroner is aware that the Service User was in receipt of a Conditional Discharge at the time of death.
No	Term	Definition

4	CQC	Abbreviated term for the Care Quality Commission.
5	CTO	Abbreviated term for <i>Community Treatment Order</i> (sometimes referred to as <i>Supervised Discharge</i>). Where a Service User dies whilst in receipt of a CTO the Care Quality Commission, Police and Coroner must be informed. Trust staff must confirm that the Coroner is aware that the Service User was in receipt of a CTO at the time of death.
6	Death in State Detention	A term used where a Service User dies whilst detained under the Mental Health Act (including Community Treatment Orders and Conditional Discharge Orders) or one of the Mental Capacity Act's Deprivation of Liberty Orders (ie Deprivation of Liberty Safeguards, Court of Protection Order). Where this occurs there will be an inquest and the death must be reported to the Coroner, Police and Care Quality Commission. Trust staff must confirm that the Coroner is aware that the Service User was in receipt of State Detention at the time of death.
7	DoLS	Abbreviated term for the <i>Deprivation of Liberty Safeguards</i> . This is a Mental Capacity Act 2005 detention order for hospital in-patient/registered care home managed Service Users who lack capacity, are being deprived of their liberty but do not meet the criteria for detention under the Mental Health Act 1983. A DoLS order authorises the detention but any care and treatment administered whilst under detention can only be authorised through continued mental capacity and best interest checklist assessments.
8	LPA	Abbreviated term for <i>Lasting Power of Attorney</i> . This is a Mental Capacity Act term. It refers to a person with capacity identifying a person or persons to make decisions on their behalf at a point in the future when they lack capacity. Decisions made by LPAs are <i>usually</i> legally binding. LPAs may be identified as either Welfare LPAs or Finance and Property LPAs. Welfare LPAs are authorised to make decisions about medical treatment as if they were the Service User. However, there are limitations and if in doubt the Trust's Legal team should be consulted.
9	Life Saving Treatment	Any therapeutic intervention administered (usually in an emergency) for the express purpose of preventing death (eg resuscitation following cardiac arrest). Strict rules govern the withholding of life-saving treatment. An Advance Decision (see above) could authorise the withholding of the treatment but it must be written, witnessed, signed and include a statement acknowledging that refusal of the treatment may cause premature death.
10	MCA	Abbreviated term for the Mental Capacity Act 2005.
11	MHA	Abbreviated term for the Mental Health Act 1983.
12	Part 3	Refers to Part 3 (also written as Part III) of the Mental Health Act 1983 and covers sections relating to criminal detentions in hospital for the purpose of assessment, care and or treatment of mental disorder.
13	Registered Service User	<i>Any person who has, or has had, an episode of care with Mersey Care NHS Foundation Trust. This includes Service Users who have previously been treated by the Trust but no longer are.</i>
No	Term	Definition
14	Without	This is a term used by the CQC when setting time limits for the

	delay	<p>completion and return of statutory notifications (eg completion and return of <i>Notification of death of a patient liable to be detained</i>, etc). The term is defined by the CQC as:-</p> <p>“ ‘Without delay’ is the timescale requirement for a number of notifications. It means exactly what it says – that providers should submit their notification as quickly as possible after the event has happened.” (CQC <i>Statutory Regulation N^o 16</i>). It replaces previous statutory time limits set by the CQC’s predecessor (the Mental Health Act Commission or MHAC) which used to state <i>within 24 hours</i>. It should not be assumed that <i>without delay</i> means that the previous time limit of 24 hours may be exceeded.</p>
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5. DUTIES

5.1 The Chief Executive

The Chief Executive is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations.

5.2 The Executive Director of Nursing

The Executive Director of Nursing is the accountable director responsible for the development of this policy and to ensure that it complies with all relevant standards and criteria where applicable. They are also responsible for trust-wide implementation and compliance with the policy.

5.3 The Divisional Chief Operating Officers

5.3.1 The Divisional Chief Operating Officers have responsibility for ensuring staff are aware of the procedures to be followed in the event of a death whether expected, unnatural, unexpected, unexplained or violent and that these procedures are followed. Procedures will vary from site to site in accordance with local arrangements. However the general principles to be followed are stated here:

5.3.2 Ensure effective immediate action following the death, which will include actions by members of the clinical team and duty staff. The responsibility thereafter for ensuring completion of procedures and dealing with issues arising from the Service User’s death rests with local managers and members of the Clinical Team.

5.3.3 Immediate action must be taken to collect, secure and safeguard all records (both electronic and paper).

5.3.4 Ensure prompt and sensitive notification to the deceased Service User’s friends and family, and those staff who were involved in his / her care and treatment. In general this is the responsibility of the Responsible Clinician (Consultant Psychiatrist) in charge of the care of the deceased person or his / her deputy. In practice, senior nursing staff after discussion with medical staff may carry out this role.

5.4 Modern Matrons

5.4.1 The Modern Matrons will agree with the clinical team who will be the nominated liaison person for the relatives to ensure they are given support from the time the death occurs until the funeral and to continue offering support at least until the inquest.

5.4.2 The Modern Matron and or Liaison Nurse will discuss with family if it is appropriate for staff to attend the funeral. If the family would like staff to attend and staff feel able to attend then this will be fully supported by the Trust and will see it as part of their normal working hours.

5.5 The Director of Patient Safety

The Director of Patient Safety will determine the appropriate level of inquiry and the terms of reference under the Trust's Incident Review and facilitate a mortality review process in accordance with national guidance.

5.6 The Trust Safeguarding Team

The Trust Safeguarding Lead on undertaking an internal management review (IMR) following the death /serious injury of a child. The Trust safeguarding leads represent the organisation on serious case reviews.

5.7 The Spiritual and Pastoral Care Team

The Spiritual and Pastoral Care Team support staff, carers and other Service Users in managing the death. They may advise on the rituals and customs in preparation of death according to cultural and religious beliefs. They can be particularly valuable in breaking bad news to Service Users, carers, volunteers and staff on the wards

5.8 The Trust Legal Advisor

The Trust Legal advisor is to provide advice around the process for investigating deaths of a detained Service User. Advice should be sought from the Trust Legal Advisor as to how the Coroner is investigating a death in these circumstances.

5.9 The on call Doctor

The on call Doctor to verify and confirm the death and the appropriate doctor should certify the death (see 6.5 below).

5.10 Mortality Review Group

5.11 Ward Manager

The Ward Manager is responsible for ensuring that the deceased patient's property etc is appropriately gathered ready for collection by their next of kin.

5.12 Consultant Psychiatrist

The consultant psychiatrist is responsible for ensuring that the deceased patient's family is notified of the death. In addition, the consultant psychiatrist must also ensure that identified past victims are notified of the death.

6 PROCESS

6.1 In all cases, and at the earliest possible stage, staff should assess the impact on other Service Users including those who may have had a particular close relationship with the deceased or otherwise be particularly affected by the death. This will include arranging additional support or other measures as appropriate, such as additional

pastoral or psychological support. Such dynamic risk reviews should be part of the continuing care planning for all patients.

- 6.2 Service User deaths are categorized in a number of ways. The Coroner's Act 2013 categorises those types of death that require the Police to be contacted, the Coroner to be notified and an inquest held. These deaths are referred to as , Unnatural Death, Unexplained Death, Violent Death and Death in State Detention.
- 6.3 *Death in State Detention* applies to any Service User who dies whilst detained under either the *Mental Health Act 1983* or under one of the *Mental Capacity Act's Deprivation of Liberty orders* - eg *Deprivation of Liberty Safeguards, Court of Protection Order etc.* *Death in State Detention* may occur in any one of the above four categories and, irrespective of the category, will always be subject to an inquest.
- 6.4 Diagram 1: Specific Distinction between State Detention and Non State Detention Deaths

Type of Death	Detention Order	How to contact the CQC
Death in State Detention	MHA Section 2	<i>CQC Form: Notification of Death of a Patient liable to be detained</i>
	MHA Section 3	
	MHA Section 4	
	MHA Section 5(2)	
	MHA Section 5(4)	
	MHA Section 7 Guardianship	
	MHA Section 17A (CTO)	
	MHA Section 35	
	MHA Section 36	
	MHA Section 37	
	MHA Section 37/41	
	MHA Conditional Discharge	
	MHA Section 38	
	MHA Section 45A	
	MHA Section 47	
	MHA Section 47/49	
	MHA Section 48	
MHA Section 48/49		
MHA Section 136		
No State Detention	MCA Deprivation of Liberty Safeguards	<i>Strategic Executive Information Systems (Steis Report)</i>
	MCA Court of Protection Order	
No State Detention	MHA Section 131 (Informal In-patient)	<i>CQC Form: Notification of Death of a Patient using the service (not detained)</i>
	MCA General Powers Sections 5 & 6	

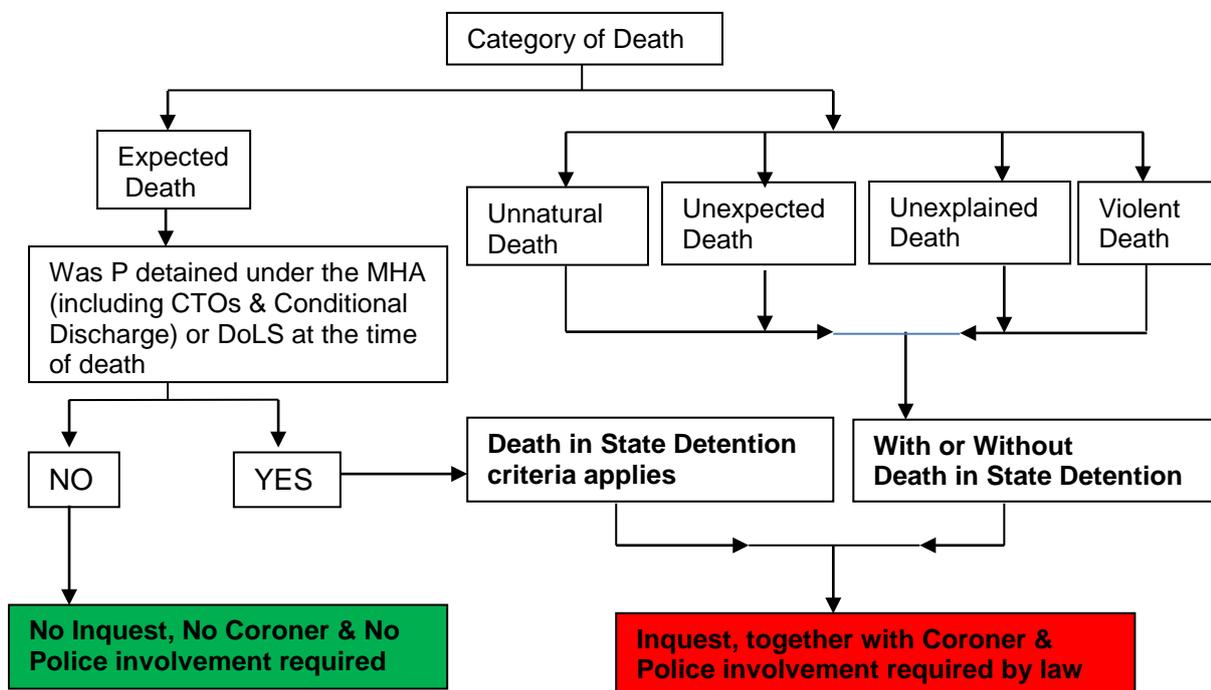
- 6.5 The Staff member on duty responsible for the team at the time of the patient's death must confirm that the CQC, Police and Coroner have been informed of: (a) that a Service User has died whilst in State Detention, and (b) what the specific detention order is, eg MHA section 3, CTO, Conditional Discharge etc.
- 6.6 The Staff member on duty responsible for the team at the time of the patient's death must also confirm that the Police and Coroner have been informed that a Service User has died whilst in State Detention, where that State Detention is detention under the Deprivation of Liberty Safeguards or the Court of Protection (**NB: currently there is no statutory requirement to inform the CQC other than through a Steis Report**).
- 6.7 The Trust also has to consider circumstances where death is anticipated or expected since the process for dealing with this type of death may differ from the rest (provided

that the Service User is NOT detained at that time. Consequently, The Trust categorises death as follows:-

1. Expected Death (further sub-categorised as those that include Death in State Detention and those that do not).
2. Unnatural Death.
3. Unexpected Death.
4. Unexplained Death.
5. Violent Death.
6. Death in State Detention.

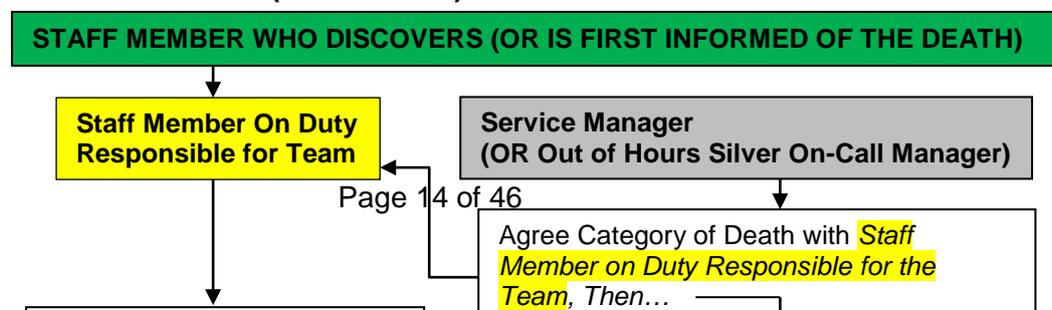
(See 6.8 Diagram 2, 6.9 Diagram 3, & 6.17.2 Diagram 4 below):-

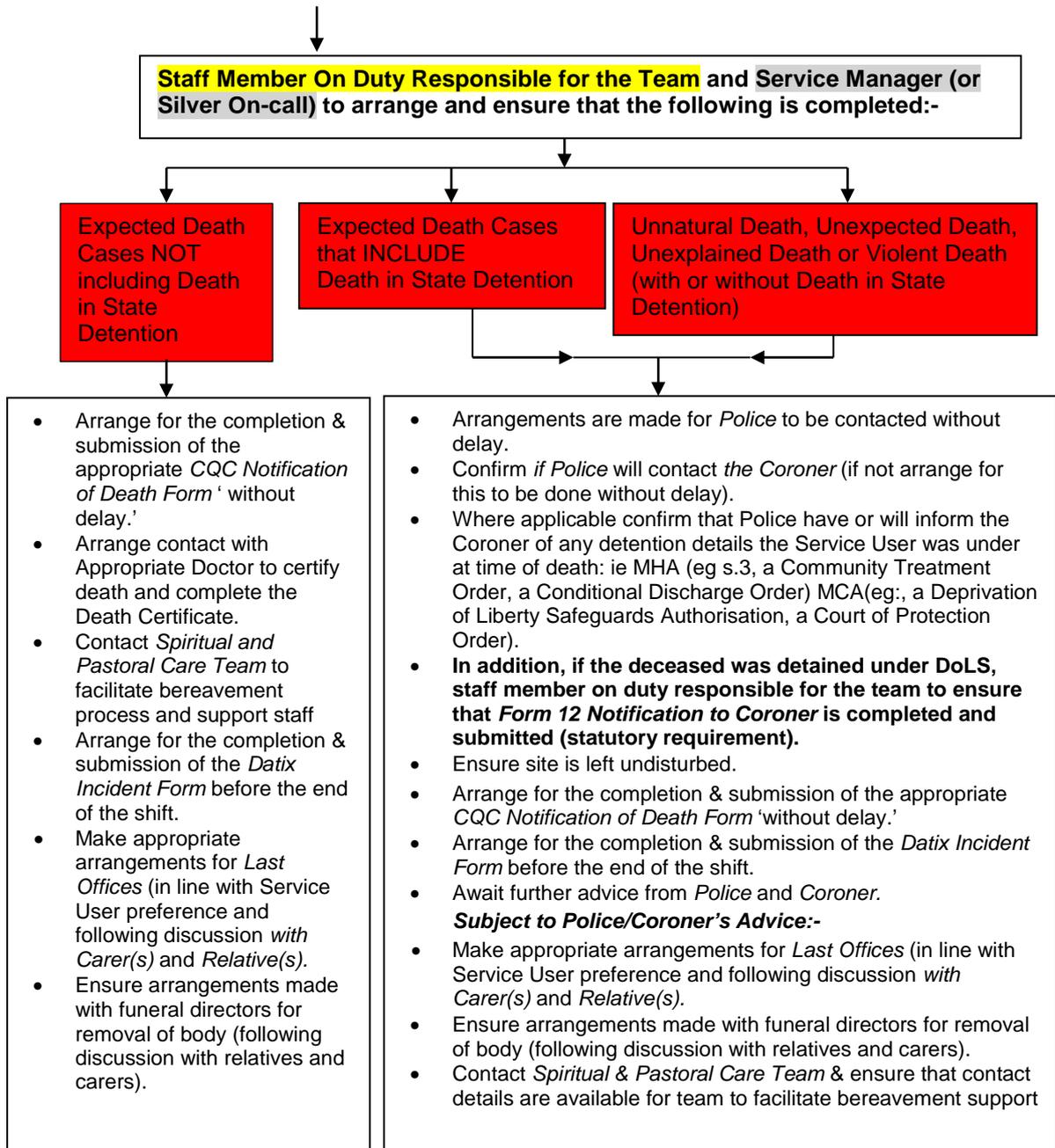
6.8 Diagram 2 outlining the Trust's Category of Deaths.



(See overleaf for Diagram 3)

6.9 Diagram 3: Flow chart illustrating the corporate procedure following the death of a Service User (All Services)





6.10 Following the death of a patient, Silver on-call must be notified immediately. They will then make the decision as to whether to escalate to Gold on Call. In any event Gold on Call will be informed if there is:

- Involvement of police.
- Potential media coverage/interest.
- Type of death-potential suicide.
- Cause for concern re care and treatment.
- Any suspicions re third party involvement..
- Patient being detained under the Mental Health Act (1983) or subject to Deprivation of Liberty Safeguards (DoLS).

6.11 In accordance with a Service User's wishes, the appropriate religious representative should also be informed at the earliest possible opportunity. If any difficulties are experienced in obtaining the appropriate religious representative, the Spiritual and Pastoral Care Team should be contacted through the hospital switchboard or by emailing: spirit@merseycare.nhs.uk (Please note that chaplains do not operate an on-call service).

6.12 For all deaths the Spiritual and Pastoral Care team should be contacted to support and guide staff and carers in the rituals around death according to cultural and religious beliefs (see Appendix 1). They have expertise in breaking bad news to Service Users, staff and volunteers on the wards and in adjacent units. Arrangements should be made to support staff and allow for other staff members to tend to the deceased if required.

6.13 For ALL Deaths:

6.13.1 The Staff member on duty responsible for the team at the time of the patient's death must ensure that the CQC has been informed (using the appropriate form) 'without delay'.

6.13.2 The term '*without delay*' is defined by the CQC as:-

"the timescale requirement for a number of notifications. It means exactly what it says – that providers should submit their notification as quickly as possible after the event has happened." (CQC Statutory Regulation N^o 16).

6.13.3 This replaces previous statutory time limits set by the CQC's predecessor (the Mental Health Act Commission or MHAC) which used to state *within 24 hours*. It should **not** be assumed that *without delay* means that the previous time limit of 24 hours may be exceeded.

6.13.4 All deaths must be reported on Datix and categorised as *Strategic Executive Information Systems* reportable adverse incidents (Steis Report). It is the Staff member on duty responsible for the team at the time of the patient's death who must ensure that this is done.

6.14 For All Expected Deaths that do NOT carry Death in State Detention Status:

6.14.1 The staff member who discovers, or is first informed of the death, must immediately report this to the staff member on duty responsible for the team.

6.14.2 The death must be reported on Datix and categorised as *Strategic Executive Information Systems* reportable adverse incident (Steis Report). The staff

member on duty responsible for the team decides who should complete the Adverse Incident.

- 6.14.3 The staff-member on duty responsible for the team must also ensure that the CQC is notified 'without delay' using the form *CQC-Notification of Death of a Patient using the service (not detained)*.
- 6.14.4 The form may be obtained from the Mental Health Law Administrator's Office or direct from the CQC website.
- 6.14.5 The on-call junior doctor will verify the death and the appropriate doctor should certify the death.
- 6.14.6 In order of preference the appropriate doctor should be the consultant in charge of the care of the Service User, the higher trainee within this team or the on-call consultant.
- 6.14.7 Should the death occur out of hours and religious beliefs require an expedited certification the care team should document the expected cause of death within the multidisciplinary team meeting at the point of identification of the expected death. The on-call consultant can then review that the care proceeded as anticipated and therefore certify the death.
- 6.14.8 Following an expected death on a ward, the nurse in charge (preferably in communication with the) Spiritual and Pastoral Care team) will contact the family to support the bereavement process including facilitating concerns surrounding the death or circumstances around death to the independent medical examiner.
- 6.15 For All Unexpected Deaths, Unexplained Deaths, Violent Deaths and Death in State Detention Cases:**

- 6.15.1 The staff member who discovers, or is first informed of the death, must immediately report this to the staff member on duty responsible for the team.
- 6.15.2 The death must be reported on Datix and categorised as *Strategic Executive Information Systems* reportable adverse incident (Steis Report). The staff member on duty responsible for the team decides who should complete the Adverse Incident.
- 6.15.3 The staff-member on duty responsible for the team must also ensure that the CQC is notified 'without delay' using the appropriate form or notification route. Dependent upon the category of death the form or notification route to be used will be:-
- For any Service user NOT detained under the Mental Health Act 1983 use Form: *CQC-Notification of Death of a Patient using the service (not detained)*.
 - For any Service User who was detained under the Mental Health Act 1983 use Form: *CQC-Notification of Death of a Patient liable to be detained*. For any Service User detained under either the Deprivation of Liberty Safeguards (DoLS) or a Court of Protection Order there is currently no additional CQC form (ie completion of the Steis Reportable Adverse Incident is sufficient). **BUT:- ...**
 - **... The Staff member on Duty responsible for the Team must ensure that Form 12 – Notification to Coroner is completed and submitted where the Service User was detained under DoLS at the time of death (Statutory Requirement). Note that this is additional to actions required under 6.15.4 below.**
 - **Similarly, the Staff member on Duty responsible for the Team must ensure that the Court of Protection is notified by completing the Trust Template letter of Notification (See Appendix 2) in circumstances where the Service**

User was detained under a Court of Protection Order (Statutory Requirement). Note that this is additional to actions required under 6.15.5 below.

6.15.4 The staff-member on duty responsible for the team must ensure that the Police are notified to confirm:-

- That they are aware of the death.
- That they have informed (or will inform) the Coroner.
- That where the death is a *Death in State Detention*, the Police have informed (or will inform) the Coroner of the detention details (ie: MHA – for example: section 3, a CTO, Guardianship a Conditional Discharge etc; MCA – Deprivation of Liberty Safeguards (DoLS) or Court of Protection Order).

6.15.5 The Coroner *may* subsequently instruct the doctor to issue the death certificate in which case guidance in 6.14.5 above should be followed.

6.15.6 *Conversely*, the Coroner may decide to oversee operations her/himself and instruct that the doctor does NOT issue the death certificate.

6.15.7 This may lead to all or part of the site environment being closed, staff being interviewed and forensic investigations being undertaken.

6.15.8 Senior Managers ought to be informed of this situation immediately and attend to support staff and oversee the liaison with the police and family.

6.15.9 Where the Coroner and/or Police need to attend the scene, the body should not be moved once death has been verified and the area should be vacated and left undisturbed.

6.16 Deaths that Occur whilst the Service User is Resident in the Community

6.16.1 Unless specifically stated, 6.13 to 6.15 above applies irrespective of whether the Service User is a hospital in-patient or is living in the community at the time of death.

6.16.2 For Service Users whose death was categorized as '*Expected*' AND where s/he is NOT a Death In State Detention Case See 6.13 and 6.14 above).

6.16.3 For Service Users whose death is categorised as *Unexpected, Unexplained, Violent and/or as a death in state detention case see 6.13 and 6.15 above.*

6.16.4 In addition the following factors **must** be taken into consideration if the Service User death occurs whilst s/he is living in the community:-

- Confirm that the deceased is registered with Mersey Care NHS Foundation Trust.
- Confirm that date of death sits inside the identified time-sensitive, chronological framework (currently this is under review. Existing time frame is up to 12 months from date of discharge from service but this may change - awaiting NHS England confirmation).
- If the Service user was subject to an open episode of care by the Trust at the time of death who were the lead providers? (If it is Mersey Care then management of the death etc is our responsibility but if it is another provider and we have been providing secondary support our responsibilities will be limited to providing supportive information where necessary)
- It is the Staff member on duty responsible for the team at the time of the patient's death who must ensure that the requirements of 6.16.4 are accomplished.

6.17 Disposal of the Body

The body:-

- 6.17.1 May be moved to the relevant morgue (e.g. Aintree University Hospital NHS Foundation Trust, Royal Liverpool University Hospital, etc).
- 6.17.2 Subject to 6.17.4 - 6.17.6 below, all arrangements should be made with and by the Funeral Director for removal of the body (This includes the provision of body bags etc) and...
- 6.17.3 ... Following consultation with the family, carer or friend of the deceased.
- 6.17.4 In the case of unexpected deaths, unexplained deaths, violent deaths and death in state detention cases: points 6.12-6.13 above should only be actioned with the agreement of the police.
- 6.17.5 Following a death involving a category 3 or 4 pathogen infection, control procedures should be followed and the funeral directors informed of all relevant information (See 6.18 below for Infection Control guidance).
- 6.17.6 The appropriate Trust staff should be informed of the death including Clinical Director and Service Manager.

6.18 Infection Control Procedures

- 6.18.1 Infections are defined and grouped by their degree of hazard:-

Definitions of hazard groups:

hazard group 1: A biological agent unlikely to cause human disease;

hazard group 2: A biological agent that can cause human disease and may be a hazard to employees. It is unlikely to spread to the community and there is usually effective prophylaxis or effective treatment available;

hazard group 3: A biological agent that can cause severe human disease and presents a serious hazard to employees. It may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available;

hazard group 4: A biological agent that causes severe human disease and is a serious hazard to employees. It is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

- 6.18.2 **Cases known to have died from a hazard group 4 infection, which includes the viral haemorrhagic fever agents, should not be subjected to post-mortem examination except in specialist units.**
- 6.18.3 For further guidance in respect of handling bodies that either are infected, or are suspected of being infected, can be found at:-
 - The Trust's *Infection and Control Policy* (Policy Ref. IC01, Section 14 and Appendix 1)
 - *HSE guidance on handling bodies*:-
<http://www.hse.gov.uk/pubns/priced/mortuary-infection.pdf>

6.19 The Service User's Property

- 6.19.1 The proper, sensitive and dignified management of the patient's personal possessions is a critical area for consideration to ensure the family are supported at this difficult time.
- 6.19.2 The authority for release of possessions is in the first instance with the police and coroner's office following the death of a detained patient or if a suspicious death has occurred.
- 6.19.3 Sensitive liaison with these agencies and the family will be necessary to determine the timescale for release.
- 6.19.4 Any suicide notes or other letters will, in the first instance, be removed by the police for the purpose of their enquiries. Any decision regarding the return of these and other letters will be guided by the police and coroner.
- 6.19.5 The ward manager is responsible for ensuring that the deceased patients' property is gathered together, inspected for signs of bodily fluids (blood, vomit, etc) and if these are present those articles should be cleaned or laundered.
- 6.19.6 The possessions should be dealt with respectfully and placed into containers not black bin bags.
- 6.19.7 For Service Users who have had a long stay in hospital there will need to be a discussion with the family about accumulated property and their wishes for the return or disposal taken into account.
- 6.19.8 Following the death of a patient the Mental Health Act Office/Health Records or Patients Services Department will establish whether the Finance Office or patient's legal representative is holding a Will.
- 6.19.9 The possessions will then be offered to the family or other interested party for their decision as to retention or disposal. The Finance Department hold the documentation to be completed by the relatives collecting the possessions so should be contacted to provide the appropriate paperwork.

6.20 Supporting Relatives, Staff and Other Service Users (General)

- 6.20.1 Support should be provided for relatives, staff and other Service Users affected by the death in a manner sensitive to their cultural and religious beliefs (See Appendix 1). Staff should take care to avoid stereotyping. They should be aware religious and cultural practice may vary considerably, even within a family. The guidance only suggests what may be the case. Wherever possible, arrangements should be negotiated with the next of kin. Religious leaders, the Spiritual and Pastoral Care Team and funeral Directors are also likely, useful contacts.
- 6.20.2 Sensitivity must be shown with regards to family relationships, sexuality (including same sex and trans-gender reassignment relationships), divorce etc to respect each individual's wishes/confidentiality.
- 6.20.3 In addition to 6.20.2 the specific requirements for confidentiality in relation to gender re-assignment as required by the Equality Act of 2010 need to be understood and applied.
- 6.20.4 At the earliest possible stage staff should assess the impact on other Service Users including those who may have had a particular close relationship with the deceased or otherwise be particularly affected by the death. This will include arranging additional support or other measures as appropriate, such as additional pastoral or

psychological support. Such dynamic risk reviews should be part of the continuing care planning for all patients.

6.21 Support - Special Faith needs of the Dying/Dead Person

6.21.1 The Trust recognises that the people it cares for will come from a variety of cultures and ethnic backgrounds. When a person is dying or has died there may be specific rights and rituals which need to be undertaken in accordance with their personal belief system. Some of these needs may have been identified in an advanced statement or be known by members of their family.

6.21.2 Where possible, staff should help relatives and the terminally ill person plan for their death and involve all relevant agencies including the Trust's Spiritual and Pastoral Care Team. All agreed actions should be included in the persons care plan. Appendix 1 provides a brief summary of the way certain faith groups need to be treated following death. Further information and active support can be gained from -:

- [http://www.merseycare.nhs.uk/about-us/Spiritual and Pastoral Care/Faith Resources/](http://www.merseycare.nhs.uk/about-us/Spiritual%20and%20Pastoral%20Care/Faith%20Resources/)

OR

- email: spirit@merseycare.nhs.uk

OR

- via telephone from the Spiritual and Pastoral Care Team on 0151 471-2608 (Local Division) or (0151) 472 4564 (Secure and Specialist Learning Disability Division)

6.22 Support - The Next of Kin of the Deceased

6.22.1 The Consultant Psychiatrist for the deceased or in his/her absence the covering Duty Consultant Psychiatrist is responsible for informing the patient's relatives / carers/partner/civil partner of the circumstances of the death. This must be done promptly. If another member of the multi-disciplinary team, who is well known to the relatives/carers/partner/civil partner, is available, the Consultant may delegate this responsibility to them, recording this in the Service User's clinical records.

6.22.2 The relatives/carers/partner/civil partner must be given the name and contact details of someone who can answer any further questions or concerns they might have after the initial contact. This must be in addition to providing the contact details of the *Spiritual and Pastoral Care Team* (See bullet points in 6.21.2 above) which is also necessary.

6.22.3 Family members and friends of the deceased are welcome to meet with Trust staff to discuss procedures and next steps. It is important to let families and friends know that an investigation may be undertaken in the case of an unexpected or suspicious death by the police and the Coroner. In respect to any Service User detained in hospital or the event of an unexpected death of an informal patient the Coroner will also hold an inquest investigation.

6.22.4 If family members which includes civil partners/partners wish to attend the unit to visit their deceased relative they must be supported and escorted at all times. On occasion relatives may request to see the body, this request must be considered and where necessary with the most senior nurse on duty /on call manager and consultant on call. Consideration must be given as to whether the environment and the event of the patient's death may cause further distress. It is essential to provide the family with a full explanation and support if permission to view the body is refused. The outcome of the decision must be supported.

6.23 Support - The Ward Community

- 6.23.1 Immediately after the death of a patient, the staff available should decide on the most appropriate method of breaking the news to other patients, taking into account such issues as the time of day or night when the death occurred and whether other patients are aware of it etc.
- 6.23.2 The decision to inform other patients should be made in discussion with members of the Clinical Team/on-call personnel and carried out as soon as possible and with adequate staff in attendance.
- 6.23.3 The *Spiritual and Pastoral Care Team* has considerable expertise in this area and should be consulted.
- 6.23.4 Patients' emotional response and any potential impact on an individual Service User's mental health to such news should be anticipated, including the possibility of it giving rise to conflict between patients or patients and staff.
- 6.23.5 It is good practice for a ward community meeting, involving all patients and as many staff as possible to take place within 24 hours following a death. All patients' questions surrounding the nature and circumstances of the death should be answered truthfully and information only withheld if it is necessary to do so due to the legal process or matters of patient confidentiality. It is expected that key senior members of staff will lead this process, typically the Ward Manager and the Consultant with principle responsibility for the ward.
- 6.23.6 The Clinical Team must identify the patient's network of friends and those staff members who may not be members of the Clinical Team but who worked with the patient (e.g. creative therapist / psychologist / occupational therapist / social worker) and ensure that they are informed quickly and appropriately of the patient's death.

6.24 Support - Staff Affected by the Death

- 6.24.1 Managers should contact the local staff counselling and support service as soon as possible to make appropriate arrangements for debriefing, if indicated, as soon as possible.
- 6.24.2 Staff should have access to the appropriate support as determined by local circumstance.
- 6.24.3 Specifically staff should be made aware that they can access their local Occupational Health or Staff Counselling and Support Services, Spiritual and Pastoral care for appropriate support.

6.25 Notification of Victims

- 6.25.1 For certain cases, it may be appropriate for the Responsible Clinician (RC) to consider, in conjunction with Trust Legal Representatives, if a past victim of the deceased patient should be notified.
- 6.25.2 Legal advice on this is paramount. Any information released will only be on the authorisation of the Executive Director of Operations and the Associate Medical Director.

6.26 Accessing and Submitting the Documentation

6.26.1 Dependent upon the circumstances, the relevant documentation for completion will be one or more of:-

- *Strategic Executive Information Systems* reportable adverse incident (Steis Report).
- *CQC-Notification of Death of a Patient liable to be detained.*
- *CQC-Notification of Death of a Patient using the service (not detained).*
- *Completion & submission of Form 12-Notification to Coroner (Only applies to Service Users detained under DoLS at time of death).*
- *Completion of a template letter to the Court of Protection notifying them of the death (See Appendix 2).*

6.26.2 Diagram 4: Table illustrating when to use the appropriate forms:-

No	Category of Death	Form	Accessing the Form / Submitting completed Forms	Completed By
1.	Service User NOT formally detained under either the MHA (including CTOs, Conditional Discharges and Guardianship) or the MCA (DoLS and Court of Protection Orders).	<i>Adverse Incident & Steis Reports.</i>	<u><i>Adverse Incident Report</i></u> Go to Trust Website Home page. Click on <i>Datix</i> . Complete <i>Incident IR1 Form</i> . <u><i>Steis Report</i></u> <i>Request for Steis Report will be sent to the Divisional Risk Safety Lead who will forward to Staff-member on duty responsible for the team at the time of death who will ensure its completion.</i>	Staff-member on duty responsible for the team either completes and submits the form(s) or delegates accordingly.
		<i>CQC-Notification of Death of a Patient using the service (not detained).</i>	Contact the MHLA Office who will send a blank Form. On completion return to the MHLA office who will submit accordingly.	
2.	MHA Detention (including: CTOs, Conditional Discharges and Guardianship).	<i>Adverse Incident & Steis Report</i>	As per <i>Adverse Incident & Steis</i> in 1. <i>Above</i> .	
		<i>CQC-Notification of Death of a Patient liable to be detained.</i>	Contact the MHLA Office who will send a blank Form.	
No	Category of Death	Form	Accessing the Form / Submitting completed Forms	Completed By
2.		<i>Adverse Incident & Steis Report.</i>	On completion return to the MHLA office who will submit accordingly.	Staff-member on duty responsible for the team either

3.	MCA Detention: DoLS	Adverse Incident & Steis Report.	As per <i>Adverse Incident & Steis Reports</i> in 1. above.	completes and submits the form(s) or delegates accordingly.
		<i>DoLS Form 12 - Notification of Death Whilst Deprived of Liberty.</i>	Contact the MHLA Office who will send a blank Form. On completion send direct to the local Coroner's Office (copies to other personnel as instructed on Form 12).	
4	MCA Detention: Court of Protection Order.	Adverse Incident & Steis Report. <i>Notification of Death</i> letter to Court of Protection.	As per <i>Adverse Incident & Steis Reports</i> in 1. Above. <i>Access TBC.</i>	
4 cont	MCA Detention: Court of Protection Order.	Trust Template Letter.	Notify the MHLA Office and Trust Legal Team providing them with Ct of Protection Case No., Service User Name & Date of Birth.	

6.27 External Agencies – Contact Details

No	AGENCY	CONTACT DETAILS	COMMENTS
1.1	Care Quality Commission (CQC). General Enquiries.	Tel: 03000-616171	Easiest way to contact the CQC is through the Trust's Nominated Representative (See Sandra O'Hear below) . Otherwise the next best option is to telephone their <i>General Enquiries</i> . For submission of <i>Death of a Patient forms</i> use the email address on these forms. Sometimes the CQC.
1.2	CQC (via Trust's Nominated Representative). Sandra O'Hear	Sandra O'Hear (Deputy Director of Nursing and Quality & Nominated CQC Rep) V7 Building Kings Business Park Prescot L34 1PJ. Tel: 0151-478-6577 Email: Sandra.O'Hear@merseycare.nhs.uk	Commonly, the CQC will only provide information direct to Sandra O'Hear. Wherever possible it is always best to contact Sandra first as she will often be able to get information quicker than the rest of us. Cont...
No	AGENCY	CONTACT DETAILS	COMMENTS
2	Court of Protection	First Avenue House 42-49 High Holborn London WC1A 9JA Tel: 0300-456-4600 Email: courtofprotectionenquiries@hmcts.gsi.gov.uk	
3.1	<u>Coroner's Courts</u> (Full List)	<i>Google:-</i> Coroners of England and Wales contact	This site provides a full list of the Coroner's Courts in England and Wales.

		details Page: 1 https://finds.org.uk/contacts/coroners	The Coroner's Courts (NW England) are listed below.
3.2	Coroner's Courts: Blackpool & Fylde	Mr Alan Wilson Blackpool and Fylde District Blackpool and Fylde Coroner's Office, Municipal Buildings, Corporation Street, Blackpool FY1 1GB Work T: 01253 477128 Fax: 01253 477129	
3.3	Coroner's Courts: Cheshire Halton and Warrington	N L Rheinberg Cheshire Halton and Warrington West Annexe Town Hall Sankey Street Warrington Cheshire West and Chester WA1 1UH Tel: 01925 444217 Fax: 01925 444219	Mersey Care NHS Foundation Trust (Merseyside based sites): Death of a service user sometimes processed through these offices.
3.4	Coroner's Court Cumbria District	David Roberts Cumbria District Fairfield Station Road Cockermouth Cumbria CA13 9PT Tel: 01900 706902 Fax: 01900 706915	
3.5	Coroner's Court Greater Manchester – Manchester District	Mr Graham Jackson Greater Manchester (Manchester District) Coroners Office Crown Square Manchester Manchester M60 1PR Tel: 0161 830 4222 Fax: 0161 830 4328/9	
3.6	Coroner's Court Greater Manchester – North District	Mr Simon Nelson Greater Manchester - North District (Rochdale) Fourth Floor Telegraph House Baillie Street Rochdale OL16 1QY Tel: 01706 649922 Fax: 01706 40720	
			Cont...
No	AGENCY	CONTACT DETAILS	COMMENTS
3.7	Coroner's Court Greater Manchester – South District	Mr J Pollard Greater Manchester - South District (Stockport) 10 Greek Street Stockport SK3 8AB Tel: 0161 476 0971 Fax: 0161 476 0972	Mersey Care NHS Foundation Trust (Calderstones): Death of a service user often processed through these offices.
3.8	Coroner's Court	Mrs Jennifer Leeming	

	Greater Manchester – West District	Greater Manchester - West District (Bolton) Paderborn House, Civic Centre Howell Croft North Bolton BL1 1JW Tel: 01204 338 799 Fax: 01204 387674	
3.9	Coroner's Court Lancashire - East	Mr R G Taylor Lancashire - East District 6A Hargreaves Street Burnley Lancashire BB11 1ES T: 01282 438446	
3.10	Coroner's Court Lancashire – Hyndburn and Ribble Valley District	Mr Michael J H Singleton Lancashire - Hyndburn and Ribble Valley District:- (1 of 3 Offices) Accrington Town Hall, Blackburn Road, Accrington BB5 1LA (2 of 3 Offices) Coroner's Office, Blackburn Central Library, Town Hall Street Blackburn Lancashire BB2 1AG Tel: 01254 588680 Fax: 01254 588681 (3 of 3 Offices) Ribble Valley Town Hall, Council Offices, Church Walk, Clitheroe BB7 2RA	Mersey Care NHS Foundation Trust (Calderstones site): Death of a service user often processed through these offices. The Blackburn Office (2 of 3) is the main office and all enquiries should be made through them.
3.11	Coroner's Court Lancashire – North, (Preston and South West Districts)	Dr James Adeley Lancashire - North, Preston and South West Districts Coroners Court 2 Faraday Court, Faraday Drive, Fulwood Preston Lancashire PR2 9NB Tel: 01772 821788 Fax: 01772 828755	
			Cont...
No	AGENCY	CONTACT DETAILS	COMMENTS
3.12	Coroner's Court Merseyside – Knowsley St Helens and Sefton District	Mr C Sumner Merseyside - Knowsley St Helens and Sefton District County Coroners Court Gordon House Leicester Street Southport PR9 0ER Tel: 01704 531643 Fax: 01704 534321	Mersey Care NHS Foundation Trust (Merseyside based sites): Death of a service user often processed through these offices.
3.13	Coroner's Court	Mr A Rebello	Mersey Care NHS Foundation Trust

	Merseyside – Liverpool District	Merseyside - Liverpool District H M Coroners Court The Cotton Exchange Old Hall Street Liverpool L3 9UF Tel: 0151 233 4700 Fax: 0151 233 4710	(Merseyside based sites): Death of a service user often processed through these offices.
3.14	<u>Coroner's Court</u> Merseyside – Wirral District	Mr C W Johnson Merseyside - Wirral District Midland Bank Buildings Grange Road West Kirkby Wirral CH48 4EB Tel: 0151 625 6538 Fax: 0151 625 7757	

6.28 Media Interest

Any media interest shall be directed to the Communications Department who will not release any information about the event unless and until this has been agreed by the patients' next of kin or unless the circumstances make immediate comment imperative.

6.29 Review of Deaths – General Information

6.29.1 As part of the Trust carrying out its duty to ensure the safety of all its Service Users it will facilitate a mortality review process in accordance with national guidance. The Trust work will be led by an Associate Medical Director and Director of Patient Safety on behalf of the Executive Director of Nursing. The process includes the Mortality Review Group which considers all deaths that occur to Service Users who have an open episode of care/contact with Mersey Care NHS Foundation Trust to:

- Collect and analyse trust mortality information. Inquest data will be used as part of this process.
- Review the validity of any findings from formal root cause analysis reviews and oversee the implementation of specific clinical recommendations emanating from the formal reviews.
- Identify themes that require further exploration i.e. in relation to areas where deaths occur, causes of death, ages of the deceased.
- Commission specific in-depth reviews of potential trends.
- Agree and implement mechanisms for sharing learning based on specific cases to prevent similar incidents reoccurring.
- Identify deficits in implementation of physical health care that affects the Trust both in relation to internal delivery and external provision (i.e. the provision and focus of primary health care).
- Consider best practice in the care pathways used nationally to prevent the unexpected / early deaths of people with a mental disorder and its implication for practice in the Trust.
- Regularly communicate findings and work streams with clinical services, including:
 - Clinical updates..
 - Existing education forums.
 - Holding annual Mortality Learning Events.

- Facilitate the learning from information across the Trust re: preventative measures using any key project to reduce deaths and improve the care provided.
- On a ward, there should be an additional review around how other Service Users, staff volunteers were supported in the immediate and later aftermath of a death.

6.29.2 The Trust's surveillance and monitoring system will include:

- Having an early warning system (MEWS) in place for deteriorating Service Users.
- Screening all deaths for evidence of sub-optimal care.
- Reviewing deaths with any evidence of sub-optimal care.

6.29.3 The number and type of deaths that occur within the in-patient areas will be considered weekly in the Trust's surveillance group to be used as part of the triangulation process to identify high risk areas.

6.30 Review of Deaths - Commissioning the appropriate level of individual investigation

6.30.1 For an unexpected death a seventy two hour / safety check will be undertaken by the Ward Manager and lead Clinician, this may comprise of a full meeting of the multi disciplinary team.

6.30.2 This meeting/process must not be confused with other types of post incident meetings designed to offer support and stress debriefing for staff. Its purpose is to be a fact finding clinical review of the circumstances of the death. The Clinical Team will consider whether there are any immediate lessons to be learnt and/or shared and will allocate responsibilities for this to appropriate Clinical Team members.

6.30.3 A Service User death will, as stated, trigger a datix incident form which may in turn give rise to an investigation at an appropriate level depending on the circumstances. The Director of Patient Safety will determine the appropriate level of inquiry and the terms of reference under the Trust's Incident Review Policy 18.

6.31 Review of Deaths - Serious Case Reviews

6.31.1 *Working Together HM Government 2006 Chapter 8 – Serious Case reviews.* Where a child dies or is seriously injured as a result of Non-Accidental Injury, the Local Safeguarding Children Board (LSCB) for the area in which the incident occurs will convene a *Serious Case Review* in accordance with the guidance set out in *Chapter 8 of Working Together*. Each agency involved will be asked to undertake an Internal Management Review (IMR) as a contribution to the Overview report prepared by the LSCB. IMRs will be undertaken by the Trust within the framework of this policy. The Trust's safeguarding team will lead on this process for the organisation.

6.31.2 No investigation of the incident should occur at that time other than to:

- Act to protect the child or other children.
- Ascertain the basic facts as relayed by those who may have observed the incident.
- Advise the relevant senior manager and clinician.
- Report to the Named Nurse for Child Protection.

6.31.3 The Trust's safeguarding leads will represent the organisation on serious case reviews and prepare data as suggested above. They will share any related learning through the Trust's incident management processes.

6.32 Coroner Involvement – Liaison

6.32.1 For deaths which require a Coroner's involvement there will be an issue of identifying the deceased. The Trust will always offer to provide a suitable senior member of staff, usually a Consultant or Ward Manager, to identify the body either before the body is removed from Trust premises, or afterwards when it has been removed to the local mortuary, thereby avoiding the situation where a family member may be asked to travel a long distance for this difficult obligation.

6.32.2 For information about the Role of the Coroner in relation to Inquests, see 6.34 below

6.33 Coroner Involvement - Medication Implications

6.33.1 If medication is possibly implicated in the death seek advice from the coroner before returning medication to pharmacy.

6.33.2 A yellow card (MHRA) should be completed if the medication is implicated in death (including overdose). This can be accessed on line at <http://yellowcard.mhra.gov.uk/>.

6.33.3 Any unused medication should be returned to the dispensing pharmacy for destruction (this will be on the dispensing label).

6.33.4 If the patient is taking Clozapine or Lithium the clozapine/lithium clinic must be informed. Mersey Care NHS Trust pharmacy should be informed.

6.34 Inquests - The Role of the Coroner

6.34.1 The Coroner is an independent judicial officer presiding over a Court of Record within the English Judicial system and discharges his/her duties in accordance with the Coroners' Act 1988.

6.34.2 A Coroner enquires into those deaths reported to him/her. It is his/her duty to find out the medical cause of the death, if it is not known, and to enquire about the circumstances.

6.34.3 The Coroners' Rules provide that the proceedings and evidence at an Inquest shall be only to ascertain the following:

- who the deceased was;
- how, when and where he/she came by his/her death.

6.34.4 Neither the Coroner nor the jury shall express any opinion on any other matters.

6.35 Preparing for an Inquest

6.35.1 It is the Trust's aim that all staff involved in this process feels fully aware and supported.

6.35.2 All unexpected deaths, unexplained deaths, violent deaths and death in state detention cases are reported to the Coroner. Examples may include road crashes, industrial accidents, suicide, death whilst in custody or otherwise detained by law etc.. Not all deaths that are reported proceed to Inquest.

6.35.3 All staff who are required to provide a statement and/or attend Court to give evidence will be fully supported throughout the process by the Trust's Legal Adviser or a member of the Legal Management Team.

6.35.4 Support can be provided by the following:

- Line Manager/Service Manager.
- The Buddy Service.
- Relevant staff support service.

6.35.5 The Trust aims to provide preparation by a legal adviser 48 hours before the scheduled Inquest when necessary. The preparation will take place in a private area due to confidentiality and the professionalism of the organisation and the individuals involved.

6.36 The Coronial Investigation - General

6.36.1 The whole process, including the Inquest itself, is known as an investigation, which commences as soon as a death is reported to the Coroner. There is no formal 'opening' of an Inquest on notification. The Coroner can wait until later in his investigation to decide whether or not to hold an Inquest Hearing.

6.36.2 The process is likely to take no more than 6 months and the Legal Adviser or a member Legal Management Team will assist throughout.

6.37 The Coronial Investigation - The Request from H.M Coroner

6.37.1 If a request from H.M Coroner to provide a statement is received directly by staff then the Legal Adviser should be advised immediately. This ensures that the Trust is aware of whom the Coroner requests statements from and which staff members may be called to give evidence to enable support to be provided. The member of staff being requested to provide the statement should also ensure that their Line Manager is informed.

6.37.2 Supervision/guidance on writing the statement will be provided by the Line Manager and/or the Trust's Legal Adviser.

6.38 The Coronial Investigation - Preparing a Statement

6.38.1 Statements being prepared for the Coroner should include the following:

- Heading – The Report For HM Coroner for the Inquest into the death of (Patient's Name and Date of Birth).
- Full name of author.
- Address of author – as c/o Trust.
 - Job Title.
 - Professional qualifications/summary of experience.
 - Summary of duties/responsibility of author.
 - Summary of involvement/chronological overview of patient's care and treatment.
 - Sensitive phrases – (e.g. condolences to family).
 - All paragraphs should be numbered.
 - Explanation of technical terms.

6.38.2 **Do not include** – Statements such as "suicide", that is for the Coroner to decide.

- 6.38.3 If you have written a statement it is important to remember that you will usually be asked to read it out in an open court. It is important that you are objective about the information written.
- 6.38.4 Do not identify family members or other non-professionals by name within the report.
- 6.38.5 Where a patient made it clear before death that he/she did not want certain information to be shared with a particular person or group of people (e.g. family) this should be brought to the Coroner's attention. Such information should be included in an addendum to the report.
- 6.38.6 Once prepared the statement will be reviewed by the Service Manager for factual accuracy and clinical appropriateness. The report is then to be sent to the Claims & Legal Manager who will check it in respect of legal criteria. The Claims & Legal Manager may send some statements to the Trust's Solicitors for advice/guidance should this be necessary.
- 6.38.7 The Legal Adviser will send all the reports to the Coroner.
- 6.38.8 The Coroner can revoke or vary the notice if it can be demonstrated that the notice cannot be complied with or it is not reasonable in all the circumstances to require him or her to comply with such a notice.
- 6.38.9 The Coroner has powers to issue notices to require documents, statements or attendance and enforcement powers may be used to support these tight timescales.
- 6.38.10 It is an offence to intentionally do anything which has the effect of distorting or altering evidence or intentionally suppressing, concealing or destroying any relevant documents. These offences are punishable by fine, imprisonment for up to 51 weeks, or both.

6.39 The Coronial Investigation - Before the Inquest

- 6.39.1 The Trust's Legal Adviser will be liaising with the Coroner's Officer from the time the request for the report has been received to access any relevant information such as:
 - Date of Inquest.
 - Cause of Death.
 - Family issues / concerns.
 - Staff attendance..
- 6.39.2 This information will be shared with the Co-ordinating Manager / Service Manager.

6.40 The Coronial Investigation - Attending Court and Giving Evidence

- 6.40.1 The Trust recognises that staff called to give evidence at a formal Hearing or Court may not have been involved in this process before and that staff may feel concerned and anxious.
- 6.40.2 Some Inquests may have a jury; others will be heard by the Coroner without a jury. Pre-Inquest Meetings will be arranged with staff prior to attendance at Court to ensure that they are fully prepared.

- 6.40.3 An Inquest is heard in public. Attending a Coroner's Court is a formal process and therefore dress code and manner must be appropriate. The Trust's Legal Adviser will attend Inquests where staff are called, to provide guidance and support. If the Trust's Solicitors have been instructed they will also attend. Staff may also choose to take their Line Manager, representative or friend. The Service Manager or representative may also attend where appropriate. In certain circumstances the Legal Adviser will attend an Inquest even though staff from the Trust are not required to attend.
- 6.40.4 Evidence is given on oath or affirmation. The Coroner decides in what order the witnesses are called. Professionals are usually asked to read out their statement/report. The Coroner will usually take other witnesses through the statements.
- 6.40.5 When giving evidence:
- Take your statement into the witness box.
 - You will then be sworn in.
 - Evidence should be within your professional area of expertise.
 - It is acceptable to say that you do not know the answer or cannot remember, if that is the case.
 - Hearsay evidence is admissible.
 - You can be released at the end of giving evidence with the Coroner's permission.
 - You will not have to answer any question which may lead to self incrimination. The Coroner will advise you of your right not to answer if this arises.
- 6.40.6 You can be asked questions at the Inquest from the following:
- The Coroner.
 - The family through a nominated family member or legal representative.
 - The legal representative for any interested party.
 - If the Inquest concerns a detained patient, a Mental Health Commissioner.
 - Where there is a jury, the Jurors.
 - The legal representative for the witness has an opportunity to ask questions last.
- 6.40.7 The purpose of the Inquest is to determine as far as possible the identity of the deceased and where, when and how he or she came to die.
- 6.40.8 An Inquest does not apportion blame or determine criminal or civil liability.

6.41 The Coronial Investigation - The Conclusion of the Inquest

6.41.1 At the end of the Inquest HM Coroner will conclude as follows:

- Name of the deceased.
- Cause of Death.
- Time, place and circumstances of the death.
- Conclusion (commonly referred to as verdict).
- Registration particulars.

6.41.2 The Conclusion may be short form and one of the following:

- Natural Causes.

- Industrial Disease.
- Drug related death.
- Killed himself/herself.
- Accidental Death.
- Misadventure.
- Lawful killing.
- Unlawful killing.
- Open Verdict.
- Self-neglect/neglect and system neglect may also be attached.

6.41.3 The Coroner may also give a Narrative Conclusion including one of the short form conclusions.

6.42 The Coronial Investigation - Prevent Future Deaths Reports (PFDs)

The Coroner has a statutory duty to report on any actions h/she feels might prevent future deaths. The duty to issue a Prevent Future Deaths Report can arise at any time during the investigation and can be made before an Inquest is held or even if there is no Inquest.

6.43 The Coronial Investigation - Feedback

6.43.1 If staff are not called to attend the Inquest, the Legal Adviser will provide feedback to the staff who have provided statements and to the Service Manager.

6.43.2 If staff are required to attend and give evidence the Legal Adviser will also offer a Post Inquest Review.

7 CONSULTATION

This policy and procedure has been consulted upon prior to ratification with particular emphasis on the Spiritual and Pastoral Care Team and medical staff as they will be taking on new practices.

8 TRAINING AND SUPPORT

No advance training and support required unless determined by response to the Consultation.

9 MONITORING

All deaths will be reviewed by the Mortality Review Process and this will ensure that this policy and procedure is adhered to.

10 APPENDICES

10.1 APPENDIX 1 - Care of the Dying and Death Customs according to Cultural and Religious Beliefs

Care of the Dying and Death Customs according to Cultural and Religious Beliefs

Support should be provided for relatives, staff and other service users affected by the death in a manner sensitive to their cultural and religious beliefs. Staff should take care to avoid stereo-typing. They should be aware that religious and cultural practice may vary considerably, even within a family

This guidance only suggests what may be the case. Wherever possible, arrangements should be negotiated with the next of kin. Religious leaders, the Spiritual and Pastoral Care Team, and funeral directors may also be able to advise.

No.	RELIGION	PAGE No.
	Buddhism	34
	Chinese Community (See also Buddhism and Christianity)	35
	Christianity	35
	Hinduism	35
	Irish Travellers (See under Romany Gypsies)	36
	Islam	36
	Jehovah's Witness	37
	Judaism	37
	Muslim (See under Islam)	38
	Romany Gypsies and Irish Travellers (See also Christianity)	38
	Sikhism	38

BUDDHISM

Buddhists believe in the doctrine of rebirth, often mistakenly thought of as reincarnation by others. In the Buddhist rebirth, everything changes when an individual carries on into a future life after death. But, whatever someone does in this present life influences the next stage in their rebirth process.

Acceptance of death is a key Buddhist philosophy as death brings with it the hope that the deceased may this time escape rebirth and attain "nirvana", the perfect state of being.

The sooner a Buddhist priest is contacted and made aware the person is nearing death, the better it is for the dying person. This should ideally be done through family or friends. However, if no one is known to staff, this can be done through the Spiritual & Pastoral Care Team.

There are special prayers that are said before the death, during the dying process and afterwards. A private room for the dying person would be appreciated because of the importance of the dying process and the need for people to be with them continually at this time.

If death occurs in the absence of family, the body should be left untouched for as long as possible to allow the spirit to leave the body. The funeral preparations should then be undertaken by the family or other Buddhists.

THE CHINESE COMMUNITY

(Also See Buddhism and Christianity)

For Christians or Buddhists or Muslim Chinese patients, please see the relevant pages as the information in this section refers only to those Chinese people of no formal religion or those who follow the traditional Chinese religions mentioned earlier.

Customs relating to death, mourning and funerals vary greatly in the Chinese culture. Therefore, if death is imminent, it is important to learn about the religious beliefs of the patient and how these religious beliefs come into play in the process of dying and death.

The presence of the family is generally very important at the time of death and immediate family members will usually come and sit by the dying person. Some older people may regard death as bringing bad fortune, and may avoid a dying person and their family.

As traditional Chinese priests are difficult to find, the family may require a Chaplain or Buddhist Monk to offer support. If the families are unable to supply a suitable contact reference should be made through the Spiritual & Pastoral Care Team

After the death, talking to the deceased is part of the grieving process.

Most Chinese traditions do not see death as an end, but merely a move into a new but not unconnected sphere. They handle the body carefully to aid a smooth transition. Once the body is washed, the family may want to clothe the deceased in white or old fashioned clothing.

Mourning can last for 100 days with black armbands worn by family members, white decorations by their children and blue by their grandchildren.

CHRISTIANITY

A dying patient may wish to see their own priest/minister/pastor before they die and receive the sacrament of the sick, which is carried out using holy oil. Families may have preferred undertakers.

They, or their visitors, may wish to have prayers at their bedside. Routine last offices are appropriate for a Christian who is dying. More prayers may be said after someone has died as Christians believe that the righteous spend eternity in heaven with God and when they die.

There are usually no restrictions on who can touch the body of a Christian once they have passed away, though this should be confirmed with the family. After death, it is usually advised to wrap the body in a sheet with the arms and hands placed by the side and await further instructions.

Burial and cremation are both viewed as acceptable.

HINDUISM

Hindus believe that existence is a cycle of birth, death, and rebirth, governed by Karma. A persons good and bad deeds determine their next reincarnation. The goal of Hinduism is to escape this cycle of rebirth by reaching Nirvana. Nirvana is a Sanskrit word that means "ending". Hindus and Buddhists believe Nirvana is a state of eternal happiness without change or pain.

The family should be alerted straight away as a dying Hindu will be visited by as many of their family and friends as possible. Passages from holy texts (Vedas) will be read to them and prayers will be said with them.

A Hindu patient may request the services of a Hindu Priest during the last stages of life. This should ideally be arranged by family or friends. However, if no one is known to staff, this can be done through the Spiritual & Pastoral Care Team.

A request may also be made to lie on the floor during the dying moments, in order to ease breathing and be closer to mother earth. Every effort should be made to respect this.

The body of a Hindu should not be washed by hospital staff as the family will prepare the body themselves. However, it is wise to make arrangements with the family about what should be done in the event of death occurring in their absence. It is generally agreed that staff should wrap the body in a clean white sheet, with the head facing north and the feet south. If the body has to be left alone, a light or a candle should be left burning near the head of the deceased as a mark of respect and to comfort their soul.

Cremation is preferred and is carried out promptly according to local practice and custom.

IRISH TRAVELLERS (See under ROMANY GYPSIES)

ISLAM

If the death of a Muslim patient appears imminent, their family should be informed immediately so that necessary procedures can be carried out. In the absence of any family, direct contact should be made with the Spiritual & Pastoral Care Team.

Wherever possible a Muslim patient approaching death should return home to be surrounded by family, friends and the community. If this is not possible, the hospital should make arrangements to accommodate large amounts of visitors. This is because there is a duty on Muslims to visit the sick or dying.

With this in mind, it may be best to move the dying Muslim to a side room and arrange a visiting schedule or rota with the family to make sure that the patient, other patients on the ward, and staff are not overwhelmed.

As the patient approaches death they, and their visitors, will recite passages from the Quran. An Imam (religious leader) may also be called.

A request may be made to turn the bed so it is facing South-East, which is the direction of Mecca. This is so the entry into the afterlife is as pious as possible.

After death, the family and Muslim undertakers wash the body and carry out all Islamic requirements. It is, however, important to cover all bases and make arrangements with the family about what should be done in the event of death occurring in their absence. It is generally agreed that staff should put on some gloves so that you do not directly touch the body. They should turn the person's head towards Mecca (usually south-east in the UK), straighten the legs and arms, close the mouth and eyes and cover the body entirely with a white cloth.

The body should be released to the family at the very earliest opportunity as Islam recommends that burial takes place within 24 hours. A post-mortem is considered to be completely disrespectful, and should only be carried out if the law requires it.

JEHOVAH'S WITNESS

Jehovah's Witnesses believe that when a person dies, their existence completely stops. Much of Witness belief concentrates on the 'End Times', and Witnesses have pointed to a number of dates as Biblically significant. Generally, Witnesses believe that the end times started in 1914, but have not stated when the 'conclusion of the system of things,' is expected. They believe that when 'the End' finally comes, only 144,000 human beings will go to Heaven and rule the Earth from there with Christ – these are known as the anointed. Becoming an anointed person is not something that is done by voting or selection. Instead, the anointed one knows directly from God that he or she has been chosen.

Although no particular rites and rituals are associated with death and dying, a dying Witness patient may appreciate a visit from one of the Elders of their faith. They may be distressed or

disappointed at the prospect of dying before “The End”. Individual Witnesses can choose to be buried or cremated.

JUDAISM

Before death, a Jewish patient will want to see as many of their family and friends as possible. In fact, they may not wish to be left alone at all, so expect many visitors and make provision for them. It is important to accommodate larger amounts of visitors, though it is recognised that *vast* amounts is not practical and may make the patient feel overwhelmed. An agreed limit should be established.

A dying Jew might request the presence of a rabbi at any time to go through the ceremony of vidui (confession) and to pray with them. Make sure that such requests are respected, and that the patient and rabbi are given peace and quiet to talk and pray together. If the patient has no family, a Rabbi should be contacted immediately, either directly or via the relevant Chaplain. Note: If staff are able to approach a Rabbi directly then this is to be preferred to going via the Chaplain, as it will save time.

It may be decided that a patient has fallen into the category of being a goses i.e. poised between life and death. During this state, no action can be taken that will either hasten or delay death. Exactly how this translates into medical care may need to be discussed with the family and a rabbi, but it can be very complex.

In the event of death, the patient’s family or Rabbi will take care of the body. This involves calling the local burial society, who will take the body from the hospital to a funeral home, where the preparation can take place in peace and quiet. Burial usually takes place within 24 hours and post-mortems are generally not permitted. However, it is always wise to make arrangements with the family about what should be done in the event of death occurring in their absence.

Generally, if you are with a Jewish person when they die and no relative has arrived as yet, you should:-

- Wait twenty minutes then gently close the eyes and mouth. If necessary, the mouth should be held in position by placing a cloth under the chin and tied above the head. Use gloves when doing so to avoid contamination.
- The fingers of each hand should be straightened and the palms should be placed parallel to the body (i.e. palms facing inwards). The legs should then be straightened and the body moved so that the feet point towards the door.
- Any excess dirt should be washed off or wiped away. The fully clothed body should then be wrapped in a sheet and placed in the hospital mortuary, where it should remain untouched until family, or an authorised Jewish undertaker arrive.
- Leave a light on as is considered respectful for a body never to be left in the dark before burial. It is deemed insulting to eat, drink, laugh or talk in front of a corpse.

MUSLIM (See under ISLAM)

ROMANY GYPSIES AND IRISH TRAVELLERS

(Also see Christianity Section)

Once the approach of death of a Gypsy or Traveller is apparent the extended family, as well as anyone who knows the dying person, can be expected to assemble at either the house, caravan, or at the bedside if the person is in hospital. Everyone who knows the dying person

may consider it their right to be present at the bedside and to be kept fully informed of progress. It may be expected that decisions about the care of the person will be made by the senior family members present rather than by the next of kin alone.

Staff should accommodate larger numbers of visitors where possible, though it is recognised that vast amounts are not practical. An agreed limit should be established.

Most Travellers will require the services of a chaplain and this is especially the case if death is imminent. A priest will be called to administer the "Last Rites" and may also be present to say prayers before and after the patient has died. Religious relics and pictures may be given to staff to be attached to pillows and around the bed.

Travellers express their grief very vocally and visibly. They see this as an expression of their love and affection for the deceased. For the benefit of all within the ward it would be advisable to try and find a quiet part of the ward in order to facilitate this grieving process with the minimum of disruption.

Travellers like to have the remains of their deceased loved one returned to them as soon as possible and, in some cases, this is facilitated by calling in private undertakers favoured by the family to remove the body soon after death.

When death occurs, mourning tends to be for an extended period. Due to strict rules of cleanliness the family may destroy the things the deceased has come into contact with. Traditionally, when a Gypsy died, their caravan would be burnt. However, today it is more likely that the caravan would be sold to a non-gypsy family and the money given to the deceased's family. Graves are decorated and a great deal of care is lavished on them by family members.

A Gypsy or Traveller patient may feel that they know why they are ill. This may be based on religious and cultural beliefs. It is important to listen to and accommodate their explanation, even if it seems unusual to you. A member of staff should not dismiss an idea solely because it conflicts with their norm.

SIKHISM

A Sikh patient may not be fearful of death as they believe that it is a way to escape the cycle of death and rebirth and be reunited with God. This depends on their conduct in this life.

If death is imminent, the patient will want the local Sikh leader, a granthi, to visit them and pray with them. If the patient has no family, a granthi should be contacted through the Spiritual & Pastoral Care Team.

If a Sikh knows they are about to die, then they will want to see as many of their friends and family as possible. As visiting the sick is a duty of the Sikh community, a Sikh patient may receive many visitors before and after death. As mentioned earlier, it is a good idea to establish an agreed limit.

It is also good practice to set aside a quiet space for the family and friends to grieve after the death of a relative.

In the event of death the patient's family or local community will take care of the body. However, it is always wise to make arrangements with the family about what should be done in the event of death occurring in their absence. If this happens, it is important that the body is treated with utmost respect and disposable gloves are worn. Generally speaking, a same sex member of staff should remove drains and tubes, cover any open wounds with

dressings, close the eyes and mouth, straighten the arms and legs and carefully wipe away any dirt with a dry cloth.

It is important they do not wash the body as this is a task that the family will wish to carry out themselves. Staff should not remove any of the five Ks if the person is wearing them, and should not undress the body. When these preparations have been completed, the body should be wrapped in a clean, white cloth.

Cont...

10.2 APPENDIX 2: Notification of Death of a Service User (to the Court of Protection) – Template Letter

Mersey Care 
NHS Foundation Trust

V7 Building
Kings Business Park
Prescot
Liverpool
Merseyside L34 1PJ

Court of Protection
First Avenue House
42 – 49 Holborn

London
WC1A 9JA

<Enter Date>

NOTIFICATION OF DEATH OF A SERVICE USER

Court of Protection Case No: <Enter Case No>
Name of Service User: <Enter Service User Name>
Date of Birth: <Enter Service User DoB>

Dear Sir/Madam

I am writing to formally inform you that the above Service User sadly died on <Enter Date of Death> whilst detained under a Court of Protection Order.

Please let me know if you require any further information.

Yours faithfully

< Enter Name & Professional Title>

11 Equality and Human Rights Analysis

Title: Policy and Procedure following the death of a Service User
Area covered: Trust Wide

What are the intended outcomes of this work?

This is a review of the policy. The policy was assessed in 2016. All actions in the action plan have been completed and the policy changed to reflect the plan.

This policy sets out the staff manage the death of a Service User and how they support relatives is set out in this policy and procedure. The effective management of a death and the support provided to their families is of

primary importance and can help all those involved gain resolution and come to terms with their loss in a safe and natural way. This Policy has been developed to provide a systematic approach to maintaining compliance with all guidance on this area. The Francis Report outlined several standards that should be met when a person who has been receiving in-patient care dies which relate to the certification of death and the assessment of whether all could have been done to either prevent the death or improve on the care of that person during the terminal stages of their life. These issues are incorporated into this policy.

Who will be affected? *e.g. staff, patients, Service Users etc*

All staff, Service Users and carers

Evidence

What evidence have you considered?

The action plan and Policy

Disability (including learning disability)

People where capacity may be an issue; the Policy SD07 covers this in relation to DNR and capacity.

Sex

Nothing found

Race

Nothing Found

Age

Nothing found

Gender reassignment (including transgender)

Reference needs to be included re gender reassignment specific data protection requirements within The Equality Act 2010 – In section 6 (Done

Sexual orientation

Reference needs to be included re same sex relationships and provision of support /information found in section 6,

Civil partners have been included within 6.28 and 6.31

Religion or belief

Religious strengths and needs considered throughout the document and specifically addressed at point 6.23 at point 6.21 and in Appendix 1

Pregnancy and maternity
Nothing found
Carers
Reference made to dignity and respect for carers throughout the policy
Other identified groups
Nothing found
Cross Cutting
Question re the process to ensure the investigations re sub optimal care (6.16) to include the consideration of discrimination within the provision of care provided.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	This article is engaged and referenced specifically in the policy -1.6
Right of freedom from inhuman and degrading treatment (Article 3)	This policy is supportive of a Human Rights Based Approach
Right to liberty (Article 5)	This policy is supportive of a Human Rights Based Approach
Right to a fair trial (Article 6)	Not Engaged
Right to private and family life (Article 8)	This article is engaged and referenced specifically in the policy - 1.6
Right of freedom of religion or belief (Article 9)	This policy is supportive of a Human Rights Based Approach
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	This policy is supportive of a Human Rights Based Approach

Right freedom from discrimination
(Article 14)

This policy is supportive of a Human Rights Based Approach

Engagement and Involvement *detail any engagement and involvement that was completed in putting this together.*

There has been no engagement in relation to the analysis of this policy.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy takes account of where discrimination may occur and takes steps to ensure it does not happen.

Advance equality of opportunity

This policy supports the Trusts approach to Equality and Diversity.

Promote good relations between groups

This policy supports the Trusts approach to Equality and Diversity.

What is the overall impact?

This policy sets out the procedure following death a patient/service user.
The policy sets out an approach that promotes the respect and dignity of patients from religious and cultural backgrounds.
The overall impact on reducing discrimination should be high.

Addressing the impact on equalities

This policy recognises possible health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups.

Action planning for improvement

The policy has specific actions detailed. The area to improve is the detection of 'sub optimal care that may be a result of discriminatory behaviours.

For the record**Name of persons who carried out this assessment:**

Barry Judge
George Sullivan
Jayne Bridge

Date Review /assessment completed:

03 March 2017

Name of responsible Director:

Executive Director of Nursing

Date assessment was signed:

March 2017

Action plan template

Category	Actions	Target date	Person responsible and their area of responsibility
Respect	<p>All actions have been completed within this action plan 03 March 2017 George Sullivan</p> <p>Reference needs to be included re same sex relationships and provision of support /information found in section 6,</p> <p>Reference needs to be included re gender reassignment specific data protection requirements within The Equality Act 2010 – In section 6</p>	June 2016	<p>Steve Morgan – completed</p> <p>Action taken Included in 6.15 23rd June 2016 (Updated on 18th January 2017 and transferred to new Section 6.20.2)</p> <p>Steve Morgan – completed</p> <p>Action taken Included in 6.14 23rd June 2016 (Updated on 18th January 2017 and transferred to new Sections 6.20.2 and 6.20.3 respectively)</p>
Monitoring	To establish a process within the investigations re sub optimal care (6.28) to include the consideration of discrimination within the provision of care provided.	October 2017	Steve Morgan
Human Rights	To include specific reference to Article 2 and 8 in section 1.6 (1.10 in updated Policy, Version Control No.4)	June 2016	<p>Steve Morgan – completed</p> <p>Action taken Included in 1.6 23rd June 2016 (Updated 18th January 2017 and transferred to new Section 1.10)</p>

