Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document level: Trustwide (TW)
Code: CP17
Issue number: 4

Guidelines for best practice following the unexpected death of a patient

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Type of document	Guidance
Target audience	All clinical staff
Document purpose	To ensure a consistent, effective and sensitive approach to the unexpected death of any patient known to any of CWPs clinical services. Document describes the responsibilities of staff and managers following an unexpected death.

Document consultation		
AMH – Wirral	Yes	Business Support Manager (BSM)
AMH – West	Yes	Business Support Manager (BSM)
AMH – East	Yes	Clinical Support Managers (CSMs)
D&A services	Yes	Deputy Service Manager, Clinical Support Manager
CAMHS	Yes	CSM, Modern Matron
LD services	Yes	Senior Nurse - East
CCWC services	Yes	BSM, Head of Therapy
Corporate services	Yes	Compliance manager, Clinical Governance Manager, L&D Manager, Pharmacists, Security Manager, Health & Safety Advisor, Deputy Head of Facilities
Staff side	Yes	Staff side representatives - West
Other –	Yes	Research and Effectiveness Manager, Knowledge Manager, E&D Lead, IPC Team, Health Records Manager
Involvement taskforce	Yes	Lived Experienced Advisors

Approving meeting	Patient Safety and Effectiveness Sub Committee	15-Aug-13
Original issue date	Apr-03	
Implementation date	Aug-13	

CWP documents to be read in conjunction with	HR6	Mandatory Employee Learning (MEL) policy
	CP24	Cardiopulmonary Rescuscitation (CPR) policy
	CP6	The management of violence and aggression policy After care of those who have been exposed to PAVA
	CP39	Captor spray or taser device
	IC1	Trustwide Infection Prevention and Control (IPC) operational policy
	GR7	Major incident plan
	GR19	Out of hours clinical management support
	GR12	Media policy
	HR3.3	Disciplinary policy and propcedure
	GR4	Policy for the recording investigating and management of complaints concerns
	CP3	Health records policy
	CP59	Medical device and equipment policy
	CP30	Do Not Attempt Resuscitation (DNAR) policy

	GR1 HR19	Incident Reporting and Management Policy Policy for supporting staff involved in traumatic events at work including incidents, complaints, claims and inquests

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)

Financial resource implications	No

Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. Full document review

External references

References
1. Policy and Procedural Guidelines for use in cases of unexpected death, suspected suicide and near misses to fatalities (2012) Tees, Esk and Wear Valleys NHS Trust
2. Safety first: Five year report of the National Confidential Inquiry into Suicide and homicide by people with mental illness. (Department of Health, 2001). http://www.doh.gov.uk/mentalhealth/safetyfirst/index.htm

References
3. McDonnell,S (2003) Parents of people who commit suicide themselves at risk . Royal College of Psychiatrists Annual Meeting Edinburgh 4. Preventing suicide in England: A cross-government strategy to save lives. (Department of Health 2012) 5. 'Preventing Suicide: A Toolkit for Mental Health Services'. (2009) National Patient Safety Agency 6. Hill, K., Hawton, K., Malmberg, A. and Simkin, S. 'Bereavement Information Pack – for those bereaved by suicide or other sudden death'(1997) Royal College of Psychiatrists. http://www.rcpsych.ac.uk/publications/gaskell/08_0.htm 7. McKenzie N, Landau S, Kapur N, Meehan J, Robinson J, Bickley H, Parsons R and Appleby L (2005) Clustering of suicides among people with mental illness. British Journal of Psychiatry, 187, 476-480.

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	An audit will be undertaken prior to the review of the policy on how incidents involving unexpected deaths and near misses involving services users is reported by AD of Quality, Compliance & Assurance submitted to Quality Committee.

Content

1. Introduction

The effects of unexpected death are well documented as is the impact of bereavement through suicide. Many staff, service users, carers and others feel unprepared to deal effectively with an unexpected death, especially where suicide is suspected. All unexpected deaths and near misses to fatality are viewed as potential serious untoward incidents (SUI) and there is a requirement to review and evaluate practice following such incidents in line with policy and national guidance (incident reporting and management policy).

The guidelines are intended to help staff remember the important stages in the process, give advice re task allocation / completion and provide a record of 'who did what and when' to ensure timely information on review of the incident.

The guidelines refer to the immediate incident of discovery of an unexpected death, attempted suicide or near miss to fatality. The CWP incident reporting and management policy gives information on management where unexpected deaths, attempted suicides and near misses in the community are reported to the Trust services.

2. Scope

This process applies to all clinical staff working in services within Cheshire & Wirral Partnership NHS Foundation Trust (CWP).

The objectives of the policy and procedural guidelines are to:

- Enable staff to deal with an unexpected death or near miss to a fatality as effectively and sensitively as possible;
- Provide guidance for staff in the event of discovering an unexpected death or near miss to a fatality;
- Ensure all relevant statutory and voluntary workers are initially supported and informed of how to access further support following an incident;
- Ensure the bereaved are offered timely information relating to relevant support services following an unexpected death;
- Ensure all unexpected deaths and near miss incidents are appropriately reviewed and audited in line with the incident reporting and management policy.

3. Definitions

Unexpected death - A death that is not expected due to a terminal medical condition or known physical illness.

4. Key themes

4.1 Immediate incident response

Crisis intervention and emergency first response care is key to ensuring a clinically effective and immediate response to any incident where the outcome may be an unexpected death or near miss to a fatality. The guidelines will facilitate staff to carry out an immediate, systematic first response and support the delivery of appropriate emergency skills, refer to the Cardiopulmonary Resuscitation (CPR) policy.

4.2 Communication and information

The staff involved in an unexpected death or near miss to a fatality need to ensure the relevant professional colleagues, agencies and services users / carers and family members are informed of events in a timely manner.

Information needs to be clear and concise and delivered using effective communication skills, techniques and approaches, being aware of the sensitivity of information. Content of information needs to be consistent and agreed by all agencies involved.

4.3 Support

CWP will ensure immediate support and appropriate debriefing for the staff involved in an unexpected death or near miss to a fatality. Staff will have an opportunity to informally discuss and explore the circumstances of the unexpected death or near miss to a fatality and their reactions (if appropriate for them) outside of formal review processes. The staff will be given information about further organisational support that is available to CWP staff.

4.4 Recording

It is imperative that a full and accurate contemporaneous record of all unexpected deaths, suspected suicides and near misses to fatality is captured by those managing the incident. The guidelines prompt staff to keep a record which will form the foundation to the incident report.

5. Guidelines for wards and residential settings, including respite facilities

- Assess the situation in regard to the clinical circumstances, type of harm or injury and your own safety. Summon help immediately (Use 2222 or 999 – ambulance / paramedic, Psychiatric Emergency Team (PET), duty doctor);
- Designate one member of staff to co-ordinate calls and ensure there is access to the clinical area for the emergency services, requesting a member of staff to be available to escort the emergency staff to the scene as quickly as possible;
- Priority **must** be given to the injured person but if more than two staff are available, two should attend the injured person and the third co-ordinate activity in the area, directing emergency staff and giving consideration to the location and safety of service users and others in the clinical area;
- If found hanging, get the person down as quickly as possible utilising ligature hook / knife if required. Do not cut through the knot and preserve ligature for the police;
- If found bleeding, use immediate first aid to identify source and stem flow of blood;
- Assess for vital signs and commence in line with Cardiopulmonary Resuscitation (CPR) policy, attempt CPR even if the situation appears bleak and designate a member of staff to collect the resuscitation trolley / emergency equipment/ resuscitation bag;
- Remove ligatures and / or other material, adjusting / removing clothing, in order to undertake resuscitation;
- Continue resuscitation until the emergency paramedic services or emergency crash team arrive. Assist them in ongoing resuscitation as required;
- If resuscitation is successful make necessary arrangements for ongoing medical care of the person (make arrangements for ongoing mental health care if this is a service user). All resuscitation events **must** be recorded as incidents.
- Make a full and descriptive contemporaneous entry in the clinical record where a service user has been resuscitated;
- **Do not remove** the data card from the defibrillator and request that emergency staff also do not remove the data card;
- **If absence of life is declared by the emergency staff**, do not move the body or disturb the environment unnecessarily as there is a need to preserve evidence for police and the coroner. The immediate environment of the death will become a crime scene. This is normal police practice and staff are asked to support the police where possible. Ensure an accurate record is made at the time of death, as given by the declaring professional;
- Isolate and close off the environment and give consideration and respect to the place of death;
- Take details and incident number from the paramedic or emergency crash team – record safely and accurately;
- Contact the on-call manager to inform them of the incident and request initial guidance;
- Inform your local police contact of the unexpected death and request an incident number;
- Co-ordinate with the on-call manager in attendance the contact plan for relatives and more senior managers as appropriate. Identify who, when and how to contact relatives in conjunction with the police and plan how to support those relatives if they wish to attend immediately. **Note**: It is important that relatives are made aware they may not be able to view the body in situ on the ward nor may they be able to see the place of death due to the

requirements of the initial investigation. If the police make contact with the family, they will liaise with trust staff;

- Allocate tasks to available staff including ensuring the safety and containment of service users in the area and ensuring appropriate information is disseminated as required;
- Resuscitation events should be recorded in the service users heath record including:
    - Time of incident;
    - Time of death;
    - Personnel present;
    - Datix report.

- Await the arrival of the police – Crime Investigation officers will normally attend promptly;
- All clinical records, including prescription charts and recording charts should be collected together and kept in a secure place;
- The police officers will however need to take any equipment / materials that may be required as evidence. Any recent communication from the service user, such as letters, drawings etc, may be classified as evidence and as such may be required by the police / coroner. All material should be included in the collection of notes / reports / documents as above;
- Once the police arrive, work with them to complete the initial investigation and support staff through process.
- Please request that the police officers do not impound the emergency equipment and do not remove the data card from the defibrillator;
- Please note the police officers will treat an unexpected death as a potential crime and will be very thorough and challenging in their initial investigation. Staff will need to be co-operative but it should be recognised that staff will be feeling vulnerable and distressed by events. The on-call manager may wish to request more senior managers on-call attend to provide additional support and assistance with the initial investigation by the police;
- Once the police have released the body, contact the appropriate services for transfer of the body from the clinical area (refer to local protocol). Consider the religious and cultural beliefs of the individual as these may require a variety of practices regarding the body;
- Last offices – refer to the Royal Marsden Guidelines and utilise links with general settings / designated funeral services for support and advice;
- The relatives may have specific wishes regarding the treatment and removal of the body. These should be respected wherever possible;
- When the body is removed from the area by an external funeral or religious service provider their identity should be verified and a record kept of their receipt of the body, the time of removal and contact details;
- Seek police consent prior to collecting clothing and personal effects. Once this is established and all possessions are itemised keep in a safe place for eventual return to the next of kin. Consider the impact of the condition of any clothing returned to family / friends, e.g. damaged / stained clothing. Always return items in a respectful and suitable manner utilising an appropriate container (e.g. new pale, coloured storage box with lid; purchased for purpose); **Note:** Clothing and personal effects may be retained by the police for evidence purposes and the family will need to be informed;
- Should the service user have died whilst detaining under the Mental Health Act (MHA) refer to MHA policy;
- Whenever a patient who is detained under the MHA 2007 dies (including those who are either under Section 17 Leave, Absent without Leave (AWOL) or subject to a Community Treatment Order (CTO)) the MHA office must be notified immediately for guidance. These actions must be carried out the same day, or if out of office hours, the next working day;
- The nurse in charge should consider reviewing observation levels and risk assessments of any other affected service users.
- Inform the Responsible Clinician at the earliest opportunity

6. Guidelines for community settings

- If, when making a community visit, there is clear evidence that an incident has occurred and / or life is in immediate danger contact the Emergency Services (999) including Ambulance and police;
- If unable to enter the area where the service user is situated, consider letting Emergency Services enter first who are more experienced in dealing with this type of incident and liaise with them regarding next of kin details;
- If absence of life is declared, contact your line manager and community team colleagues, including responsible medical officer;
- Be prepared for the emergency services requesting your contact details. You may also be asked to make a statement;
- Consider contacting colleagues for support and advice;
- Consider impact on carer, family or friend and liaise with relevant agencies for their support;
- Ensure all clinical records are completed and datix submitted on return to base. See section on records as a request may be made at a later date for clinical patient records.

7. Guidelines for the senior staff member upon discovery of an unexpected death, attempted suicide or near miss to a fatality

- At all times ensure truthful, clear and effective communication with all involved;
- At all times in residential areas, ensure other service users and staff are managed safely;
- Involve all staff possible to deal with situation;
- Set / check timescales for specific tasks;
- Co-ordinate the needs for additional staff support through on-call manager or systems (out of hours), modern matron, clinical service manager (CSM) and General Manager as appropriate;
- Liaise with senior managers arriving at the scene, review progress to date and handover lead co-ordinator role if appropriate.

8. Guidelines for senior manager arriving at a ward / residential Incident

- Check with person co-ordinating incident events to date, the progress and what assistance they require. Agree who is to continue as lead manager of the incident and allocate tasks accordingly;
- Check with other staff who are co-ordinating incident and those continuing to provide care how they are coping with events;
- Offer emotional and practical support in the first instance and continue to review staffs emotional and stress levels offering assistance as required. Begin to co-ordinate activity in liaison with the local lead manager for the incident or agree a plan if taking over as lead manager;
- Move staff from other areas to assist especially in continuing to provide care;
- Assess and continue to review the need to alert other managers / directors to the incident;
- Once police have given permission, enable individual staff to take leave if necessary, recognising that some staff may not be able to work and others would cope better at work. Where possible ensure staff have made initial statements before leaving the unit and any information they can provide has been obtained regarding chronology of events;
- Any request for staff to identify the body of a current or recent patient, must first be passed to their line manager who must discuss it with the service manager;
- Ensure no member of staff, including support staff, leaves without being aware of support available and how you will communicate those arrangements. Ensure contact addresses / telephone contacts are available for staff leaving scene;
- Follow the ward / community setting guidance regarding records. You may need to refer to a more senior manager or director on call;
- Follow the media policy and liaise with the communications team if there is press interest.

9. Guidelines for informing and supporting relatives / carers about an unexpected death

- Who tells who, where, what, when and how needs to be thought out with specific reference to relatives and friends vulnerability, sources of direct support and expectations. The most appropriate person needs to inform the family, this should always be face to face and if unexpected would be the responsibility of the police, who can arrange for the death inform message to be undertaken by local officers / force nationally or internationally if required;
- The content of information given needs to be checked with colleagues, police and other agencies involved to use a consistency in the information. Trust staff need to check with police / coroner if any information needs to be withheld for evidential purposes and to note what information has already been given to family / relatives and friends. It may be useful to keep a note of the information content to be given to ensure consistency across the team;
- Health staff need to inform relatives / friends of practical arrangements, i.e. who to contact with regards to the release of the body and death certificate, police / coroner. Also to ensure they have written information as they may understandably not retain it (useful source, Royal College of Psychiatrists bereavement information pack); http://www.rcpsych.ac.uk/expertadvice/problems/bereavement/bereavement.aspx.
- Relatives may need to see where the person died; they will need support and 'permission' from staff and manager. They may need to be informed if this is not possible in the immediate period following the death because of the investigation requirements or for practicable reasons e.g. cleaning;
- Offer relatives, friends contact details of the hospital chaplain;
- Offer support or signposting facilities for continuing support to voluntary agencies such as:
    - **Compassionate Friends** – support for bereaved parents and their families after the death of a child www.tcf.org.uk - National Office - 08451 232304;
    - **CRUSE** - support for anyone who wants to talk about a death that has affected them or someone they know www.crusebereavementcare.org.uk - Tel: 0844 477 9400;
    - **PAPYRUS** – support and resources for those dealing with suicide, depression and distress particularly amongst teenagers and young adults www.papyrus-uk.org - Tel: 0800 068 4141.

- Make automatic referral to carer's worker, if appropriate, if that person not already involved;
- A member of staff should be nominated to keep family / friends informed of proceedings and important dates for them to contact to check progress, access support, arrange to visit staff or place of death.

10. Guidelines for staff support

- Managers should consider whether they wish to access support for their staff following an unexpected death or near miss;
- Informal support should be implemented immediately by the manager in charge of the incident, from the time of the incident and will include checking of staff's response and immediate support needs;
- Staff will not be expected to leave the area of the incident (or their work base for community incidents) to go home until the manager in charge is assured they are fit to travel and have resources for support at home if needed.
- The manager in charge of the incident must give advice and guidance to staff on how to access the appropriate level of support to meet their needs. The manager in charge of the incident will inform staff of the options available to support them, including return to work plans. Following the incident they will ensure that support is available for all staff and that all staff have access to support systems to meet their individual needs;
- Consider the needs of staff coming into work after the incident. Individual's needs may be very different depending on circumstances, experiences and coping mechanisms;
- Managers should endeavour to keep staff up to date with the incident review and the coroner's processes, events and decisions.

- Staff should remember that in talking to the relatives and friends of the bereaved immediately after the death that it is important to avoid words like 'suicide' (as the police / Coroner may ultimately come to a different verdict e.g. 'misadventure' 'unlawful killing'). Instead, refer to the incident as an '**unexpected death'**;
- The nominated member of staff should inform the family of what will happen next, including the Root Cause Analysis (RCA) / incident review process. All information given to relatives regarding the review process must reflect the CWP incident reporting, management and review policy process;

11. Reporting the death

11.1 Reporting the death to external agencies

Should an unexpected death of a patient arise, CWP will need to report this to the Coroner's Office via the police under the following circumstances:

- A patient dies who is being cared for under the provisions of the Mental Health Act;
- A CWP inpatient dies where the death is violent or unnatural or sudden and the cause of which is unknown, this includes deaths linked to self harm;
- A CWP patient or a person who has recently been discharged from CWP's care dies in the community where the death is violent or unnatural or sudden and the cause of which is unknown, this includes deaths linked to self harm.

The Care Quality Commission (CQC) also needs to be informed of the unexpected death of any patient who is liable to be detained in hospital under the provisions of the Mental Health Act. Once the Mental Health Act Team has been made aware of any such deaths, a Statutory Notification form under Regulation 17, CQC, will be required to be completed by the relevant multi-disciplinary team and returned to MHA Team for submission to CQC. The CQC, under its general remit to keep under review the operation of the Mental Health Act 1983, is notified of the death of all patients liable to be detained in hospital, but not those subject to Supervised Community Treatment.

CQC records all deaths of detained patients and reviews the deaths of patients who have died from non-natural causes to establish whether good practice, as defined in the Code of Practice attached to the Mental Health Act 1983 has been followed and whether lessons for future practice and policy need to be learned. This review may include sending a representative to the inquest, which considers the circumstances of the death or arranging a visit to the hospital to consider the issues arising.

12. Duties and responsibilities

12.1 Director of Nursing, Therapies and Patient Partnership

Has executive responsibility for the development and monitoring of this policy.

12.2 Locality Service Directors

Have operational responsibility for the implementation of this policy within their areas of management accountability.

12.3 Clinical Staff

Are responsible for implementing the guidance and procedures within this policy and ensuring they are competent to do so.

12.4 General Managers

Are responsible for attending the clinical scene of a SUI in their area, where there has been an unexpected death or near miss to a fatality to support staff and ensure correct procedures have been followed. Out of hours the manager who is 2nd Tier on-call should initially attend and inform 3rd tier on call managers following assessment of the situation.

Appendix 1 – Police accessing records

The Police and Criminal Evidence Act (PACE, 1984) sets out the legal position regarding clinical patient records in circumstances where a potential crime is being investigated by the police.

Normally the police will take the copy of the clinical record and other materials / documents that has been made by the ward staff. Under section 22, PACE original documents should not be retained by the police if a copy would be sufficient for their purposes.

The police are however empowered to take original clinical patient records from the Trust in the following specific circumstances as set out in the PACE. Any such requests for the original records must be referred to and dealt with by the on-call manager in attendance who may need to refer to a more senior manager or director on call.

Police are empowered to take original clinical patient records:

- Where a search warrant has been issued by a Circuit Judge;
- Under Section 19, PACE, where the police are on Trust premises with the Trust's consent and they have reasonable grounds for believing that the original records:
  - Have been obtained illegally (as a result of the commission of an offence);
  - Are evidence in relation to an offence;
  - There are reasonable grounds to believe that it is necessary to seize the records to prevent evidence being concealed, lost, altered or destroyed.

Under Section 21, PACE, the police are under a duty to supply a copy of the originals seized to the organisation within a reasonable time unless the police have reasonable grounds for believing that supplying a copy would prejudice the investigation.

Appendix 2 - On finding or being concerned that a patient has apparently died