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**CONTROLLED DOCUMENT**

**Reviewing Inpatient Deaths Policy**

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| **CATEGORY:** | Policy |
| **CLASSIFICATION:** | Governance |
| **PURPOSE** | To set out the framework for reviewing inpatient deaths across the Trust. |
| **Version Number:** | 1.0 |
| **Controlled Document Sponsor:** | Medical Director |
| **Controlled Document Lead:** | Head of Clinical Safety and Governance |
| **Approved By:** | Trust Board |
| **On:** | 28/11/2017 |
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| **Distribution:**   * **Essential Reading for:** * **Information for:** | Medical Examiners  Divisional Management Teams  Safety and Governance Teams  Medical Staff |

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1. **Policy Statement**
   1. Heart of England NHS Foundation Trust (the ‘Trust’) is committed to learning from deaths of people in their care in order to improve the quality of care they provide to patients.
   2. This policy and its associated documents details the requirement for Trust Medical Examiners and individual clinical specialties to review inpatient deaths in line with national guidance and requirements.
   3. The key objectives of this policy are to:
      1. Set out the framework for the review of inpatient deaths;
      2. Ensure all staff understand their roles and responsibilities in connection with the policy; and
      3. Ensure compliance with national policy and guidance related to the review of inpatient deaths.
2. **Scope**
   1. This policy applies to all areas and activities of the Trust and to all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.
   2. The policy applies to patients who die whilst in the care of the Trust as outlined in the associated procedural document.
3. **Framework**
   1. This section describes the broad framework for the review of inpatient deaths. Detailed instructions are provided in the associated procedural document.
   2. The Medical Director shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.
   3. The Trust will ensure that all relevant inpatient deaths are subject to clinical review and outcomes of these reviews are used for learning and quality improvement by ensuring that all inpatient deaths that fit the pre-defined selection criteria (as detailed in the associated procedure) will be subject to a Stage 1 review by a Medical Examiner.
   4. All cases which meet the escalation criteria will require escalation for specialty Mortality and Morbidity review. The outcomes of all cases escalated for further review will be presented to the Trust Executive led Clinical Quality Monitoring Group (CQMG) for final review.
   5. CQMG will review and decide which cases justify further review or independent investigation in line with the associated Policy for the Reporting and Management of Incidents including Serious Incidents.
4. **Duties**
   1. **Executive Medical Director**

The Executive Medical Director is responsible for:

* + 1. Overseeing the implementation of this policy and its associated procedure;
    2. Authorising independent formal investigations of relevant inpatient deaths; and
    3. Receive exception reports from Medical Examiners when their initial scrutiny of care triggers the requirement for further investigation.
  1. **Divisional Directors, Heads of Operations, and Clinical Directors**

Divisional Directors and Clinical Directors will:

* + 1. Support the implementation of this policy and its associated procedure; and
    2. Ensure clinical specialties undertake reviews of cases raised as requiring further review by the Medical Examiners.
  1. **Safety and Governance Directorate**

Members of the Safety and Governance Directorate will:

* + 1. Provide outcome reports to the Medical Director;
    2. Manage the process of reviewing and escalating outcomes of Medical Examiner reviews; and

* + 1. Produce reports in line with national requirements to the Trust Board of Directors and the Clinical Commissioning Group.
  1. **Bereavement Services**

Members of Bereavement Services will support families and carers of patients who have died whilst in the care of the Trust.

* 1. **Investigations Team**

Members of the Investigations Team will maintain contact with families and carers and offer them the opportunity to meet and discuss their concerns or answer any questions they may have where a case requires a serious incident investigation.

* 1. **Learning Disability Specialist Nurses**

### Learning Disability Specialist Nurses will assist the Medical Examiner to identify patients with a Learning Disability by informing the Medical Examiners when a patient with a learning disability dies under the care of the Trust.

1. **Implementation and Monitoring**
   1. Implementation

This policy will be available on the Trust’s Intranet Site and on the Trust’s external facing internet site. The policy will also be disseminated through the management structure within the Trust.

* 1. Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

1. **References**

National Quality Board (2017) – National Guidance on Learning from Deaths

1. **Associated Policies and Procedural Documentation**

Bereavement Policy and Procedures

Incident Reporting and Management Policy and Procedure

Reviewing Inpatient Deaths Procedure

**Appendix A Monitoring Matrix**

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| **MONITORING OF IMPLEMENTATION** | **MONITORING LEAD** | **REPORTED TO**  **PERSON/GROUP** | **MONITORING PROCESS** | **MONITORING FREQUENCY** |
| Trends and themes among stage 1 reviews, outcomes of stage 2 reviews. | Head of Clinical Safety and Governance | Clinical Quality Monitoring Group | All stage 1 reviews are recorded electronically and the outcomes of these are captured in a dashboard which informs the CQMG report.  Stage 2 reviews will be collated and included separately in the report. | Quarterly as routine for stage 1 reviews.  Outcomes of stage 2 reviews or other serious concerns may be reported more frequently as required. |
| Trends and themes | Safety and Governance | CQMG  Medical Examiner Meeting | Figures will be reported on any trends and themes | Quarterly |
| Cases meeting the escalation criteria | CQMG | Board of Directors | All cases that meet the criteria for escalation will be for senior review. | By exception? |
| Mortality figures and outcomes | In line with the Care Quality Commission/National Quality Board requirements mortality figures and outcomes will be reported | Quarterly |
| Scrutiny of care | Medical Examiners | Medical Director | Cases where initial scrutiny of care triggers the requirement for further investigation. | By exception |