Policy name: Death of a service user 1.10

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1	Sandra Haughton (SH)	Jul 2015	First draft
2	Sandra Haughton (SH)	Feb 17	Major Changes to document to stay in line with compliance.
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1.10 Death of a Service User

1.10.1. Introduction

Death can occur in a variety of circumstances and may be sudden and unexpected or anticipated. The death of a service user can have a significant impact on relatives, carers and staff involved in their care.

As an independent provider of ophthalmology services that does not provide overnight care, deaths occurring within the clinic are expected to be rare and are likely to be unexpected. Such deaths may occur whilst services are being provided as part of a regulated activity or may potentially be associated with the provision of a regulated activity.

1.10.2. Purpose

The purpose of this policy is to provide guidance to iSight staff following the death of a service user and to ensure that deceased patients are treated with privacy, dignity and respect at all times.

The policy also aims to ensure that relatives, carers and those affected by a death receive compassionate, sensitive and appropriate support.

1.10.3. Aim

The aim of this policy is to ensure that all staff involved in the care of a deceased service user are able to respond appropriately according to their role and responsibilities and the needs of those affected.

This policy sets out the values, principles and practices underpinning iSight's approach to managing the death of a service user whilst receiving care from the clinic.

1.10.4. Statement

iSight is committed to ensuring that deceased patients and bereaved relatives receive a high standard of care and support.

All staff involved in caring for a deceased patient or supporting those affected by bereavement will provide care that is safe, effective, compassionate and respectful.

This policy supports compliance with:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- The Care Quality Commission (CQC) Fundamental Standards;
- Relevant legislation and guidance relating to the management of deaths, information governance and equality.

This policy should be read in conjunction with all relevant clinical governance, incident reporting, safeguarding and information governance policies.

1.10.5. Scope

This policy applies to all employees, contractors, agency workers and other persons working on behalf of iSight.

It applies to staff involved in supporting patients, relatives, carers and other individuals affected by the death of a service user and to those who have responsibilities under relevant legislation and regulatory requirements.

1.10.6. Duties

Chief Executive

The Chief Executive has overall responsibility for ensuring that appropriate policies, procedures and systems are in place to support safe, respectful and lawful management of the death of a service user.

The Chief Executive is responsible for ensuring that care is delivered in accordance with equality, diversity and human rights principles and that the cultural, religious and individual preferences of deceased patients and their families are respected wherever reasonably practicable.

Clinical Services Manager (CSM)

The Clinical Services Manager is responsible for:

- Ensuring that this policy is effectively implemented and reviewed.
- Ensuring that staff are aware of and comply with relevant policies and procedures.
- Identifying and addressing barriers to compliance.
- Ensuring that staff receive appropriate training and support.
- Ensuring that staff have access to counselling, wellbeing and occupational health support where required.
- Ensuring that any required notifications are made to the Care Quality Commission without delay in accordance with regulatory requirements.

The current CQC notification forms and guidance are available via the CQC website and the organisation's document management system.

Clinical Staff

Clinical staff have day-to-day responsibility for taking appropriate action following the death of a service user.

Clinical staff must:

- Treat the deceased person with dignity, privacy and respect at all times.
- Respect the patient's known cultural, religious, spiritual and personal wishes wherever reasonably practicable.
- Ensure that the deceased person is removed from the premises only in accordance with legal requirements and agreed procedures.
- Provide care and support without discrimination and in accordance with the Equality Act 2010.
- Report and document all relevant information relating to the death in accordance with organisational procedures.

1.10.7. Policy

Deaths occurring within iSight services are expected to be rare and generally unexpected.

In the event of a service user's death whilst attending the clinic:

- Emergency services will be contacted immediately where appropriate.
- The senior person on duty will ensure that appropriate medical professionals are notified.
- The Clinical Services Manager and relevant senior managers will be informed as soon as practicable.
- The patient's next of kin or nominated representative will be informed promptly and sensitively.
- The deceased person will be treated with dignity, privacy and respect at all times.
- Confirmation and certification of death will be undertaken in accordance with current legal requirements and applicable professional guidance.
- Where the circumstances of the death indicate that referral to the Coroner may be required, staff will follow the advice of the attending medical practitioner and relevant legal procedures.

- Any death occurring whilst a regulated activity is being provided, or which may have resulted from the provision of a regulated activity, will be notified to the Care Quality Commission without delay in accordance with regulatory requirements.
- An incident report will be completed and the need for further investigation considered in accordance with the organisation's incident reporting procedures.
- Where a notifiable safety incident has occurred, iSight will comply with the statutory Duty of Candour and communicate openly and honestly with the patient's relatives or representatives in accordance with applicable regulations.
- Appropriate support will be offered to relatives, carers and staff affected by the death.

Staff affected by the death of a service user will be offered appropriate emotional support, debriefing and counselling services where required.

1.10.8 Information Governance

Confidentiality obligations continue after death. Access to records relating to deceased patients must be managed in accordance with the Access to Health Records Act 1990 and organisational information governance policies.

1.10.9 Support for Relatives

Relatives should be provided with clear information regarding next steps and sources of bereavement support where appropriate.

1.10.10 Staff Debriefing

Following a death, staff should have access to formal debriefing and wellbeing support where required.

1.10.11 Related Legislation and Guidance

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Access to Health Records Act 1990
- Coroners and Justice Act 2009
- Data Protection Act 2018
- UK GDPR
- Duty of Candour Regulations