The AHSN Network

NHS Improvement

Medical Examiner Services

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North East and North Cumbria

Patient Safety Collaborative

TheAHSNNetwork

NHS Improvement

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North East and North Cumbria Patient Safety Collaborative

NHS Improvement The Health Foundation

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Medical Examiner Service: National reform

- National implementation of the Medical Examiner reforms set out in the 2009 Coroners Act is in two phases. By April 2019 Trusts should set up non-statutory schemes, based on the national pilots, particularly in Leicester, Sheffield and Gloucester, funded in part from cremation form fees, in preparation for the commencement of a statutory scheme in 2020/21.

- Implementation will be in the NHS (not Local Authorities), initially for deaths in secondary care, based in providers but with accountability outside the organisation to ensure a degree of independence.

- National Medical Examiner being appointed, reporting to the National Director of Patient Safety in NHS Improvement. E-Learning package being updated. RCPath will also provide training, IT procurement being carried out to provide a national database.

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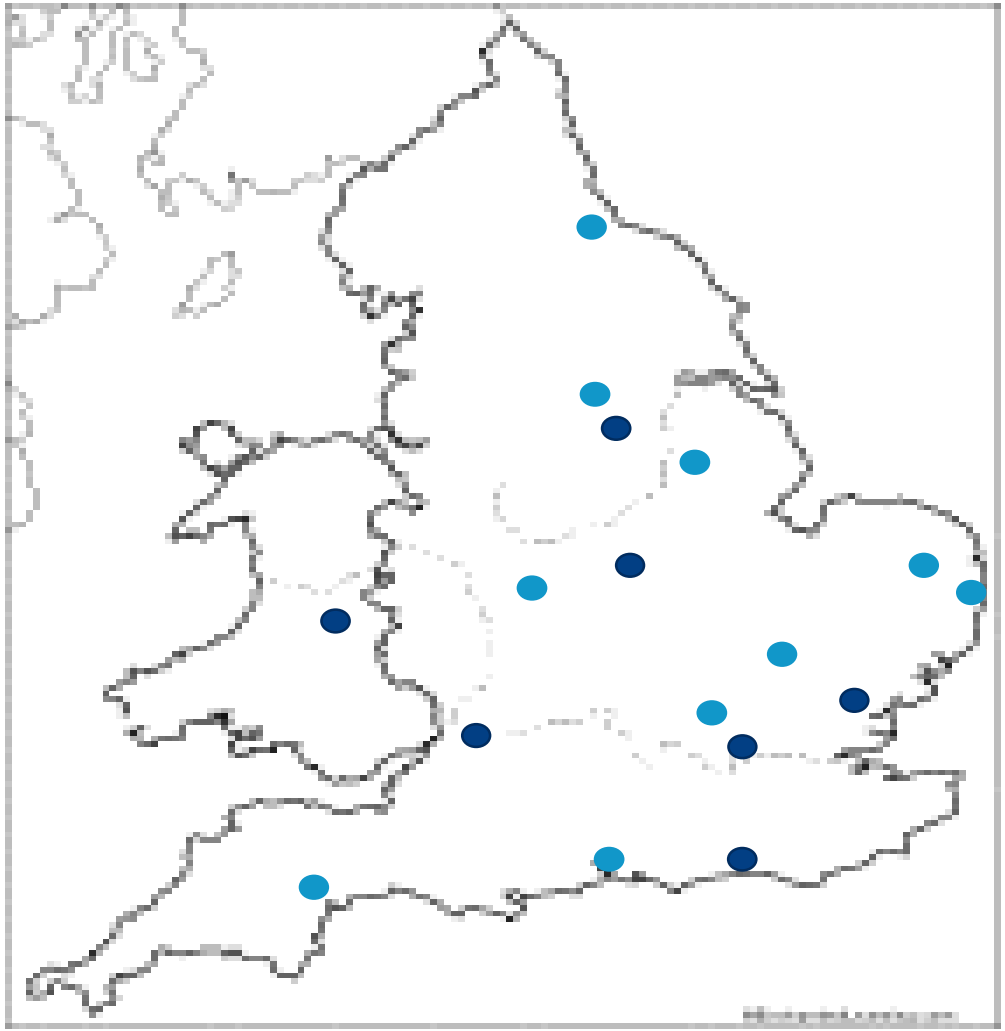
Pilots

- Sheffield
- Gloucester
- Powys
- Inner North London
- Leicester
- Brighton and Hove
- Mid-Essex

Early Adopters

- South Tees
- Barnsley
- Lincoln
- Birmingham
- Norwich
- Great Yarmouth
- Cambridge
- Buckinghamshire
- Southampton
- Exeter



South Tees Medical Examiner Service

- South Tees developed a service ahead of national reform as an ‘early adopter’.
- Mon-Fri, 8-4 service for a Trust with approximately 2000 deaths per year. Based in Bereavement Service (manager and three bereavement services officers)
- 13 PAs taken up by 8 consultants doing 1or 2 PAs each from a range of specialities:
  - ICU/anaesthesia (x2, including the lead)
  - Acute Medicine
  - Cardiology (x2)
  - Surgery (Oral and Maxillofacial)
  - Infectious Diseases
  - Radiology/Nuclear medicine physician
- On-line, face to face training days and mentorship by retired Medical Director

Medical Examiner Service: National reform

MEs should seek to answer three questions:

- What do patients die from?

  Accurate medical certificate of cause of death (MCCD) completion

- Does the death need reporting to the coroner?

  Timely and accurate referral to the coroner

- Are there any clinical governance concerns?

  Case record review/and or investigation through Clinical Governance processes

South Tees Medical Examiner Service

- Co-located with the Bereavement Service which includes a Registrar. Support from local Coroners. Discussion with Medical Referees.
- MEs talk to the clinical team caring for the patient at the time of death, review the notes, when appropriate examine the body and sign the ‘Part 2’ (Form 5) cremation certificate and within days speak to the family.
- Service commenced in May 2018. Currently covering JCUH, beginning in Friarage not yet covering community hospitals.
- If any concerns are raised in-depth case record review and/or investigation take place and specialty/attending teams also review.
- Key links to End of Life Care and Mortuary services.

South Tees Medical Examiner Service

- Forms being used to record ME activity, based on national forms prepared as part of pilots with some adaptations based on Leicester and Sheffield.

- MEs involved in 501 of the 733 deaths in the 5 months May to September. 55 cases were referred for second stage review or investigation.

- Examples illustrate the benefits
  - Correcting misunderstandings improves the experience for bereaved families
  - Junior doctors appreciate the support and training in certification of death
  - Process is expedited so feedback from Coroners, Registrars mortuary and funeral directors is positive
  - Errors in certification picked up

- The AHSN and NEQOS will support sharing of learning from South Tees.

Themes from MEs and Mortality Reviews

- End of life care, ceilings of care and avoidable admissions
- Early detection and response to physiological deterioration and effective communication
- Record keeping and organisation of medical records
- Discussion with specialty teams is vital
- Links to wider Clinical Governance processes

Learning from Deaths Monthly Dashboard - September 2018

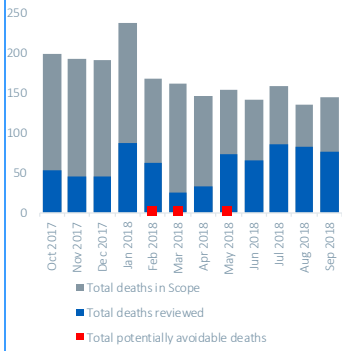
NHS South Tees Hospitals NHS Foundation Trust

Total number of deaths reviewed and deaths deemed preventable
(includes patients with identified learning disabilities)

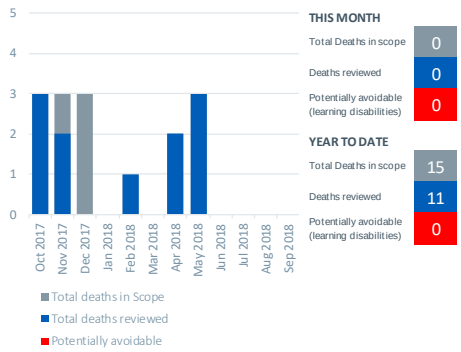
	Total deaths in scope	Total deaths Reviewed	1st stage review only	Definitely not Preventable	Slight evidence of preventability	Possibly preventable (<50:50 but close call)	Possibly preventable (>50:50 but close call)	Strong evidence for preventability	Definitely Preventable	Total potentiallly avoidable deaths
This month	145	77	74	2	1	0	0	0	0	0
Previous 12 months	2027	736	379	328	18	7	1	3	0	4

2nd Stage Review

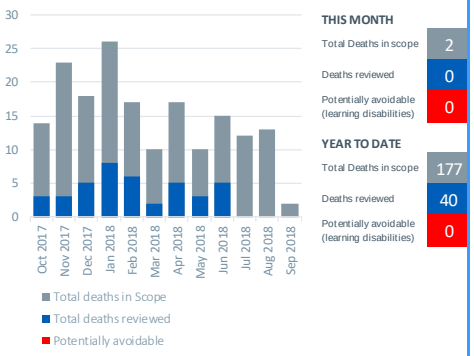
All patients:
Mortality over time, total deaths and deaths considered potentially preventable



Patients with learning disabilities:
Mortality over time, total deaths and deaths considered potentially avoidable



Patients with a mental health issue:
Mortality over time, total deaths and deaths considered potentially avoidable



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Thank you

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Academic Health Science Network North East and North Cumbria

NHS North East Quality Observatory Service