Somerset Partnership NHS
NHS Foundation Trust

VERIFICATION OF EXPECTED DEATH OF ADULT PATIENTS BY REGISTERED NURSES

Version:	5
Ratified by:	Senior Managers Operational Group
Date ratified:	October 2016
Title of originator/author:	Consultant in Palliative Medicine
Title of responsible committee/group:	Clinical Governance Group
Date issued:	November 2016
Review date:	**September 2019**
Relevant Staff Group/s:	Registered Nurses working within community hospitals, mental health inpatient units and adult community nursing services

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

Reference AS/Feb13/VoDP	**Version** 5	**Status** Final	**Author** Consultant in Palliative Medicine
Amendments	Root and branch review with different model of working. Completed through collaboration with professionals, coroner, Clinical Commissioning Group.		
Document objectives: To outline the process of identifying when an adult patient has died. Procedure and actions to follow when death is inevitable and expected.			
Intended recipients: Registered Nurses working within community nursing, community hospitals and mental health inpatient units.			
Committee/Group Consulted: Clinical Policy Review Group, Clinical Governance Group			
Monitoring arrangements and indicators: described in section 11.			
Training/resource implications: described in section 6.			
Approving body and date	Clinical Governance Group	Date: September 2016	
Formal Impact Assessment	Impact Part 1	Date: September 2016	
Clinical Audit Standards	YES	Date: August 2016	
Ratification Body and date	Senior Managers Operational Group	Date: October 2016	
Date of issue	November 2016		
Review date	**September 2019**		
Contact for review	Head of Division, East Somerset		
Lead Director	Chief Operating Officer		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	**Designation or Group**
Tracy Evans	Head of Division, East Somerset
Amanda Smith	Head of Division, West Somerset
Michele Crumb	Head of Risk
Vanda Squire	Community Lead for Safeguarding Vulnerable Adults
Dr Chris Absolon	Palliative Care Partnership
Mr. Tony Williams	HM Coroner
Emma Norton	Ward Manager, Mental Health
Mary Martin	Professional Lead for District Nursing
Neil Jackson	Head of Division, Mental Health Inpatients, Crisis and Specialist Care
Members	Resuscitation Working Group
Members	Clinical Policy Review Group
Members	Clinical Governance Group
Andrew Sinclair	Head of Corporate Business/EIA

CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose and Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms Used	5
5	Legal Position	5
6	Training Requirements	6
7	Implantable Cardioverter Defibrillators	6
8	Verification of Expected Death	6
9	Exceptions to Verifying Death	7
10	Equality Impact Assessment	7
11	Monitoring Compliance and Effectiveness	8
12	Relevant Care Quality Commission (CQC) Registration Standards	8
13	References, Acknowledgements and Associated Documents	9
14	Appendices	11
Appendix A	Expected Death Supporting Evidence Tool	12
Appendix B	Verification of the Fact of Death Form	13
Appendix C	Verification of Expected Death by a Registered Nurse (Flowchart)	14
Appendix D	Procedure for completing and submitting the CQC form: ‘Statutory notification about the death of a person detained or liable to be detained under the Mental Health Act 1983’.	15
Appendix E	Competencies for Verification of Expected Death in Adults	16
Appendix F	Clinical Audit Standards	19

1. INTRODUCTION

1.1 This document provides a framework for the verification of expected death by registered nurses. A large percentage of a nurse's time is spent caring for patients who are terminally ill (Goodman 1998).Death is inevitable for all living beings (Haisfield-Wolfe 1996) and, as health care providers, nurses play a principle role in the care of dying individuals and their families. The ability of the nurse to confirm the expected death of a patient and provide aftercare to relatives and carer's will provide continuity of care at a time of anxiety and distress.

1.2 If the nurse has any concerns that the death may not be from natural causes this must be reported immediately. During office hours this will be a discussion with their line manager/GP of patient who can discuss any issue with a coroner's officer. Out of hours the police will need to be contacted in their role as deputising for the coroner's officer.

1.3 If a registered nurse does not feel suitably qualified or competent to verify an expected death, they should not undertake this and document any actions taken clearly in the patient's notes and contact a senior clinician for advice.

1.4 A nurse must be trained and deemed competent to confirm the death, and there must be an explicit local policy in place which the nurse must check for specific details (RCN 2016).

2. PURPOSE & SCOPE

2.1 The expected outcomes of this policy are as follows:

- for the death of the patient to be dealt with in a timely, sensitive and caring manner;
- death is dealt with in accordance with the law;
- removal of devices prior to verification of death is illegal (The Human Rights Act 1998 articles 2 and 3 Griffith 2004);
- registered nurses' skills and competencies are used appropriately;
- distress of relatives is minimised.

2.2 All religious and cultural needs of the patient must be taken fully into account at all times by staff and incorporated into the patient's care plan as described in the trust End of Life Care Policy.

3 DUTIES AND RESPONSIBILITIES

3.1 The **Trust Board** has overall responsibility for procedural documents and delegate's responsibility as appropriate.

3.2 **Director of Nursing** will oversee implementation of the Verification of Expected Death of Adult Patients by Registered Nurses policy

3.3 **The following Best Practice Groups: End of Life, Community Hospital and District Nursing,** will provide assurance that the Verification of Expected Death of Adult Patients by Registered Nurses Policy is fully implemented.

3.4 **Community Hospital Matrons /Senior District Nurses/Unit Managers** are responsible for ensuring that staff are aware of the policy and that any staff training needs are identified and addressed.

3.5 **All In-Patient Ward / Community Staff** are responsible for adhering to the policy which provides a framework for best practice

4. EXPLANATIONS OF TERMS USED

4.1 **Expected death** can be defined as death following a period of naturally occurring terminal illness where no active intervention to prolong life is occurring.

5. LEGAL POSITION

5.1 English law at present

- **does not** require a doctor to confirm that death has occurred;
- **does require** the doctor who attended the deceased during their last illness to issue a certificate detailing the cause of death.

5.2 **Verification of the fact of death** is defined as deciding whether a patient is actually deceased and is required before the body can be moved

5.3 Certification of death is a process completed by a Medical Practitioner

5.4 All deaths should be subject to professional verification *(Secretary of State for Home Department, 2003)*.

5.4.1 The Royal College of Nursing states ‘experienced registered nurses have the authority to confirm death, notify the relatives, and arrange for last offices and the removal of the body to the mortuary or the appropriate funeral parlour’ (RCN 2016).

5.4.2 A nurse can verify the expected, natural, death of a person subject to the Mental Health Act 1983 (see Appendix D for a list of relevant sections). The team must report the death of a person subject to the Mental Health Act to the Care Quality Commission (CQC) within three days of the death. This applies to both the Community Health Directorate and the Mental Health Directorate.

5.4.3 A nurse may also verify the expected, natural death of a person subject to an urgent or standard authorisation under the Deprivation of Liberty Safeguards.

5.4.4 As per the NMC Code (2015) a registered nurse must complete the necessary training before carrying out a new role and recognise and work within the limits of their competence or ask for help from a suitably qualified

and experienced healthcare professional to carry out any action or procedure that is beyond the limits of their competence.

5.4.5 Deaths where an industrial related disease is likely to be a cause can be verified by a registered nurse working under the framework of this policy. An example of this would be mesothelioma. No special treatment of the body is required (in line with any infection control needs) and a person can be moved to by a funeral director or to a cold room/mortuary.

6 TRAINING REQUIREMENTS

6.1 A registered nurse may only undertake verification of expected death if they have attended training on Verification of Expected Death, and been assessed as competent (See appendix E). Training is available from the Learning and Development department, accessible via the Trust Intranet.

7 IMPLANTABLE CARDIOVERTER DEFIBRILLATORS

7.1 While an ICD is active, the patient's family should be reminded that if the device does discharge, it is by means of a low energy internal shock which is harmless to anyone in physical contact with the patient. It is safe to touch a body and verify death even if the ICD defibrillation function has not been deactivated.

8 VERIFICATION OF EXPECTED DEATH

8.1 Patients to whom this policy refers:

- **expected natural death** can be defined as death following a period of terminal illness where no active intervention to prolong life has occurred
- this policy only pertains to patients when a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) form has been completed
- **the registered nurse is also able to evidence the expected nature of the death using the 'Expected Death Supporting Evidence Tool' In appendix A.**

8.2 Medical responsibilities

- A verification of expected death form is no longer required from the patients doctor;
- It is good practice for doctors to see patients regularly to monitor symptom control and provide support and information when they are dying.

8.3 Registered nurses responsibilities

- Ensure a valid DNACPR decision is in place
- Complete the 'Expected Death Supporting Evidence Tool' and either call the appropriate senior manager on duty or verify the death.
- Complete Appendix B: Verification of the fact of Death Form.

8.4 The fact of death should be communicated to the doctor responsible for the patients' care as soon as possible following death. In hours this may be the patients' own GP or out-of-hours this may be the GP out-of-hours service. This can be via telephone message or fax (see Appendix C).

8.5 A medical certificate for the cause of death will be completed by a doctor involved in the patient's care at the earliest available opportunity

8.6 Parenteral drug administration equipment (for example as syringe driver) can be paused prior to the process of a verification examination but can only be removed once verification of death has been completed.

9 EXCEPTIONS TO VERIFYING DEATH

9.1 There will be exceptions relating to situations where the Doctor/ GP must be informed immediately of a patient's death. In these circumstances a nurse cannot verify death and the Medical Practitioner should be called. It is the Medical Practitioner's responsibility to refer the death to the Coroner (Appendix E):

- if the patient is under 18 years of age;
- if there is any evidence of suspicious circumstance;
- all sudden and unexpected deaths;
- if there is evidence of neglect, negligence or malpractice;
- after any operative or invasive procedure which may have contributed to the death;
- deaths following an untoward incident or drug error;
- after a fall which may have contributed to the death;
- if there is any evidence of suicide;
- If there is evidence of recent self-harm;
- if there is any evidence of an accident;
- where organ/tissue donation has been requested and urgent medical intervention is needed to remove the appropriate organ/tissue or make the appropriate arrangements. This also includes circumstances where the patient as consented to their body being donated to medical sciences;
- where relatives specifically request to see the Doctor/ GP;
- when the nurse has a good reason for needing the support of a Doctor/ GP;
- when the Doctor/ GP feels he/ she should be present.

9.2 If anything untoward or unlawful is suspected please contact the on call manager who will discuss if the police need to be involved. If they do, please preserve the scene and later complete an incident form.

10. EQUALITY IMPACT ASSESSMENT

10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic.

If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

11.1 The District Nurse, Ward Sister or Matron will assess their staff's competency to verify death as part of their annual appraisal.

11.3 Documented evidence of training and assessment will be kept in each nurse's file.

11.4 An audit of documentation will be completed according to the Trust's record keeping policy. Audit standards have been developed. (Appendix F).

11.5 All incidents, feedback and complaints related to verification of expected death will be reviewed by the End of Life Best Practice group. Any good practice and/or learning points will be fed back to the relevant Best Practice Groups. Clinical supervision sessions will be offered to staff involved in any VEOD incidents.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

12.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

12.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 18:	Notification of other incidents

12.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

13.1 References

Atkinson R.D., HM Coroner accessed from West Lincolnshire Primary Care Trust. 2005.

Beattie, Dr James, Implantable cardioverter defibrillators in patients who are reaching the end of life. British Heart Foundation 2007.

Blackwater Valley and Hart and West Lincolnshire Primary Care Trust Verification of Death by Registered Nurses accessed June 2005.

British Medical Association (BMA) Confirmation and Certification of Death – Guidance for GPs in England and Wales. London 1999.

Clarke, Dr Peter. The World's Religions: Understanding the Living Faiths

Exeter Primary Care Trust, Verification of expected death by a registered nurse employed by Exeter Primary Care Trust, Nursing Protocol. Exeter Primary Care Trust. 2003.

Goodman C, Knight D, Machen I, Hunt B. Emphasising terminal care as District Nursing work: a strategy in a purchasing environment? Advanced Journal of Nursing, 28 (3), 491 – 498. 1998.

Green J and Green M. The Hutchinson Encyclopaedia – 10th Edition Dealing with Death, Practices and Procedures**.** Published by Chapman and Hall 1992.

Green Jennifer, Death with Dignity – Meeting the Spiritual Needs of Patients in a Multicultural Society. 1993.

Grenville, JS. The Shipman Enquiry. 2001.

Griffith R. Human rights and district nursing practice. British Journal of Community Nursing, 9 (12), 535-539. 2004.

Home Office, Report of the Committee of Death Certification – English Office CMND 4810. November 1971.

Home Office, Report of the Home office review of death certification, Executive Summary and Recommendations. 2001. Available from: http://www.homeoffice.gov.uk/docs/Executive

Hopkins Anthony and Bahl Veena. Access to Health Care for People from Black and Ethnic Minorities. Published by the Royal College of Physicians of London.

JRCALC Recognition of Life Extinct (ROLE) by Ambulance Staff.
The Joint Royal Colleges Ambulance Liaison Committee (JRCALC). March 2003.

Karmi Ghada, The Ethnic Health Handbook – a fact file for Health Care Professionals, Blackwell Science Ltd.

Kent LMC, Protocol for the Verification of death by Nursing Home Staff. 24 August 2001. Available from: http://www.pointersystems.net/kentlmcwebsite.nsf. Accessed August 2005.

Neuberger Julia, Caring for Dying People of Different Faiths. Published by Lisa Sainsbury Foundation 1987.

Nursing and Midwifery Council (NMC); 2015; *The Code Professional standards of practice and behaviour for nurses and midwives* [online] www.nmc-uk.org/code. [Date Accessed 26 February 2016]

Office of the Public Guardian. Making Decisions: A guide for people who work in health and social care.

Oncology Nursing forum VOL 32 No1 2005

Perminder and Gurdev Bal. Health Care Needs of a Multi-Racial Society.

Royal College of Nursing (RCN) 2016: *Accountability and delegation* [online] https://www.rcn.org.uk/professional-development/accountability-and-delegation [Accessed 29.02.2016]

Royal College of Nursing (RCN) 2016:*Confirmation or verification of death by registered nurses* [online] https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death [Accessed 29.02.2016]

Redditch and Bromsgrove Primary Care Trust, Guidelines for the Verification of Expected death. 2003, www.RandB-pct.nhs.uk Accessed August 2005.

The Shipman Inquiry: Third Report – Death Certification and the Investigation of Deaths by Coroners, Command Paper Cm 5854. 2003. Available from: http://www.theshipman inquiry.org.uk

West Lincolnshire Primary Care Trust. Verification of Death by Registered Nurses. Accessed June 2005.

West Midlands Ambulance Service. Guidelines for Confirmation of Death for use by all Technicians/Paramedics. 2001.

www.gov.uk/after-a-death/when-a-death-is-reported-to-a-coroner January 2013)

13.2 Cross reference to other procedural documents

- Equality and Diversity Policy
- Information Governance Policy
- Learning Development and Mandatory Training Policy
- Record Keeping and Records Management Policy
- Risk Management Policy and Procedure

- Serious Incidents Requiring Investigations (SIRI) Policy
- Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

14. APPENDICES

14.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	Expected Death Supporting Evidence Tool
Appendix B	Verification of the Fact of Death Form
Appendix C	Verification of Expected Death by a Registered Nurse (Flowchart)
Appendix D	Procedure if a Patient is Detained Under the Mental Health Act 1983
Appendix E	Competencies for Verification of Expected Death in Adults
Appendix F	Clinical Audit Standards

APPENDIX A

Somerset Partnership NHS
NHS Foundation Trust

Expected Death Supporting Evidence Tool

Patient's Name	
NHS Number	
Date of Birth	
GP	
Resuscitation Category (Please document) If not valid, consider basic life support and obtaining assistance.	
If Do Not Attempt Resuscitation form valid and in place – continue:	

Supportive information that this is an expected death: such as, but not limited to (tick if present):		
End-of-life care plan and communication tool	Palliative care paperwork	Evidence of decline towards natural death
Anticipatory prescribing	RiO documentation of EOL	EPACCS information
CHC Fast track funding	DS1500 completed	Other; please state

Are you satisfied that this death is expected?

Yes: Proceed to verify death	No: Call manager

Are the people present at the time of death satisfied there are no untoward circumstances?

Yes: Proceed to verify death	No: Call manager

Are there any obvious extenuating circumstances in the patient environment which would preclude you from verifying death? e.g. recent fall, obvious unexplained injury, drug error, any exclusion listed in VoD policy.

No: Proceed to verify death	Yes: Call manager

Name:	**Signature:**	**Date:**	**Time:**

APPENDIX B

Somerset Partnership NHS

NHS Foundation Trust

VERIFICATION OF THE FACT OF DEATH

Are you satisfied the patient can be verified according to the SOMPAR Expected Death Supporting Evidence Tool?	Yes: proceed	No: Call manager

Place, date and time of suspected death:	Death witnessed/ found by (include contact number):
Patient's name:	
Date of birth:	
Patient's address:	

Usual registered GPs name:	Date and time contacted:

Please complete the following:	Heart sounds and carotid pulse absent over one minute	Respiratory movements and breath sounds absent over one minute	Pupils fixed and dilated (and do not react to light)
Date:			
Time:			
Signature:			

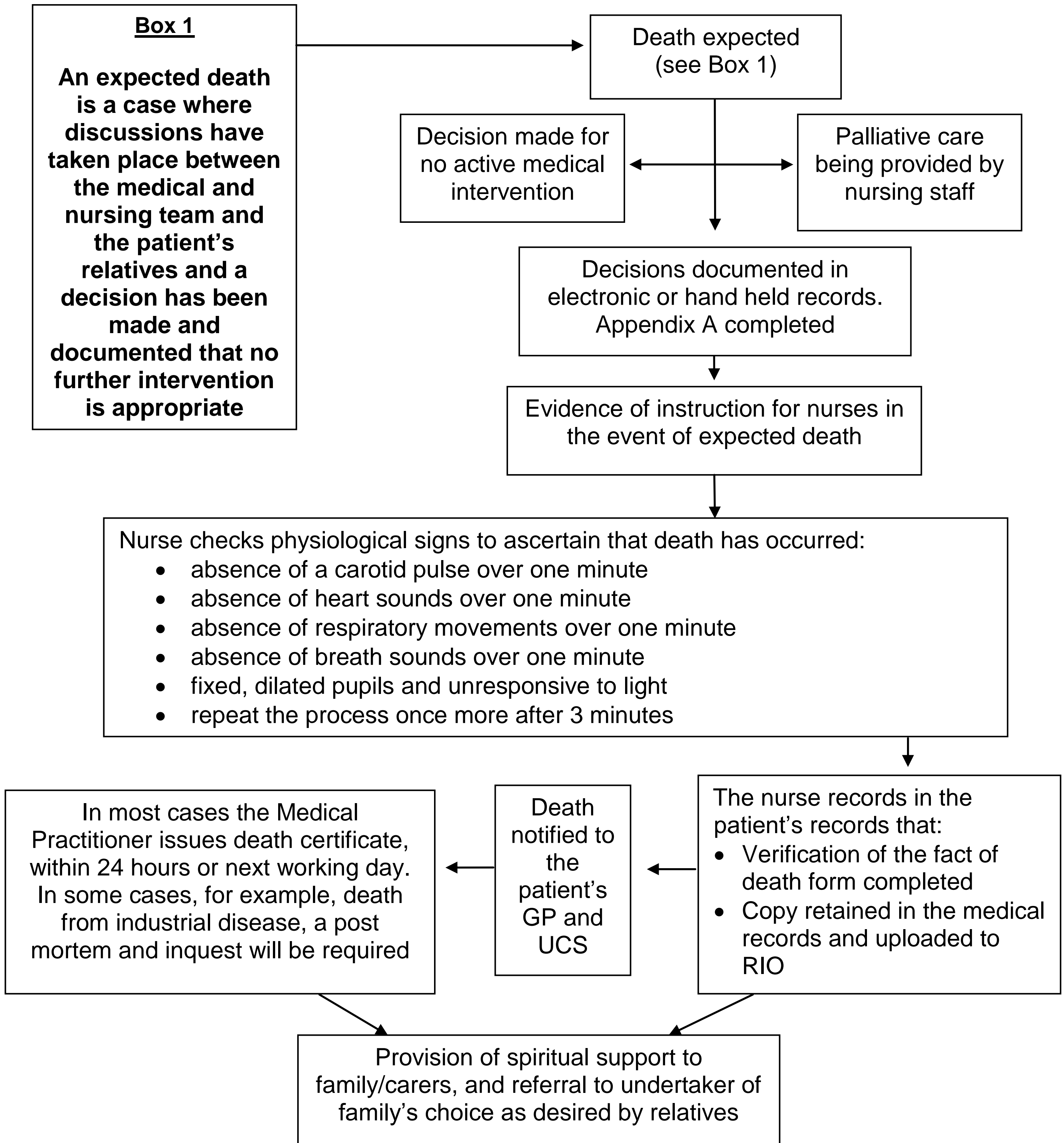
Repeat after three minutes	Heart sounds and carotid pulse absent over one minute	Respiratory movements and breath sounds absent over one minute	Pupils fixed and dilated (and do not react to light)
Verified date of death:			
Verified time of death:			
Signature:			

Medical Practitioner notified:	Yes / No at am / pm	
Relatives/neighbour contacted:	Yes / No at am / pm	
Minister of religion contacted if required:	Yes / No at am / pm	
Necessary advice and documentation given to relatives and carer:	Yes / No at am / pm	
Other services involved in care informed (ASC, Hospice, Marie Curie, OOH teams):	Yes / No at am / pm	
CQC informed if patient is detained under the Mental Health Act in an inpatient unit:	Yes / No at am / pm	
Death verified by: ***(please print)***	**Signature:**	**Qualification:** ***(e.g. RN)***

APPENDIX C

Somerset Partnership NHS
NHS Foundation Trust

FLOWCHART FOR VERIFICATION OF EXPECTED DEATH BY A REGISTERED NURSE



(West Lincolnshire Primary Care Trust, accessed June 2005)

Somerset Partnership NHS
NHS Foundation Trust

Procedure for completing and submitting the CQC form: 'Statutory notification about the death of a person detained or liable to be detained under the Mental Health Act 1983'.

This form must be completed whenever any patient subject to powers within The Mental Health Act dies, no matter what the circumstances of the death.

This includes patients subject to Sections within Part II of the Act (2, 3, 4, 5, 7, 17,17A, 135,136) and patients subject to Sections within Part III of the Act (35, 36, 37 (with or without S41 restrictions), 38, 44, 47, 48).

The form is periodically amended by CQC and can be accessed via: www.cqc.org.uk/mhanotifications

Procedure

1. Nurse in charge of the ward (or care coordinator for CTO patients) completes electronic CQC form and a DATIX incident form
2. Nurse or care coordinator e-mails completed form to the Mental Health Act administrators
3. Administrator e-mails it to MHA coordination manager and Legal Strategies manager
4. Managers check form for accuracy and liaise with the person who completed the form if there are any gaps, or if anything requires further explanation
5. Managers return form to administrators and copy in corporate governance manager
6. Administrator e-mails form to CQC using a secure NHS.NET account.

APPENDIX E

Somerset Partnership NHS
NHS Foundation Trust

COMPETENCIES FOR VERIFICATION OF EXPECTED DEATH IN ADULTS

Nursing and Midwifery Council (NMC); 2015; The Code Professional standards of practice and behaviour for nurses and midwives

Nursing and Midwifery Council (NMC) (2007) Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers.

Royal College of Nursing (RCN) 2016:Confirmation or verification of death by registered nurses

West Lincolnshire Primary Care Trust. Verification of Death by Registered Nurses

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice.

Somerset Partnership related documents:

- Assessing Competence in Clinical Practice Protocol.
- Verification of Expected Death of Adult Patients by Registered Nurses
- Equality and Diversity Policy
- Information Governance Policy
- Learning Development and Mandatory Training Policy
- Record Keeping and Records Management Policy
- Risk Management Policy and Procedure
- Serious Incidents Requiring Investigations (SIRI) Policy
- Untoward Event Reporting Policy and procedure

The purpose of these competencies is to clarify the knowledge and skills expected of practitioners to ensure safe practice in verifying expected death in adult patients.

Once the practitioner has reached a satisfactory level of competence following a period of supervised practice, ensure they are formally competency assessed by an appropriate practitioner.

The self–rating scale is to be used by the individual practitioner for self assessment of present performance during supervised practice, and to help identify learning needs. Their line manager, or other experienced practitioner, must then assess these skills and sign to confirm competency.

Only Doctors or qualified practitioners with an NMC recognised teaching and assessing in practice qualification and have undergone training and competency assessment in verifying expected death in adults, can be identified as assessors.

Key for Self-Assessment

1 = No knowledge/experience

2 = Some knowledge/experience

3 = Competent

4 = Competent with some experience

5 = Competent, experienced and able to assess others

Authors: Nina Vinall, Senior Nurse for Clinical Practice (Original)

Suzannah Davies Clinical Practice Facilitator

Rebecca Miskin Matron

Date: November 2013

Updated: September 2016

Review:

Assessment of competency for Verification of Expected Death

____

I confirm that I have self-assessed as competent to practice Verification of death of adult patients:

Practitioner's Name: ……………………………………………………...................

Practitioner's Qualification: ……………………………………………………..........

Practitioner's Signature: ……………………………… Date: ………………....

I confirm that I have assessed the practitioner named above as competent to verify expected death in adult patients.

Name and Title: ………………………………………………........................

Signature: ……………………………… Date: ……………….....................

Upon successful completion of your assessment of competency please send to your line manager and retain a copy for yourself.

Knowledge and Skills for Verification of Death		Self Assessment			Formal Assessment	
		Score	Tick	Date and Comments	Signature	Date and Comments
1	Describe the difference between certification and verification of death	1				
		2				
		3				
		4				
		5				
2	Discuss when a registered nurse can verify death and what documentation needs to be in place	1				
		2				
		3				
		4				
		5				
3	What are the circumstances that death may need to be reported to the coroner	1				
		2				
		3				
		4				
		5				
4	Discuss the legal requirements regarding removal of medical devices	1				
		2				
		3				
		4				
		5				
5	Discuss who should be informed that a patient has deceased	1				
		2				
		3				
		4				
		5				
6	Assessment in the clinical procedure for verifying cessation of cerebral function, respiration and circulation in accordance with local policy.	1				
		2				
		3				
		4				
		5				

APPENDIX F

Somerset Partnership NHS
NHS Foundation Trust

VERIFICATION OF EXPECTED DEATH OF ADULT PATIENTS BY REGISTERED NURSES CLINICAL AUDIT STANDARDS

31/8/2016

Service area(s) to which standards apply:

	MH Inpatient (CAMHS)		Community CAMHS		CH Specialist Services
√	MH Inpatient (Adult)		C & YP Integrated Therapy		MH Specialist Services
√	MH Inpatient (Older)		School Nursing	√	MH Community Adult
	MH Rehab & Recovery		Health Visitors	√	MH Community Older
√	Community Hospital		CH Rehab	√	Learning Disabilities
	MIU		Musculo-Skeletal	√	District Nurses

VERIFICATION OF EXPECTED DEATH OF ADULT PATIENTS BY REGISTERED NURSES CLINICAL AUDIT STANDARDS					
	Standard	**Policy/ document Reference**	**Complianc e (%)**	**Exceptions**	**Definitions** *(e.g. any interpretations, directions, or instructions on where/how to find information,* ***plus*** *relevant service where applicable)*
1	All expected deaths should be subject to professional verification.	5.4	100%	Section 9 of policy	Verification should be performed by a suitably qualified professional. Trained and competent nursing staff may verify that death has occurred. (see Appendix E)
2	The Expected Death Supporting Evidence Tool Appendix A is completed by the nurse verifying death.	8.3	100%	None	Instructions for Nurses in the Event of an Expected Death Form should be placed in the patients nursing notes, medical notes and scanned into RiO.
3	When verifying an expected death the nurse must record in the patient's notes using the 'Verification of the Fact of Death' form (Appendix B), which should be completed in full.	8.3	100%	None	Verification of the Fact of Death Form should be found in the patients nursing notes and medical notes and scanned into RiO Document the exact time of death within the patient's notes. If not present at the time of death it should be established as closely as possible from the relatives.

VERIFICATION OF EXPECTED DEATH OF ADULT PATIENTS BY REGISTERED NURSES CLINICAL AUDIT STANDARDS					
Standard		**Policy/ document Reference**	**Complianc e (%)**	**Exceptions**	**Definitions** *(e.g. any interpretations, directions, or instructions on where/how to find information, **plus** relevant service where applicable)*
4	Nurses who verify the expected death of a person detained under the Mental Health Act 1983 must report the death to the Care Quality Commission (CQC).	5.4.2	100%	None	This applies to both the Community Health Directorate and the Mental Health Directorate. Documented on the Verification of Death Form
5	All nurses who are expected to verify deaths must have appropriate education, training and assessment and have the necessary knowledge and competencies in order to fulfil this role.	5.4.3	100%	None	Any nurse to whom this duty falls must, as always, be aware of his/her personal professional accountability in respect of any activity undertaken *(NMC 2015).*
6	The record of the nurse's verification of an expected death should be communicated to the patient's GP as soon as possible following death.	8.4	100%	None	This can be via telephone message or fax. The record of the nurse's verification of an expected death should also be communicated to the Urgent Care Service (UCS) via telephone message or fax. Documented within nursing notes