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# Deaths of health and social care workers who contracted coronavirus

## Information for lead medical examiners and medical examiners

7 July 2020, Version 1

### 1. Context

On 29 May 2020 the Secretary of State for Health and Social Care [wrote](#) to the Chair of the Health and Social Care Select Committee to describe the process for medical examiner review of health and social care worker deaths from COVID-19. The Department of Health and Social Care (DHSC) has issued emergency Directions under Secretary of State powers conferred by section 253 of the National Health Service Act 2006. These require NHS trusts and NHS foundation trusts to co-operate with each other and others providing NHS services to ensure that medical examiners are available to prioritise the scrutiny of health and social care worker deaths from COVID-19. This information is being released in NHS England and NHS Improvement's communication with trusts regarding medical examiners' role in the process.

The relevant deaths are those of healthcare workers, details of which NHS England and NHS Improvement are collating, following the letter to trusts on 28 April 2020,<sup>1</sup> and of social care workers, which DHSC is [collating](#). We note that BAME communities, and health service

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<sup>1</sup> An example of this letter can be seen on the HR Directors' [repository](#) or obtained by writing to NHS England, PO Box 16738, Redditch, B97 9PT. If you do not have access to the HR Directors' repository, please email [joanna.birss@nhs.net](mailto:joanna.birss@nhs.net).

and social care staff from these communities, have been disproportionately impacted by COVID-19 in terms of hospitalisations and deaths. In undertaking this important work, trusts and medical examiners will need to be sensitive to the cultural and religious expectations and needs of all those who have suffered loss. Trusts need to ensure that bereaved individuals are sensitively informed about this process, and identify if they have particular support needs, such as translation, interpretation or other accessibility requirements; these should be addressed in line with the trust's equality policies.

The National Medical Examiner (NME) has been provided with details of the relevant deaths, some of which need to be scrutinised by medical examiners at your trust. Regional medical examiners (RMEs) will support trusts through this process.

## 2. Legal, financial and information governance information

- **Reimbursement:** Reasonable medical examiner costs for scrutiny of these deaths will be reimbursed through your quarterly medical examiner reimbursement submission. Further details regarding the medical examiner reimbursement process can be found [here](#).
- **Indemnity:** Medical examiners will be indemnified by their employing trust's membership of the Clinical Negligence Scheme for Trusts (CNST) and Liabilities to Third Parties Scheme (LTPS) where they are directed by the trust to provide independent scrutiny of deaths, including where those deaths occurred at another trust, under the care of another healthcare provider of NHS services or in the community. Where the medical examiner reviews deaths beyond those that occurred in their host trust, the employing body accepts responsibility for any negligence on the part of the examiner in relation to those deaths.
- **Sharing patient records:** Where access to patient records at another trust or healthcare provider is required, medical examiners can rely in part or in full on the permissive power under the Health Service (Control of Patient Information) Regulations 2002 ("the regulations") to process patient information. Under regulation 3, persons employed or engaged for the purposes of the health service can process confidential patient information for a variety of purposes with a view to:
  - recognising trends in communicable diseases and other risks to public health
  - controlling and preventing the spread of such diseases and risks
  - monitoring and managing outbreaks and incidents of exposure to such diseases.

The scrutiny medical examiners will carry out is for a combination of these purposes. Note that all records, including the template spreadsheet completed by medical examiners, should be accessed by the minimum number of people required to complete the task. Medical examiners and any administrative staff working with

records should follow local information governance guidance for completing and processing the template spreadsheet.

### 3. Which medical examiner office provides independent scrutiny?

Some health and social care workers died while being cared for by an organisation without a medical examiner system. Trusts with medical examiners will be responsible for ensuring they make medical examiners available to scrutinise not only deaths in their own organisation, but also those in other organisations. The trust that provided healthcare in the final illness and does not have a medical examiner system is responsible for ensuring it enters into an arrangement to facilitate scrutiny of each relevant death. Both types of organisation will be supported by RMEs, who will help facilitate arrangements.

We anticipate relevant deaths will fall into three categories:

- Where the trust that provided healthcare in the final illness hosts a medical examiner office, the trust's lead medical examiner (or medical examiner implementation lead) should decide which medical examiner scrutinises the death. The NME [good practice guidelines](#) describe circumstances where it is not appropriate for medical examiners to accept a case, eg when they or their team were involved in providing care for the patient.
- If the trust that provided healthcare in the final illness does not host a medical examiner office, it will be responsible for arranging (via the RME) for a medical examiner office at an acute trust to provide independent scrutiny. RMEs provide the medical director at the trust with details of each relevant death, and will help to identify a suitable medical examiner office.
- For deaths that occurred outside a trust/hospital, the RME will inform the lead medical examiner at a trust with a medical examiner office that a relevant death has occurred and ask them to allocate the case to a medical examiner for scrutiny. The RME will write to inform the GP practice or other NHS doctor who certified the death, informing them which medical examiner office will provide independent scrutiny and noting that they should make relevant information available to the medical examiner and co-operate in accordance with the Control of Patient Information Regulations.

Details of the process are set out in the table in Section 6.

## 4. Scrutiny by medical examiners

Medical examiners will scrutinise relevant health and social care worker deaths from COVID-19, but will not scrutinise deaths where a coroner is undertaking an investigation.

The scope of the scrutiny carried out by medical examiners for relevant deaths will include:

- Providing independent scrutiny of the deaths of each health and social care worker who:
  - a. died in the hospital where the medical examiner is employed, or
  - b. died at another trust, by arrangement with the trust where the health or social care worker died, or
  - c. died in other circumstances, eg at home.
- Agreeing the stated cause of death and the overall accuracy of the Medical Certificate of Cause of Death (MCCD).
- Where appropriate, discussing the cause of death with the bereaved or informant and establishing if they have any concerns that the care could have impacted/led to death.
- Whether there is reason to suspect that COVID-19 was contracted in the course of employment. The degree of scrutiny will be identical to medical examiners' routine scrutiny of causes of death; it will be based on a proportionate review of patient records and interaction with the bereaved or informant. Medical examiners will consider whether or not the nature and location of the deceased's employment give reason to suspect the deceased acquired COVID-19 through that employment. Medical examiners will not investigate more complex or detailed questions, such as the degree of risk or adequacy of measures taken to prevent infection.
- Act as a medical advice resource for the local coroner.

## 5. How does scrutiny of these deaths compare with routine medical examiner scrutiny?

In most respects, medical examiners will carry out the same scrutiny as they would in ordinary medical examiner scrutiny, including review of the medical records and interaction with the bereaved or informant, unless a coroner has taken the case for investigation.

However, there are several differences:

- In some cases, medical examiner scrutiny may already have occurred, in which case medical examiners should complete the template spreadsheet but not repeat scrutiny unless information is missing and needs to be established. The medical

examiner should always record their conclusions in the spreadsheet template, completing all columns except those that are completed by the RME or NME.

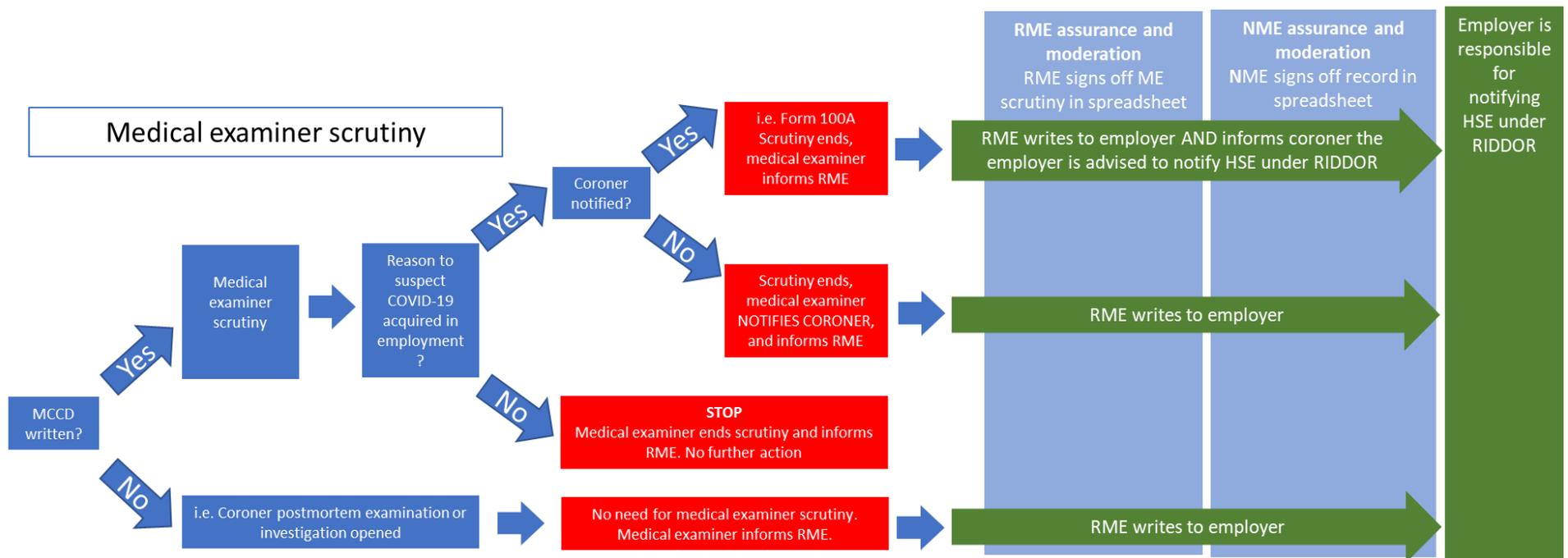
- If a coroner has opened an investigation, the medical examiner ceases their scrutiny and informs the RME. If the case should have been notified to a coroner, the medical examiner informs the bereaved or informant of this and the reasons why, and notifies the coroner.
- The MCCD will have been completed unless there were exceptional circumstances. The qualified attending practitioner's<sup>2</sup> opinion of the cause of death will be recorded on the MCCD. Where it is not documented that the qualified attending practitioner was spoken to, it may be appropriate for the medical examiner to discuss the case with them. The medical examiner should review the cause of death and record whether they are content with what has been written. If not, they should record their view of the cause of death.
- The medical examiner is asked to indicate whether:
  - testing for COVID-19 was completed and what results are recorded
  - they have reason to suspect COVID-19 infection was acquired in employment
  - the bereaved or informant has reason to suspect COVID-19 infection was acquired in employment.

## 6. Process

The process for identifying relevant cases and providing scrutiny is set out in the following flowchart and table:

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<sup>2</sup> The MCCD may have been completed by another medical practitioner working under the Coronavirus Act excess deaths provisions.



Action	Activity and lead	Responsible
I. Provision of data	Details of the deaths to be scrutinised are provided to the National Medical Examiner's (NME) office.	NHS England and NHS Improvement (healthcare) and DHSC (social care)
II. Collate list of deaths by region	<b>NME's office</b> will collate lists of deaths and extrapolate deaths by region in a password-protected spreadsheet for each regional medical examiner (RME). The NME's office will send the regional list of deaths to RMEs by secure email.	NME office
III. Arrange scrutiny of each relevant death.	<p><b>Organisations that provided healthcare in the final illness</b> are responsible for ensuring they commission scrutiny of each relevant death. They will be supported by RMEs. See also Section 3 above.</p> <p>Where the organisation that provided healthcare in the final illness hosts a medical examiner office, the trust's lead medical examiner will decide which medical examiner scrutinises the death. RMEs provide details of each death, informing the trust that it must ensure its medical examiners provide independent scrutiny of these deaths. The lead medical examiner will then assign the death(s) to medical examiner(s) to provide independent scrutiny. The RME will need to receive a summary report from the medical examiner of their findings in the spreadsheet template.</p> <p>If the trust that provided healthcare in the final illness does not host a medical examiner office, it will be responsible for ensuring independent scrutiny by a medical examiner takes place. They will do this by arranging (via the RME) for an acute trust to provide medical examiner scrutiny. RMEs provide the medical director at the trust with details of each relevant death, and will help to identify a suitable medical examiner</p>	<p>Medical examiner host organisation (which is also the organisation where the worker died)</p> <p>Trust where the death occurred, RME helps identify trust with medical examiners to provide independent scrutiny</p>

Action	Activity and lead	Responsible
	<p>office. Again we anticipate the lead medical examiner at the selected medical examiner office will decide which medical examiner scrutinises the death. The RME will need to receive a summary report from the medical examiner of their findings in the spreadsheet template.</p> <p>For deaths that occurred outside a trust/hospital, the RME will inform the lead medical examiner at a trust with a medical examiner office that a relevant death has taken place, and ask them to allocate the case to a medical examiner for scrutiny. The RME will write to inform the GP practice or other NHS doctor who certified the death, informing them which medical examiner office will provide independent scrutiny and noting they should make relevant information available to the medical examiner and co-operate in accordance with the Control of Patient Information Regulations. The RME will need to receive a summary report from the medical examiner of their findings in the spreadsheet template.</p>	<p>RME identifies trust with medical examiners to provide independent scrutiny</p>
<p>IV. Provide individual spreadsheet entry to lead medical examiner</p>	<p><b>RMEs</b>, assisted by RME officers, provide a spreadsheet containing only details of the relevant deaths for that medical examiner office to the lead medical examiner.</p>	<p>RMEs</p>
<p>V. Identify individual medical examiner to scrutinise each death</p>	<p>The <b>lead medical examiner</b> at the trust allocates the case to a medical examiner(s) for scrutiny. RMEs maintain overview of the distribution of cases allocated to medical examiner offices only to ensure workloads remain manageable.</p>	<p>Acute trust lead medical examiner</p>
<p>VI. Medical examiner scrutinises death, records findings in spreadsheet, and returns summary findings in the spreadsheet template to the RME/RME officers</p>	<p><b>Medical examiner</b> generally carries out the same scrutiny as they would in routine medical examiner scrutiny, including review of the medical records and interaction with the bereaved or informant. However</p>	<p>Medical examiner</p>

Action	Activity and lead	Responsible
	<p>there are a number of differences, which are set out in Section 5.</p> <p>The medical examiner needs to ensure the RME receives a summary of their findings in the spreadsheet template. The spreadsheet should be password-protected throughout this process and sent in encrypted form/to secure email.</p>	
VII. Referral of case for SJR/mortality review/other clinical governance as appropriate	If there is evidence that care may not have been to expected standards, the <b>medical examiner</b> should refer the case for further review in line with the NME <a href="#">good practice guidelines</a> .	Medical examiner
VIII. Regional moderation and assurance	<b>RMEs</b> review the findings submitted to them by medical examiners.	RMEs
IX. National moderation and assurance	The <b>NME</b> reviews the findings submitted to RMEs and their conclusions.	NME
X. Letter to employer if the evidence suggests RIDDOR referral by the employer would be appropriate, and not already actioned. Also applies if the coroner has opened an investigation or has requested a post-mortem.	<p>If there is reason to suspect the deceased acquired COVID-19 through employment, and COVID-19 was a primary or contributory cause of death, <b>RMEs</b> discuss the case with the NME and, if agreed, write to the deceased's employer using an approved standard letter. The RME confirms to the NME office when the letter has been sent.</p> <p><b>Note: letter has no formal legal basis or enforcement power.</b></p>	RMEs
XI. Closure of cases after scrutiny	The <b>NME</b> marks the case as closed by completing the sign-off.	NME
XII. Holding record of overall scrutiny	The <b>NME's office</b> retains the record of completed scrutiny	NME office

## 7. Remote scrutiny

Some medical examiners will be asked to provide independent scrutiny of deaths that occurred at other trusts or in the community. The expectation is that scrutiny should remain proportionate, and that travel will not routinely be necessary. Trusts and other healthcare providers should co-operate with medical examiners and make medical records available remotely.

## 8. The spreadsheet template

The working document for each medical examiner office will be a password-protected spreadsheet containing only record(s) of death(s) to be completed by medical examiner(s) at that trust. RME/RME officers will create this spreadsheet and will send it to the lead medical examiner at each medical examiner office so they can allocate cases to their medical examiners. If NHS England and NHS Improvement's People Directorate is notified of further deaths, RMEs/RME officers will provide an updated version of the spreadsheet containing details of the new deaths.

The template spreadsheet contains instructions for completion of the relevant fields.

The lead medical examiner should:

1. Create individual spreadsheets for each medical examiner containing only the record(s) they are to investigate.
2. The individual spreadsheet for each medical examiner must have its own unique password.
3. The password must not be sent in the same email as the spreadsheet, but in a separate email with a different subject line.
4. Both the email with the spreadsheet attachment and the email with the password must only be sent to a secure email address, such as an @nhs.net email address.
5. Confidential emails sent to non-NHS email addresses must be encrypted.
6. The spreadsheet must be encrypted by including '[secure]' in the subject line of the email to which it is attached.

The medical examiner should carry out their scrutiny as set out in Section 4 above and maintain the spreadsheet in line with points 1 to 6 above. They should keep records of their findings in line with local practice and trust information governance requirements, and record their conclusions in the template spreadsheet, completing all columns except those that are

completed by the RME or NME. The spreadsheet should then be returned to the RME at their nhs.net email address with '[secure]' in the subject line.