

NHS Foundation Trust

Coroner's Office - Managing Communication Standard Operating Procedure

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committee/individual:	
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Target Audience	All Trust Staff

1. Aim

- 1.1 The purpose of this Standard Operating Procedure is to set out a clear process within the Trust for receiving communication from the Coroner's Office.
- 1.2 All correspondence from Coroner's office should be received by the Chief Executive Office.

2. Scope

2.1 This Standard Operating Procedure applies to all staff working within the Trust, whether employed by the Trust or not; who are involved in handling patient, service user and staff personal information.

3. Link to overarching policy and/or procedure

Access to Health Records Policy

4. Procedure

4.1 Request from Coroner

- The Chief Executive on receipt of the Coroner's Office request will acknowledge receipt of the request and confirm the time scale whether this is the provided by the coroner or if not provided than a date of 6 weeks from receipt of the request will be provided. The request is then forwarded to the Information Governance team for processing
- Should any staff member receive communication from the Coroner's Office they should immediately inform their Line Manager/Assistant Director and forward a copy to the Chief Executive's Office.
- On receipt of the Coroner's Office request a member of the Information Governance Team will inform the Medical Director.

4.2 Logging and processing the Request

- The Information Governance Team will log the request on the Ulysses Safeguard System and will act as a central point to coordinate the overall Trust response to the Coroner's Office. (See Access to Health Records Policy).
- The IG team will undertake system checks to establish what service the patient was involved with. The request will then be forwarded to the appropriate Service Director who will recommend a relevant Assistant Director or nominated Deputy who will coordinate the response.

4.3 Seeking guidance

 On occasion it may be appropriate to seek legal advice from the Trust Solicitors prior to release of information from the Trust. Such services can be approved by the Service Director, or any other relevant Director within the Trust. Advice can be gained by contacting either, the Assistant Director, Head
of Business Support Unit or relevant Clinical Director. The Medical
Director should always be involved in reviewing all statements
produced by a Doctor.

4.4 <u>Statement requests from Ex –Employees</u>

• The Trust may also receive Coroner requests for statements from staff who are no longer employed by the Trust. The relevant Assistant Director or nominated Deputy will make every effort to locate the individual. This could include students, post graduates or qualified members of staff. The Coroner will be informed of any problems that may arise from contacting such individuals. The Assistant Director or nominated Deputy will facilitate access to appropriate documentation to assist such individuals in compiling a statement. Copy documentation should not be released for this purpose and should only be accessed on Trust premises, following the individual signing a statement of confidentiality. See Appendix 1

4.5 Approval of Final Reports

- The Assistant Director will approve the final report before sending to the Information Governance team for release. Further consultation and guidance can be obtained from the Service Director.
- All final documents following approval should be sent to the Information Governance Team for release.
- The Information Governance Team will ensure that all documents are forwarded to the relevant Coroner's Office on behalf of the Chief Executive.
- The Information Governance Team will retain copies of all documents released.
- The Information Governance Team will inform the Chief Executive and the Service Directors that statements have been released and the request logs can now be closed.

4.6 Communication Team

 Where significant issues of concern are identified or where it is suspected that significant media attention will be received, timely engagement with the Communications Team is paramount.

Access to Patient information for the purpose of court representation by an ex-member of staff

It has been agreed that access be provided to (NAME) to the notes of (INITALS OF PATIENT) to assist with (a future court appearance/provision of a statement) which will take place on (DATE).

The notes will be made available to you prior to the court date, and will only be viewed on Trust premises. No copies of the notes are to be taken without prior agreement with the Medical Director.

We remind you of your continuing duty of confidence towards patients of the Trust. Even though you are no longer an employed member of the Trust, you are bound by the duty of confidentiality in relation to any information you will be given access to.

You must continue to strictly observe the duty of confidentiality. By signing and returning this you are confirming that you understand that you continue to be bound by duty and understand the importance of patient confidentiality.

I confirm the above		
Name:	-	
Signature:		
Date:		

Flow Chart for the Managing the Receipt of Communication from the Coroner's Office

Chief Executive's Office receives communication from the Coroner's office. An acknowledgement will be sent out either confirming the required time scale or if no time scale is documented the Trust will confirm a date for the release of a report or statement within 6 weeks of receipt of such a request. Staff members who receive direct Chief Executive's Office will scan and communication from the Coroner's Office forward all Coroners Requests to the /Police should immediately inform their Information Governance Team on: Line Manager and the relevant Assistant IGTeam@rdash.nhs.uk. Director / Clinical Director. This request must be forwarded directly to the Chief Executive Office. The IG Team on receipt of the request will log the details on the Ulysses Safeguard System and will undertake electronic patient system checks to ascertain what services the individual was involved with. On identifying the services the IG Team will notify the Service Directors, who will identify a lead to handle the request. The Medical Director and the Heads of the Business Support Units will also be copied in. The IG Team will contact the nominated lead and specify a date when the report should be returned to Information Governance. (This will be either the Coroners specified date or 6 weeks from the date of receipt by the Trust) The Assistant Director or Nominated Lead may choose to consult with relevant others before this information is released this may involve obtaining Legal advice from the Trusts Solicitors. The Assistant Director or Nominated Lead will also notify the Medical Director of requests for reports/statements required from Doctors. The Assistant Director or delegate approves the final report/SI documentation/statements with possible consultation from the Service Director before sending to the Information Governance Team within the specified timescale. The Medical Director must approve any Reports or Statement written by Doctors prior to release. Information Governance Team log/scan all information received onto Ulysses Safeguard System before release.

Information Governance Team will keep a 2nd copy for Trust Solicitors and will inform the Chief Executive Office and Service Director that the information has been released to the Coroner's office.

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For a full list of Coroners of England and Wales please visit the website below:-

http://finds.org.uk/contacts/coroners/index/page/1#