



Mental Health Commission Code of Practice

Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting

January 2008

Preamble

The Mental Health Commission was established under the Mental Health Act 2001. As determined by the Act [Section 33(1)], the principal functions of the Commission are “*to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under this Act.*”

Ensuring that there are appropriate structures and systems to effectively manage risks posed to patient safety in mental health services is considered central to the creation of high standards and good practices. It is a statutory requirement for approved centres to have a comprehensive risk management policy in place under Article 32 of the Mental Health Act 2001 (Approved Centres) Regulations 2006. Standard 7.3 of the Quality Framework for Mental Health Services in Ireland equally asserts that:

“Learning and using proven quality and safety methods underpins the delivery of a mental health service”.

Standard 7.3 is one of the standards that has been prioritised in the quality framework implementation plan for commencement in 2007.

It is internationally recognised that capturing and analysing information on patient safety facilitates active learning and is a fundamental tenet to improving safety for the health service user. Reporting and analysis of patient safety events to an external national body assists in the dissemination of the lessons learned so that rather than the learning being confined to within a particular service, learning from a national perspective is facilitated.

The Mental Health Commission has devised a *Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting* to the Mental Health Commission. The code of practice is applicable to approved centres, day hospitals, day centres and 24 hour staffed residences. It supersedes the “*Incident Reporting System – Phase One: Approved Centres*” which the Commission brought into effect on 1st November 2006. The phase one incident reporting system was introduced as an interim measure until such time as the Commission had consulted with staff working in mental health services and relevant external bodies with a role in patient safety and incident reporting.

The development of this code of practice follows a period of extensive consultation. The Commission held information sessions in November 2006 where feedback was obtained from staff working in mental health services on the interim system. The Mental Health Commission has also consulted with the State Claims Agency, the Health Service Executive and the Patient Safety International Liaison for the WHO Patient Safety Alliance to ensure co-ordination of systems and to avoid duplication of risk management processes within services. The Mental Health Commission is also cognisant of the establishment of the Commission for Patient Safety and Quality Assurance.

As part of the Mental Health Commission's efforts to avoid duplication in reporting systems, provision has been made in the code for use of existing local incident reporting forms and death notification forms where such forms meet the Commission's requirements. The code has been informed by the individual incident reports and death notifications received since 1st November 2006 under the interim system, written submissions received in the consultation period from August to October 2007 and also a review of current developments and thinking in the field of incident reporting and patient safety.

In summary, under this code of practice, approved centres are required to report all deaths to the Commission within 48 hours in accordance with SI No.551 of 2006.

All sudden, unexplained deaths of persons attending a day hospital, day centre or currently living in a 24 hour staffed community residence should be notified to the Commission as soon as possible and in any event within 7 days of the death occurring.

Services are no longer required to report incidents on an individual basis to the Commission. Incident summary reports are required on a 6 monthly basis only and the Commission will issue a standardised template in the 1st quarter 2008 to facilitate this process.



Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting

This Code of Practice is being issued by the Commission in accordance with Section 33(3)(e) of the Mental Health Act 2001 whereby the Commission shall – prepare and review periodically, after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services.

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Glossary

Act

Means the Mental Health Act 2001.

Approved centre

A “centre” means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the Act. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Act.

Attend/attending

Face to face contact between the service user and the mental health service.

Day centre

Centre which provides social care for service users with an emphasis on rehabilitation and activation services.

Day hospital

Day hospital is defined as providing intensive treatment equivalent to that available in a hospital inpatient setting for acutely ill patients.

Incident

For the purposes of this code of practice, an incident is an event or circumstance which could have resulted, or did result, in unnecessary harm to a service user.

Resident

Means a person receiving care and treatment in a centre. It includes any resident who is on the register of residents and a resident who is absent with leave.

Send/ submit

Includes send, whether by post or electronic or other means, and cognate words shall be construed accordingly.

24 hour staffed community residence

Residence akin to a community residence previously described as high support where 24 in situ supervised care for service users is provided by nursing staff.

1. Introduction

Purpose of the Code

- 1.1 Section 33(3)(e) of the Mental Health Act 2001 requires the Commission to:
“prepare and review periodically, after consultation with such bodies as it considers appropriate, a code or codes of practice for the guidance of persons working in the mental health services”.
- 1.2 The Mental Health Act, 2001 (“the Act”) does not impose a legal duty on persons working in the mental health services to comply with codes of practice, except where a legal provision from primary legislation, regulations or rules is directly referred to in the code. Best practice however requires that codes of practice be followed to ensure that the Act is implemented consistently by persons working in the mental health services. A failure to implement or follow this Code could be referred to during the course of legal proceedings.
- 1.3 The Mental Health Act 2001 (Approved Centres) Regulations 2006 are incorporated, in part, in this code of practice. The regulations for approved centres were prescribed by the Minister and came into effect on 1st November 2006. Since that date the regulations have been a legal requirement which must be adhered to. The Mental Health Commission is responsible in law for enforcing the regulations.
- 1.4 As required by Section 33(3)(e) of the Act, the Commission shall review codes of practice periodically after consultation with appropriate bodies. This Code shall be reviewed no later than 3 years from the date of implementation.

Scope of the Code

- 1.5 The scope of the Code is prescribed for in the Act by the provisions of Section 33(3)(e). The code is intended as guidance for persons working in mental health services, and in particular for staff working in approved centres, day hospitals, day centres and 24 hour staffed residences. The Code is intended to be complementary to the Act, which should always be referred to for its precise terms.
- 1.6 The Code does not purport to be all encompassing. The Mental Health Commission's intention is that it will complement and support existing effective incident reporting systems and will facilitate implementation of more robust risk management systems in mental health services.
- 1.7 The Commission was mindful in devising the code that services are not being asked to duplicate efforts in so far as is practicable, while at the same time patient safety and adherence to legislative requirements must remain the primary foci of the code.
- 1.8 **The reporting of deaths to the Commission is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.**
- 1.9 **The six-monthly summary reporting of incidents to the Commission is without prejudice to reporting requirements to other statutory agencies and external bodies such as the HSE, the Health & Safety Authority, the Clinical Indemnity Scheme, Irish Public Bodies and other Clinical Indemnifiers.**

2. Notification of Deaths

A. Approved Centres

- 2.1 It is a legal requirement under Article 14(4) of the Mental Health Act 2001 (Approved Centres) Regulations 2006 for **all deaths** of any resident of an approved centre to be notified to the Commission **within 48 hours** of the death occurring.

“14. Care of the Dying

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.”

- 2.2 Upon the death of a resident, a death notification form should be completed and submitted to the Mental Health Commission within 48 hours of the death occurring (Appendix).
- 2.3 **Approved Centres may use their own existing notification form to notify the Commission of a death occurring where such a form contains all of the fields specified in the death notification form (Appendix).**
- 2.4 **The notification should be sent to the Mental Health Information Officer, Standards and Quality Assurance Division, Mental Health Commission, St Martin’s House, Waterloo Road, Dublin 4.**

2. Notification of Deaths

B. Day Hospitals, Day Centres and 24 hour Staffed Community Residences

- 2.5 **All sudden, unexplained deaths** of persons attending a day hospital, day centre or currently living in a 24 hour staffed community residences should be notified to the Commission **as soon as possible and in any event within 7 days** of the death occurring by completing the death notification form and submitting it to the Mental Health Commission (Appendix).
- 2.6 Services may use their own existing notification form to notify the Commission of a sudden, unexplained death where such a form contains all of the fields specified in the death notification form (Appendix).
- 2.7 **The notification form should be sent to the Mental Health Information Officer, Standards and Quality Assurance Division, Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4.**

3. Incident Reporting

A. Approved Centres

- 3.1 Article 32 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 provides the statutory requirements for approved centres in relation to risk management procedures as follows:

“32. Risk Management Procedures

- (1) The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
 - (a) The identification and assessment of risks throughout the approved centre;*
 - (b) The precautions in place to control the risks identified;*
 - (c) The precautions in place to control the following specified risks:*
 - (i) resident absent without leave,*
 - (ii) suicide and self harm,*
 - (iii) assault,*
 - (iv) accidental injury to residents or staff;*
 - (d) Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) Arrangements for responding to emergencies;*
 - (f) Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant*

codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.”

- 3.2 Approved centres must ensure effective systems are in place to implement Article 32 of the Mental Health Act 2001 (Approved Centres) Regulations 2006.
- 3.3 Approved centres should use existing local incident reporting systems and associated forms to report incidents within their service. **There is no longer a requirement to notify the Mental Health Commission/Inspector of Mental Health Services of individual incidents occurring in approved centres.**
- 3.4 Approved centres that do not currently have a standardised incident report form should make contact with their area risk manager or person with responsibility for risk management within the approved centre to obtain copies of relevant forms.
- 3.5 **Approved centres should provide a six-monthly summary report of all incidents occurring in approved centres to the Mental Health Information Officer, Standards and Quality Assurance Division, Mental Health Commission, which includes details of how such incidents were managed, as per proforma.**
 - 3.5.1 Information on **HSE** incidents provided in the report should be drawn from local incident reporting management information systems, including but not limited to, the information reported to the Clinical Indemnity Scheme, Health and Safety Authority and Irish Public Bodies, to minimise duplication of work.
 - 3.5.2 Information on **Independent/Voluntary** mental health service provider incidents should be drawn from local incident reporting management information systems, including but not limited to, the information reported to the service provider’s Clinical Indemnifier and other relevant statutory agencies, to minimise duplication of work.

- 3.6 The Inspector of Mental Health Services may meet with risk managers or other relevant staff with responsibility for risk management as part of the inspection process to examine risk management systems operating in approved centres.
- 3.7 The Inspector of Mental Health Services may at any time inspect incident reports in approved centres during the course of his/her inspections to ascertain whether Article 32 of Mental Health Act 2001 (Approved Centres) Regulations 2007 is being complied with. [Section 52(d) Mental Health Act 2001]

B. Day Hospitals, Day Centres and 24 hour Staffed Community Residences

- 3.8 **A six- monthly summary report should be provided for all incidents occurring in day hospitals, day centres and 24 hour staffed residences to the Mental health Information Officer, Standards and Quality Assurance Division, Mental Health Commission,** which includes details of how incidents were managed, in a similar format to that outlined in section 3.5.

4. Clinical Governance

- 4.1 The mental health service (i.e. approved centre, day hospital, day centre, 24 hour staffed residence) should have a risk management policy and procedures which covers the notification of deaths and incident reporting to the Mental Health Commission.
- 4.2 The policy should identify the risk manager or person with responsibility for risk management within the mental health service.
- 4.3 The policy should clearly identify the roles and responsibilities of members of staff in relation to the reporting of deaths and incidents, including but not limited to, the completion of death notification forms, submission of forms to the Commission and the completion of six-monthly incident summary reports.

5. Trend Analysis

- 5.1 The Commission intends to identify any trends or patterns occurring in services.
- 5.2 Information provided in the six-monthly incident summary reports to the Commission should be anonymous at resident / service user level. The Commission respects the confidentiality of the information it is given and maintains all documentation received in a secure manner. Information will not be released or disclosed outside the course of that necessary to fulfil the Commission's legal and professional requirements.
- 5.3 The Commission will produce annual reports on deaths in approved centres and sudden, unexplained deaths in day hospitals, day centres and 24 hour staffed community residences.

6. Conclusion

- 6.1 The purpose of reporting and reviewing deaths and incidents occurring in mental health services is to improve the quality and safety of care and treatment provided to service users by identifying and correcting any problems as they arise, and in doing so creating a learning environment which supports ongoing quality improvement.
- 6.2 The Mental Health Commission is strongly of the view that incidents should be managed and investigated at local level. The Commission intends to monitor the corporate governance of mental health services to ensure that robust and effective risk management systems are in place. The Commission aims to provide feedback to services on the information received.
- 6.3 The Commission has endeavoured to ensure that this code of practice supports local incident reporting systems, minimises duplication of effort, and adds value to existing risk management systems.

Appendix

1. Death Notification Form

DEATH NOTIFICATION FORM

Guidance Notes

- Please complete this form within 48 hours of a death occurring in accordance with section 2A or as soon as possible and in any event within 7 days of a sudden unexplained death in accordance with section 2B.
- The form should be completed in legible writing using a ballpoint pen in black ink. Please ensure that all fields are completed.
- A copy of the form should be sent to the **Mental Health Information Officer, Standards and Quality Assurance Division, Mental Health Commission, St. Martin's House, Waterloo Road, Dublin 4. Phone: (01) 6362400 Fax: (01) 6362440**

1.1	Service user Details	
	First Name (Initials):	Surname (Initials):
	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(dd/mm/yyyy)</small>	PPS Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>(where available)</small>
	Home Address:	
	Legal Status: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Ward of Court <input type="checkbox"/> Non Applicable <input type="checkbox"/>	
	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	

1.2	ICD 10 Diagnosis
1.	
2.	

1.3	Medication prescribed proximate to time of death (please use generic name)	Dosage

2.1	Name of Approved Centre/ Day Hospital/Day Centre/ 24 Hour Residence

2.2	Address of service

DEATH NOTIFICATION FORM

2.3	Name of Unit within above service

3.1	Date on which Death Occurred <div style="display: inline-block; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> (dd/mm/yyyy)
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3.2	Certified Time of Death <div style="display: inline-block; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> (24 hour clock e.g. 2.20pm is 14.20)
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3.3	Known Circumstances surrounding Death

3.4	Exact Location where the death occurred if known

4.1	Who/what agencies have been notified of the death

4.2	Review Planned <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Yes <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> No <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> Review Taken Place <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Yes <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> No <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> N/A <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
	If yes to either/both, please elaborate:

5.1	Form Completed by
	Name:
	Signature:
	Job Title:
	Date: <div style="display: inline-block; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> (dd/mm/yyyy)
	Time: <div style="display: inline-block; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> (24hr clock e.g. 2.41pm is written as 14.41)
5.2	Submission Date to MHC <div style="display: inline-block; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> (dd/mm/yyyy)