

## **This publication was withdrawn on 3 May 2022**

These directions were revoked on 30 April by [The Health Service and Social Care Workers \(Scrutiny of Coronavirus-related Deaths\) \(Revocation\) Directions 2022](#).

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## D I R E C T I O N S

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### NATIONAL HEALTH SERVICE, ENGLAND

#### The Health Service and Social Care Workers (Scrutiny of Coronavirus-related Deaths) Directions 2020

*Made* - - - at 4.30 p.m. on 2nd July 2020

*Coming into force* - - at 10 a.m. on 3rd July 2020

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SCHEDULE 1 — Copy of letter 1

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The Secretary of State for Health and Social Care gives the following Directions in exercise of the powers conferred by sections 253 and 272 of the National Health Service Act 2006(a).

The Secretary of State considers that the incidence of coronavirus in England constitutes an emergency for the purposes of section 253(1) of that Act, and that it is appropriate to give these Directions.

#### **Introductory**

1. These Directions may be cited as the Health Service and Social Care Workers (Scrutiny of Coronavirus-related Deaths) Directions 2020.

2. These Directions come into force at 10 a.m. on 3rd July 2020.

3. These Directions are given to NHS Trusts.

In these Directions, “NHS Trusts” means NHS trusts and NHS foundation trusts in England.

4. Paragraph 18 contains an index of general definitions.

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(a) 2006 c. 41. Section 253 was amended by section 47(1) to (6) of the Health and Social Care Act 2012 (c. 7).

## **Deaths to which these Directions apply**

### **5. These Directions apply in respect of—**

- (a) deaths which are or have been notified to NHSEI in accordance with letter 1, and
- (b) deaths which are or have been notified to DHSC in accordance with letter 2.

In this paragraph—

“letter 1” means the rapid process set out in section 2 of the attachment to NHSEI’s letter addressed to “HR & OD Directors of NHS providers in England”, dated 28th April 2020, regarding “COVID-19: Revised reporting process for the deaths of healthcare workers” (a copy of letter 1 is set out at Schedule 1);

“letter 2” means the process set out in DHSC’s letter addressed to “All Local Authorities and Social Care Providers”, dated 11th May 2020, regarding “COVID-19: Deaths of employees and volunteers in the adult social care sector” (a copy of letter 2 is set out at Schedule 2).

**6.** These Directions also apply to any other deaths which the Secretary of State considers should be scrutinised in accordance with these Directions.

**7.** The deaths to which these Directions apply include deaths which occurred before these Directions come into force.

### **8. In these Directions—**

“DHSC” means the Department of Health and Social Care;

“NHS England” means the National Health Service Commissioning Board<sup>(a)</sup>;

“NHSEI” means NHS England and NHS Improvement;

“NHS Improvement” means Monitor<sup>(b)</sup> and the National Health Service Trust Development Authority<sup>(c)</sup>.

## **Co-operation between healthcare providers**

### **9. NHS Trusts (whether or not they employ Medical Examiners) must co-operate—**

- (a) with each other, and
- (b) with others providing NHS health services,

to ensure that the services of Medical Examiners are sought, made available and prioritised to scrutinise deaths in accordance with these Directions.

In these Directions—

“Medical Examiner” has the same meaning as in Implementing the medical examiner system: National Medical Examiner’s good practice guidelines, published by NHS England and NHS Improvement on January 2020<sup>(d)</sup> (see in particular Section 3, Medical Examiners);

“NHS health services” means any kind of health services provided as part of the health service continued under section 1(1) of the National Health Service Act 2006.

## **Deaths of workers at, or travelling to, NHS Trusts**

### **10. The direction in paragraph 11 applies where—**

- (a) a person dies or died—

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<sup>(a)</sup> The Board was established under section 1H of the National Health Service Act 2006 (c. 41). Section 1H was inserted by section 9(1) of the Health and Social Care Act 2012.

<sup>(b)</sup> Monitor is the body continuing in existence and known as Monitor under section 61 of the Health and Social Care Act 2012.

<sup>(c)</sup> The National Health Service Trust Development Authority is a Special Health Authority established under section 28 of the National Health Service Act 2006.

<sup>(d)</sup> A copy of this document can be seen at [https://improvement.nhs.uk/documents/6398/National\\_Medical\\_Examiner\\_-\\_good\\_practice\\_guidelines.pdf](https://improvement.nhs.uk/documents/6398/National_Medical_Examiner_-_good_practice_guidelines.pdf) or obtained by writing to NHS England, PO Box 16738, Redditch, B97 9PT.

- (i) on the premises of an NHS Trust, or
- (ii) while travelling to the premises of an NHS Trust in order to receive healthcare from the NHS Trust,
- (b) at the time of death, the person was infected, or suspected to be infected, with coronavirus, and
- (c) NHSEI has asked the NHS Trust to ensure that a Medical Examiner scrutinises the person's death.

In these Directions, "coronavirus" means severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

**11. The NHS Trust—**

- (a) must ensure that one of the Medical Examiners it employs scrutinises the person's death, or
- (b) where the NHS Trust does not employ any Medical Examiner, must make every reasonable effort to engage one to scrutinise the person's death.

This is subject to paragraphs 15 to 17 (coroners' investigations).

**Deaths of workers in the community**

**12. The direction in paragraph 13 applies where—**

- (a) a person dies or died while infected, or suspected to be infected, with coronavirus,
- (b) at the time of death, the person was not,
  - (i) on the premises of an NHS Trust, or
  - (ii) travelling to the premises of an NHS Trust in order to receive healthcare from the NHS Trust, and
- (c) NHSEI has asked an NHS Trust which employs at least one Medical Examiner (the "instructed NHS Trust") to ensure that one of those Medical Examiners scrutinises the person's death.

**13.** The instructed NHS Trust must ensure that one of the Medical Examiners it employs scrutinises the person's death, subject to paragraphs 15 to 17 (coroners' investigations).

**Scrutiny by Medical Examiners**

**14.** In these Directions, a reference to scrutiny of a death by a Medical Examiner is a reference to—

- (a) scrutiny in accordance with Implementing the medical examiner system: National Medical Examiner's good practice guidelines, published by NHS England and NHS Improvement on January 2020 (see in particular Section 5, Principles for medical examiners),
- (b) the Medical Examiner considering whether there is reason to suspect that the death was a result of the person being exposed to coronavirus during the course of their NHS or social care work, and
- (c) the Medical Examiner informing NHSEI if they consider there is reason to suspect that the death was a result of such exposure.

### **Non-application of Directions where coroner conducts investigation**

**15.** These Directions do not apply in respect of a person's death—

- (a) during any period during which a coroner is considering whether to conduct an investigation under the Coroners and Justice Act 2009(a),
- (b) if a coroner has sought a post-mortem under that Act, or
- (c) if a coroner has begun an investigation under that Act.

**16.** For the purposes of paragraph 15(b), it is irrelevant whether the coroner subsequently conducts any investigation following the post-mortem.

**17.** For the purposes of paragraph 15(c), it is irrelevant whether the investigation is subsequently finished or discontinued.

### **Index of general definitions**

**18.** The following expressions are defined in the provisions indicated—

Coronavirus	Paragraph 10
DHSC	Paragraph 8
Medical Examiner	Paragraph 9
NHSEI	Paragraph 8
NHS foundation trust	The National Health Service Act 2006, section 30
NHS trust	The National Health Service Act 2006, section 25
NHS Trusts	Paragraph 3

### **Review**

**19.** The Secretary of State must review whether it is appropriate for these Directions to continue in force—

- (a) before the end of 31st December 2020, and
- (b) within the period beginning with 1st January 2021 and ending with 30th June 2021 and within each subsequent six-month period while the Directions remain in force.

Signed by authority of the Secretary of State for Health and Social Care



Date 2nd July 2020

*William Vineall*  
Member of the Senior Civil Service  
Department of Health and Social Care

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(a) 2009 c. 25.

## SCHEDULE 1

Paragraph 5

### Copy of letter 1



Publications approval reference: 001559

NHS England and NHS Improvement

To: HR & OD Directors of NHS providers in  
England (please share with your executive  
teams and communications leads)

Skipton House  
80 London Road  
London  
SE1 6LH

HR & OD Directors and Accountable Officers of  
CCGs in England

28 April 2020

Dear colleague

#### **COVID-19: Revised reporting process for the deaths of healthcare workers**

I want to thank you all for the incredible professionalism and compassion you and your teams are demonstrating every day as we work together to address the challenges from the COVID-19 pandemic.

I would like to acknowledge all that you are doing to support the families and co-workers of colleagues who have tragically passed away from COVID-19. We do not underestimate the impact that this is having on you, your teams and communities.

This letter and attachment:

- confirm the existing formal process for the notification of deaths (including those of our colleagues)
- outline a new parallel and rapid process for the notification of the death of a colleague so that we can begin to understand the impact of COVID-19 on the NHS workforce
- offer the opportunity for the next of kin to consent to sharing their details for future communications.

If you have any queries regarding this letter, please do not hesitate to contact your Regional Director of Workforce & OD or [raj.bhamber1@nhs.net](mailto:raj.bhamber1@nhs.net).

Best wishes

**Prerana Issar**  
Chief People Officer

NHS England and NHS Improvement



Cc Em Wilkinson Brice Deputy CPO  
Raj Bhamber, Head of People Strategy  
Mark Watson, Director of Workforce and OD (London)  
Paul Harrison, Director of Workforce and OD (East of England)  
Daniel Hartley, Director Workforce and OD (North East and Yorkshire)  
Anthony Hassall, Director of Workforce and OD (North West)  
Suzanne Tewkesbury, Director of Workforce and OD (South West)  
Carole Beardall, Director of Workforce and OD (South East)  
Steve Morrison, Director Workforce and OD (Midlands)

## Processes for notification of the death of NHS colleagues

1. **Formal process for notification of the death of our colleagues.** The Central Patient Notification System (CPNS) continues to be the central system for recording and verifying all COVID-19 deaths that occur in Trusts, including for members of staff. This arrangement and request for notification applies specifically to COVID-19.
2. **Rapid process for notification of the death of a colleague to understand the impact of COVID-19 on the NHS workforce**

Within 24 hours of the death of a colleague confirmed to be COVID-19 related, or COVID-19 symptomatic please notify us of:

- Any colleague death in an inpatient setting (irrespective of employer): to be reported by the **organisation where the death occurred**
- Any colleague death not in an inpatient setting: to be reported **by their employing organisation**

Please email the following details to [england.HCWnotification@nhs.net](mailto:england.HCWnotification@nhs.net). Please also ensure any contractors working as part of your NHS service provision are aware of this requirement.

Field	Comments
Job Role / Title	From the patient record or ESR
Role of staff member	<ul style="list-style-type: none"> <li>• Directly patient-facing (e.g. nurses, doctors, allied health professionals, porters, etc.)</li> <li>• Non-patient facing but potentially at higher risk of exposure (e.g. domestic and laboratory staff)</li> <li>• Non-clinical (e.g. clerical, administrative, information technology, secretarial etc.)</li> </ul>
Date of Death	From the patient record or ESR
Employer	From the patient record or ESR
Place of Death	e.g. hospital / town
Gender	From the patient record or ESR
Age	From the patient record or ESR
Ethnicity	From the patient record or ESR
COVID-19 confirmed or suspected?	If test results not yet received but the patient had COVID-19 symptoms, please do not delay the notification but enter 'suspected'

3. **Update local Staff Death in Service Policies or Bereavement Guidance** provide the opportunity for the next of kin to give their consent to disclosing their details with the DHSC and ourselves to authorise communication with them. Once permission has been received, employers need to email the details to [covidnotify@dhsc.gov.uk](mailto:covidnotify@dhsc.gov.uk)

## **4. Notes**

### **4.1 Definition of a colleague**

For the purposes of this process, the following staff groups are in-scope:

- a. Health Care Workers who die in their employing NHS trust or NHS organisation including Community, Mental Health, Ambulance Services and Ministry of Justice establishment. A Health Care Worker is considered to be an individual who delivers health care services either directly or indirectly.
- b. Subcontracted staff working in Health Care Worker roles in their host organisation
- c. Volunteers working under a permissive contracted arrangement in an NHS organisation who were working during the COVID-19 phase.
- d. Health Care workers who die in another NHS trust but were declared as a Health Care Worker
- e. Health Care Workers in the four pillars of primary care including clinical and administrative staff
- f. Employees of NHS England and NHS Improvement, Public Health England, NHS Blood & Transplant, Health Education England, other ALBs and Executive Agencies, CCGs and CSUs.

This may be challenging where you are not their employer and/or in cases where the death is in a community setting. Please do not allow the latter to delay the rapid notification unnecessarily and provide update(s) retrospectively if required.

### **4.2 Patient confidentiality**

Confidentiality and compassion remain of paramount importance in handling this information, as is the adherence to data protection legislation.

## SCHEDULE 2

Paragraph 5

### Copy of letter 2



Department  
of Health &  
Social Care



Department of Health & Social Care  
39 Victoria Street  
London  
SW1H 0EU

To: All Local Authorities and Social Care Providers

11 May 2020

#### **COVID-19: Deaths of employees and volunteers in the adult social care sector**

I want to thank you all for the incredible professionalism and compassion you are demonstrating every day to continue providing care and support in the most challenging of circumstances.

It is with deep sadness that we have learnt that some care workers have died from COVID-19. I know that this will be incredibly difficult for those affected, and I want to emphasise that the Department of Health and Social Care (DHSC) is committed to doing all it can to ensure that employers, families, and the people who they cared for are given the support they need.

In order to guide our response, DHSC is asking for you to let us know if a care worker has died using the process outlined in the attachment. We would be grateful if providers could follow this process where deaths have already occurred, and if there are any further deaths. Employers are encouraged to inform the family, friends or colleagues of the care worker who has died that they are submitting this information. There is no legal duty on employers to submit this information to DHSC, but by submitting this information, it will enable DHSC to report the deaths of workers in social care more accurately.

We will continue to engage with the sector to give the opportunity for appropriate commemorative actions to be taken, depending on the family and employer's wishes. Collecting information on the deaths of care workers will help us to do this, but is only the first step, and we expect to update the sector on further steps we are taking to support employers and families in due course.

Please note that this process is distinct from the Government's [new NHS and Social Care Coronavirus Life Assurance Scheme 2020](#). The Life Assurance Scheme will be administered by the NHS Business Services Authority, and further information will be shared shortly.

This process is also distinct from reporting processes required in health and safety law. All providers of adult social care who are employers must report COVID-19 workplace deaths that meet the criteria published by the Health and Safety Executive (HSE) in its guidance '[RIDDOR reporting of COVID-19](#)'.

We appreciate that this creates another reporting requirement at an incredibly difficult moment for providers and have therefore designed the process in this letter to be as light-touch as possible. If you have any queries regarding this letter, please send them to [ASCcovidinform@dhsc.gov.uk](mailto:ASCcovidinform@dhsc.gov.uk).

Yours faithfully,

Rosamond Roughton

Director General for Adult Social Care

**COVID-19: Process for informing DHSC about the death of a worker in social care**

Please email the following details to [ASCcovidinform@dhsc.gov.uk](mailto:ASCcovidinform@dhsc.gov.uk).

We would be grateful if employers could tell us about the deaths of all types of workers in the adult social care sector, regardless of role or employer, and including volunteers\*. We would greatly appreciate where employers can provide as comprehensive information as possible.

<b>Name</b>	
<b>Job role</b>	
<b>Employer</b>	
<b>Local Authority(s) in which they worked</b>	
<b>Date of death</b>	
<b>COVID-19 confirmed or suspected?</b>	

\*Employers would include (but not limited to) private companies, local authorities, charities. Both CQC-registered and non-CQC-registered. Role types would include care workers, managers, regulated professionals, and all other types of workers in the adult social care sector. We want to be as comprehensive as possible in the information we receive.