Medical examiner offices – quarterly reporting for NHS trusts and NHS foundation trusts: FAQs

20 July 2023 Version 8

Operational questions

Why are we asking for this information?

The data provides valuable insight to help identify issues that require input or action from the national or regional teams. Information will also be used to provide assurance on implementation, and to support the continuation of the top-up funding process that NHS England and NHS Improvement is administering on behalf of the Department for Health and Social Care.

Entering information on this report does not constitute an escalation. Normal local, regional and national protocols, governance and escalation processes should be followed. Refer to the National Medical Examiner's good practice guidelines for further information.

Who should complete this information?

Each **host organisation** should submit this information on a quarterly basis. A host organisation is the trust that will invoice NHS England and NHS Improvement for approved costs incurred by their medical examiner office.

In the case of a single medical examiner office being hosted by two or more trusts ('joint medical examiner office'), one of the participating trusts should be the host organisation that submits the combined information for all the medical examiner office activity.

In the case of trusts working in partnership to extend their coverage, for example to provide weekend cover, but otherwise operating independently, these would be considered separate host organisations. Each trust should submit information for their own medical examiner office.

In the case of a trust hosting medical examiner office sites that run independently of each other, this is still a single host organisation and only one submission should be made covering all sites within the trust.

All host organisations submitting data should ensure that the finance leads for their medical examiner offices have approved the financial data prior to submission.

When is this information needed?

Please complete the report on a quarterly basis at the end of each quarter. The collection will be open for submission as follows:

- 02 October – 20 October 2023 for submission of 2023/24 Q2 data

- 01 January – 24 January 2024 for submission of 2023/24 Q3 data

- 02 April – 23 April 2024 for submission of 2023/24 Q4 data

What data are you asking me to collect?

Annex 1 lists the data we asked host organisations to collect for their medical examiner office activity and outcomes on a quarterly basis.

Unless otherwise noted, all the information requested in this collection relates only to deaths scrutinised by medical examiners employed on Programmed Activity (PA) basis to fulfil the responsibilities of medical examiner scrutiny, as per the national model.

Are you asking for personally identifiable information?

No. Most of the questions ask for aggregate data. There are a few free text boxes. When you enter information in these, please do not include any personally identifiable data.

Who can I contact to ask more operational questions?

You can email reporting.nme@nhs.net, which is monitored during working hours.

What do I need to do next?

This is a quick start-up guide – please see the Technical FAQs for detailed information and help.

1. Establish who at the host organisation will be responsible for entering and submitting the data on the portal ('data submitters')

2. Data submitters

- Request access via your Regional Medical Examiner Officer who will arrange for you to be granted access.

- You will then receive an e mail from reporting.nme@nhs.net confirming that you have access.

- In the event that your regional team is not available please email your request for access to reporting.nme@nhs.net

More information on registration, access and how to submit data can be found in the Technical FAQs below.

Technical questions

Registering on the system and getting access to the collection

How do I get access to the medical examiner offices quarterly reporting data collection?

Request access via your Regional Medical Examiner Officer who will authorise the request and arrange for you to be granted access.

You will then receive an email from reporting.nme@nhs.net informing you that you have been granted access to the collection and asking you to activate your account by entering a password and security question. Sometimes these emails may be sent to your junk folder, so please check there too. If you do not receive the activation email then it's possible your organisation is blocking the emails, alternatively contact the helpdesk. (ips.servicedesk@england.nhs.uk)

In the event that your regional team is not available please e mail your request for access to reporting.nme@nhs.net

I have an account on the NHS Improvement portal (Okta account) or already registered for an account on the Insights Platform. How do I get access to the medical examiner offices quarterly reporting data collection?

Even if you already have an Okta account you need to request access via your Regional Medical Examiner Officer.

Please note that all users at a host organisation with access to the collection will be able to view all data submissions.

Even if you already have an account, we do also recommend that you check you are registered against the correct organisation for the collection. See the next question for instructions.

I have logged into the Insights Platform, but I cannot find this data collection when I browse the list of products. What do I need to do?

This can happen if you are not registered against the correct organisation. You can double-check you are registered against the correct organisation by clicking on 'My profile' on the top right of the Insights Platform. If you need to update your organisation, email ips.servicedesk@england.nhs.uk

How do I know if I have already have an account?

Try logging on here with your email address: https://apps.model.nhs.uk/

If you have forgotten your password, you can reset it by clicking the 'Need help signing in?' link.

I have forgotten my password / my account is locked?

If you have forgotten your password, you can reset it by clicking the 'Need help signing in?' link on the sign-in page you get to from here: https://apps.model.nhs.uk/.

What is the URL of the data collection portal?

You can access the data collection portal via your Insights Platform account: https://apps.model.nhs.uk/, browse the catalogue of products, and select 'Medical examiner offices: quarterly reporting data collection'.

It is possible to go directly to the data collections portal, here: https://dcfdatacollections.improvement.nhs.uk/

Which browsers are supported?

For the best experience we recommend you use Chrome. Microsoft Edge and Internet Explorer 11 are also supported. Safari and Firefox are not supported.

I cannot login to the portal – I get the 'blue circle' icon. What is causing this?

This is usually caused by a cookie problem in your browser. Try logging on using an 'Incognito' window (Chrome) or 'in-Private' window (Internet Explorer). Or try an alternative browser: Chrome instead of Internet Explorer, or vice versa. If the problem persists it probably means the servers are very busy and you should try again a little later.

I get a red message at the top or the screen saying JavaScript is not enabled, what should I do?

This is always a temporary situation. Try refreshing the web page in the browser by pressing F5.

Submitting data on the system

How do I use the data collection system?

The system is very simple and intuitive to use. When you go to the data collection portal (at https://dcfdatacollections.improvement.nhs.uk) you will see your assigned data collections along with the reporting periods you are being asked to complete. The following screen shot shows another data collection as an example, but yours will be 'Medical examiner offices: quarterly reporting data collection'.

The data collection name is displayed at the top followed by the organisation you can submit for.

Each submission you are asked to make will appear as a row in the table. These are called 'reporting periods'. For this collection, the reporting periods will be quarterly in frequency.

The 'Status' is the status of the reporting period and can be: Closed, Open or Future.

'Submission Window(s)' is when you can record data for the reporting period. Each reporting period has its own submission window or windows. Always make sure you select the correct reporting period when you enter data as your submission will count against the reporting period you select. The 'show earlier' and 'show later' links allow you to scroll backwards and forwards through the reporting periods.

The 'Submission Status' of a reporting period shows whether you have submitted data or not. Values can be: Not Started, Missed, Draft, Complete, Complete with newer draft, and Not yet required.

'Actions' shows the actions you can perform for each reporting period:

- If the submission window is open then 'Start' allows you to start to enter your data, and 'Update' will allow you to continue with data you have already entered and saved.

- If the submission window is closed and you have previously entered data for the reporting period then you will see 'View'. If you open the submission in 'View' mode then you can download a PDF version of your submission for filing.

- If the submission window has a future date then 'Preview' is available allowing you to view the form.

To enter your data, click the 'Start' button (or the 'Update' button if you have previously entered data for the reporting period).

The data entry form is displayed for you to enter your data. Mandatory fields are marked with a red asterisk. Field validation may be present to validate the data you enter, for example number values, dates, and text length; error messages are displayed at the top of the form.

'Save Draft' and 'Submit' buttons are at the bottom of the page to allow you to save data; you must click 'Submit' for the data to be actioned by the National Medical Examiner team.

If you need further help using the data collection form then contact the helpdesk by email (see last FAQ).

What is the difference between 'Save draft' and 'Submit'?
When you are entering data into the web form, 'Save draft' allows you to save the currently entered data as you enter it, whether it is valid or not, whereas 'Submit' performs validation on your data and only allows you to save it if all the validations pass.

Provided the submission window is still open, you can return to the data and amend it regardless of whether you saved it with 'Submit' or 'Save draft'.

If you 'Save draft' and do not click 'Submit', then your data will remain as draft and will not be actioned by the National Medical Examiner team. You will be contacted by this team if you miss a submission window.

I have submitted incorrect data, what should I do?
You can amend a submission at any point until the submission window closes. Just return to the data collection form, correct the data, and click the 'Submit' button. Once the submission window closes however, you will not be able to submit/update data.

Can I upload data from an Excel template?
Yes, this data collection supports data entry into an Excel template which can be uploaded into the web form. You will see buttons to download the template and upload the completed template at the top of the data entry page:

⤓ Download Excel template　　**⬆ Upload filled-out Excel template**

Download the template, fill it in, then upload the template data into the web form.

Please note:

- The template does not provide all the data validations that are applied in the web form.

- You must still click 'Submit' in the web form. This applies the full data validation.

- You must use the template downloaded using the 'Download Excel template' button. You cannot create your own template or use a data extract from another system.

Can more than one user submit data for my trust?

Multiple users can be registered on the portal and view and submit data for the collection, but only the most recent submission is accepted from each trust for each reporting period. If different pieces of data will be entered on the system by different users, then this will work provided that the different users do not edit the form at the same time, in other words one user must save their data first before the second user enters their data.

Can I download a copy of my submission?

Click the 'View' button next to the reporting period in question, then click the 'Download PDF' button at the top of the page.

How do I contact you or how do I raise a support call?

If you have a question about IT related issues, please email the dedicated helpdesk at itservicedesk@england.nhs.uk. Please mention the data collection name in the email. The helpdesk is staffed 08:00 to 16:00 every weekday.

If your question is business related regarding the data that is collected, please email the National Medical Examiner team at reporting.nme@nhs.net, which is also staffed every weekday.

Annex 1

Section and data item	Further information about the data item
Red asterisk (*) indicates the question must be answered (for mandatory numerical fields, zeroes will be accepted).	
Submission details	
Is this a submission for a joint medical examiner office? *	Yes/No radio button A joint medical examiner office is one where there is more than one participating NHS trust or NHS foundation trust. Only one submission should be made for a joint medical examiner office, by the host organisation. This is the organisation that will invoice NHS England and NHS Improvement for approved salary costs.
How many other participating NHS trusts and/or NHS foundation trusts are there? *	Displayed if previous question answered with Yes Maximum number 8
Please select the other participating trusts *	Multiple single-selection drop-down lists
Summary, themes and concerns	
1. Summary of activity *	Free text, up to 1,400 characters Provide a summary of noteworthy activity, findings, milestones and achievements. Please include any operational or implementation issues we should be aware of.
2. Concerns *	Yes/No radio button If Yes, free text up to 1,024 characters The lead medical examiner, or equivalent, should use this section to confirm they have considered whether scrutiny by medical examiners has indicated any potential themes, trends, or any areas of particular concern. This includes but is not restricted to: specific service locations; particular specialties; and specific healthcare providers. Please avoid including personally identifiable information.
3. Has any medical examiner requested support, or does any medical examiner require support, from the Regional Medical Examiner,	Yes/No radio button If Yes, free text up to 1,024 characters

Regional Medical Director and/or National Medical Examiner in addressing issues detected during scrutiny? *	The National Medical Examiner's Good Practice Guidelines set out arrangements where medical examiners require support in dealing with concerns they identify (Section 3, "How should medical examiners escalate concerns?"). Please avoid including personally identifiable information.
Total deaths in quarter	
4. Total number of acute hospital child and adult deaths in this quarter *	Non-negative whole number This is the total number of deaths at all your acute sites. If you have a joint medical examiner office, include the acute sites of all participating trusts.
Deaths occurring at the medical examiner office site(s) that have been scrutinised by a medical examiner	
5. Deaths occurring at the medical examiner office site(s) that have been scrutinised by a medical examiner	All data items are non-negative whole numbers A medical examiner office site is typically at one – or sometimes more – of the acute hospitals covered by the medical examiner office. In some cases, it could also be at a specialist hospital. It is where the medical examiner is able to view the body, if needed. The medical examiners should be contracted on a Programmed Activity (PA) basis to provide the medical examiner scrutiny. Please do not double-count cases scrutinised.
a) Number of adult cases not notified to a coroner which are	
i) adult cremations *	From October 2022 (Q2-22/23), you only need to include a total value for all adult deaths not notified to a coroner. You do not need to include separate figures for burials, cremations and other.
ii) adult burials *	This can be marked as "0" (zero) if a total of all adult deaths not notified to a coroner is entered in 5a(i).
iii) other (e.g. repatriations) *	This can be marked as "0" (zero) if a total of all adult deaths not notified to a coroner is entered in 5a(i).
b) Number of adult cases notified to a coroner (i.e. notified to the coroner after scrutiny by a medical examiner) where the coroner issues Form 100-A, which are	

i) adult cremations *	From October 2022 (Q2-22/23), you only need to include a total value for all adult deaths notified to a coroner where the coroner issues Form 100-A. You do not need to include separate figures for burials, cremations and other.
ii) adult burials *	This can be marked as "0" (zero) if a total of all adult deaths is notified to a coroner where the coroner issues Form 100-A is entered in 5b(i).
iii) other (e.g. repatriations) *	This can be marked as "0" (zero) if a total of all adult deaths is notified to a coroner where the coroner issues Form 100-A is entered in 5b(i).
c) Number of adult cases notified to the coroner (i.e. notified to the coroner after scrutiny by a medical examiner) and taken for investigation by the coroner, no MCCD issued by medical practitioner	
d) Number of child cases not notified to a coroner which are	A child death refers to deaths of those under 18. It includes neonates, but not stillborn.
i) child cremations *	From October 2022 (Q2-22/23), you only need to include one total value for all child deaths not notified to a coroner. You do not need to include separate figures for burials, cremations and other.
ii) child burials *	This can be marked as "0" (zero) if a total of all child deaths not notified to a coroner is entered in 5d(i).
iii) other (e.g. repatriations) *	This can be marked as "0" (zero) if a total of all child deaths not notified to a coroner is entered in 5d(i).
e) Number of child cases notified to a coroner (i.e. notified to the coroner after scrutiny by a medical examiner) where the coroner issues Form 100-A, which are	
i) child cremations *	From October 2022 (Q2-22/23), you only need to include one total value for all child deaths notified to a coroner where the coroner issues Form 100-A. You do not need to include separate figures for burials, cremations and other.
ii) child burials *	This can be marked "0" (zero) if the total of all child deaths is notified to a coroner where the coroner issues Form 100-A is entered in 5e(i).
iii) other (e.g. repatriations) *	This can be marked "0" (zero) if the total of all child deaths is notified to a coroner where the coroner issues Form 100-A notified to a coroner is entered in 5e(i).

f) Number of child cases notified to a coroner (i.e. notified to the coroner after scrutiny by a medical examiner) and taken for investigation by the coroner, no MCCD issued by a medical practitioner *	
g) Number of any other deaths occurring at a medical examiner office site scrutinised by a medical examiner that you have not included in a-f. *	
h) Total number of deaths occurring at the medical examiner office site(s) that have been scrutinised by a medical examiner this quarter	Read only – automatically calculated from 5a-g above
6. Number of adult cremation form 5s completed by a medical examiner	Please enter "0" (zero) in this field. Data is not required due to the permanent removal of the cremation form 5 in May 2022.
7. Number of child cremation form 5s completed by a medical examiner	Please enter "0" (zero) in this field. Data is not required due to the permanent removal of the cremation form 5 in May 2022.
Any other deaths scrutinised by a medical examiner	
8. Any other deaths scrutinised by a medical examiner	All data items are non-negative whole numbers Any deaths scrutinised by a medical examiner that were not included in the previous section. The medical examiners should be contracted on a Programmed Activity (PA) basis to provide the medical examiner scrutiny. This includes deaths at acute or non-acute hospitals where there is no medical examiner office site; and deaths of patients cared for by other healthcare providers with which your medical examiner office has an agreement to independently scrutinise deaths. Please do not double-count cases scrutinised.
a) Number of adult and child deaths scrutinised and not notified to the coroner *	
b) Number of adult cases notified to the coroner which	
i) are taken for investigation by the coroner, no MCCD issued by medical practitioner *	
ii) result in coroner's office issuing Form 100-A *	
c) Number of child cases notified to the coroner which	

i) are taken for investigation by the coroner, no MCCD issued by medical practitioner *	
ii) result in coroner's office issuing Form 100-A *	
d) Number of any other deaths scrutinised by a medical examiner that you have not included in a-c above.*	
e) Total number of any other deaths scrutinised by a medical examiner this quarter	Read only – automatically calculated from 8a-d above
Staff, financial and operating information	
9. Number of individuals newly appointed as medical examiners and medical examiner officers this quarter *	Non-negative whole number This is the number of new medical examiners and medical examiner officers that were recruited during this quarter.
10. Total medical examiner full-time equivalents (FTEs) at end of the quarter *	Non-negative number, up to 2 decimals The national model is 1.0 FTE medical examiner per 3,000 deaths scrutinised. The FTEs should be calculated on a 40-hour week basis.
11. Total medical examiner officer full-time equivalents (FTEs) at end of the quarter *	Non-negative number, up to 2 decimals The national model is 3.0 FTE medical examiner officers per 3,000 deaths scrutinised. The FTEs should be calculated on a 37.5-hour week basis. If staff employed as medical examiner officers also have other roles at the trust, or a hybrid role, then the FTEs declared should relate only to the medical examiner officer component of their jobs.
12. Total cremation form 5 income	Non-negative whole number Cremation form 5 is currently suspended (Coronavirus Act 2020). If you have received any cremation form 5 income (from 2019/20 forms) that has not previously been declared, then enter it here.
13. Total employment costs for all medical examiners this quarter, including Employer's National Insurance and superannuation	Non-negative whole number Only include costs for which reimbursement is being claimed from the National Medical Examiner team.
14. Total employment costs for all medical examiner officers this quarter, including Employer's National Insurance and superannuation	Non-negative whole number

	If staff employed as medical examiner officers also have other roles at the trust, or a hybrid role, then the employment costs declared should relate only to the medical examiner officer component of their jobs. Only include costs for which reimbursement is being claimed from the National Medical Examiner team.
15. Does the medical examiner office operate extended hours of working (e.g. weekday evenings or weekends) *	Weekends only/Weekday evenings only/Both weekends and weekday evenings/Neither radio button Extended hours refer to hours outside of normal weekday business hours when you have medical examiner(s) based at one or more of your medical examiner office site(s). If your medical examiners are able to perform their medical examiner function remotely, include this coverage here.
a) Are extended hours provided in partnership with another trust? *	Only displayed if positive answer above. Yes/No radio button. If you have a joint medical examiner office, only answer Yes if the extended hours are provided in partnership with an NHS trust or NHS foundation trust that is not already part of your joint medical examiner office.

Timeliness and registration rejections	
16. Number of MCCDs not completed within 3 calendar days of death *	Non-negative whole number The National Medical Examiner's guidance is that delays due to scrutiny "must be kept to a minimum, while maintaining the integrity of independent scrutiny." (Good Practice Guidelines page 17). This data is used by Regional Medical Examiners in oversight of medical examiner offices. Calendar days take no account of bank holidays or weekends. For example, if a death occurs on a Friday and the MCCD is completed the following Tuesday (day 4), then it should be counted here. There is no need to count cases here that involve the coroner.
17. Number of cases where urgent release of body is requested	Medical examiner officers should keep records of reasons for requests. If no time was specified by the bereaved, then use 'within 24 hours of death' as the requested time.
a) Number of cases where urgent release of body is requested and achieved within requested time *	
b) Number of cases where urgent release of body is requested but not achieved within requested time *	
18. Number of MCCDs rejected by registrar after medical examiner scrutiny *	
Achieving communication with bereaved / people close to the deceased	
19. Number of deaths in which the medical examiner office interaction with the bereaved did not take place with reasons	All data items are non-negative whole numbers
a) Bereaved declined interaction with medical examiner office *	
b) No response from bereaved *	
c) No informant/next of kin *	
d) Other *	
Detection of issues and actions	The medical examiner office should keep local records of the nature of problems detected which resulted in referral.

20. Number of deaths where medical examiners recommend case record reviews (e.g. structured judgement review or equivalent) at host organisation for the medical examiner office, by category (categories based on [Learning from Deaths Guidance 2017](#))	If you are submitting data for a joint medical examiner office, then count recommendations at any of the participating trusts, not only your organisation. If you are unsure how to interpret the categories, refer to the Learning from Deaths guidance and your trust policies.
a) Deaths where a significant concern about the quality of care provided is raised by bereaved families and carers *	
b) Deaths where a significant concern about the quality of care provided is raised by medical examiner or staff *	
c) Deaths of those with learning disabilities and with severe mental illness *	
d) Deaths in a service speciality, particular diagnosis or treatment group where an 'alarm' has been raised with the provider through whatever means *	
e) Deaths in areas where people are not expected to die, for example in relevant elective procedures *	
f) Deaths where learning will inform the provider's existing or planned improvement work, for example if work is planned on improving sepsis or end of life care *	
21. Number of deaths where medical examiners recommend case record reviews (e.g. structured judgement review or equivalent) at other organisations, as follows	
a) Other NHS acute hospital/trust *	
b) NHS community trust/hospital *	
c) NHS mental health trust or provider *	
d) NHS ambulance service *	
e) Primary care *	
f) Local authority (e.g. social care provision) *	
g) Independent provider *	

22.	Deaths referred by the medical examiner office to other clinical governance processes for review not covered in 20 and 21, for example safeguarding or mortality and morbidity (M&M) meetings *	
23.	Number of Patient Safety Incidents notified by medical examiner office as a result of scrutiny *	Cases may require more than one type of referral/recommendation/notification – count a case within each applicable category that applies.
24.	Number of cases referred to Patient Advice and Liaison Service or equivalent by medical examiner office *	Cases may require more than one type of referral/recommendation/notification – count a case within each applicable category that applies.
25.	Any further comments you would like to add regarding detection of issues and actions	Free text, up to 1,024 characters Please avoid including personally identifiable information.
Feedback received about the medical examiner office		
26.	Please summarise feedback received about the medical examiner office, whether positive or negative, indicating the number of complaints about the medical examiner office received.	Free text, up to 1,024 characters Please avoid including personally identifiable information.
Ethnic group or background		
27.	Deaths scrutinised by a medical examiner, broken down by ethnic group or background of the deceased as follows	All data items are non-negative whole numbers Important: complete this if the data is already recorded on the patient record and can be collated by your medical examiner office. If this is not possible these fields can be left blank.
	a) White	English/Welsh/Scottish/Northern Irish/British; Irish; Gypsy or Irish Traveller; any other White background
	b) Mixed/multiple ethnic groups	White and Black Caribbean; White and Black African; White and Asian; any other Mixed/Multiple ethnic background
	c) Asian/Asian British	Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background
	d) Black/African/Caribbean/Black British	African, Caribbean or any other Black/African/Caribbean background
	e) Other ethnic group	Arab or any other ethnic group
	f) Ethnic group/background unknown	