journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Death of a patient subject to the Mental Health Act 1983

Ref MHA-0002-v4.2

Status: Approved
Document type: Procedure

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1 Introduction

Whenever a patient who is detained under the Mental Health Act 1983 (MHA) dies, there is a requirement to report this to the Care Quality Commission (CQC) so that the CQC may take follow up action where needed.

This procedure is aligned to the Trust's Journey to Change as it provides guidance that is fit for purpose and enables the Trust to work in partnership with the CQC and meet the CQC's requirements.

2 Purpose

Following this procedure will ensure that Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) meets its obligations in terms of informing the Care Quality Commission (CQC) of the death of any patient subject to the Mental Health Act 1983 (MHA).

3 Who this procedure applies to

This procedure **must** be followed whenever a patient dies if they are:

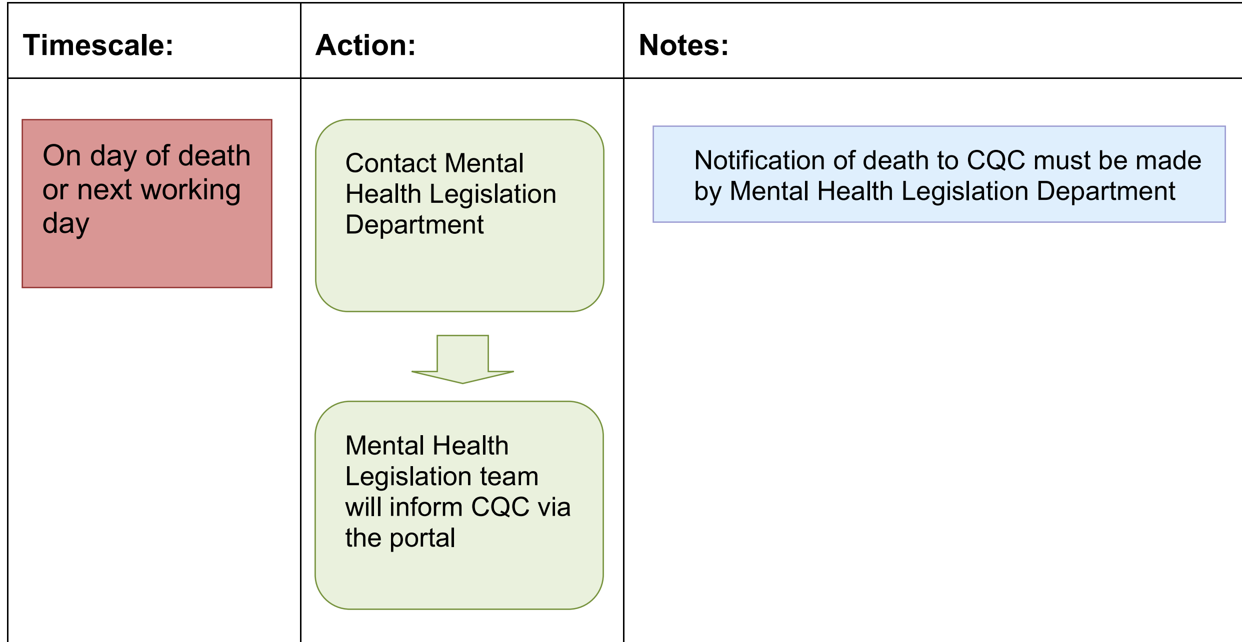
- Detained under the MHA,
- On section 17 leave,
- Absent Without Leave (AWOL),
- A patient on a Community Treatment Order (CTO) who has been recalled to hospital.

4 Related documents

Mental Health Act 1983: Code of Practice, TSO, 2015

5 Informing the Mental Health Legislation Department

Inpatient or community staff must inform the MHA Department of the death of any patient subject to the MHA.



Timescale:	Action:	Notes:
On day of death or next working day	Contact Mental Health Legislation Department ↓ Mental Health Legislation team will inform CQC via the portal	Notification of death to CQC must be made by Mental Health Legislation Department

5.1 MHA Department actions

Timescale:	Action:	Notes:
Within 3 working days of death	MHL team inform CQC via the portal ↓ Record date and time of notification in patient's MHA file	Form kept in patient's MHA file
Within 1 working day of death	Inform Patient Safety Team	

5.2 Inquest

- When a Coroner's inquest is to be held regarding a patient who has died whilst subject to the MHA, the relevant senior manager **must** inform the Mental Health Legislation Department of the details of the inquest as soon as possible.
- This allows sufficient time for a CQC commissioner to make arrangements to attend the inquest.

Whenever a patient subject to the MHA dies there will always be a Coroner's inquest, even if the death is expected and there are no suspicious circumstances. A Review Report will always be required and the Patient Safety Team will determine the exact nature of the report to be provided.

6 Definitions

Term	Definition
Care Quality Commission (CQC)	• The Care Quality Commission is the independent body responsible for monitoring the use of the Mental Health Act.
Detained Patient	• A patient who is detained in hospital under the MHA, or who is liable to be detained in hospital but is (for any reason) currently out of hospital.
Community Treatment Order (CTO)	• Arrangements, under which patients can be discharged from detention in hospital under the MHA, but remain subject to the MHA in the community

7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff with a professional registration	MHL level 1 e-learning	3 hours	Every 2 years
Clinical staff without a professional registration	MHL level 1 e-learning	3 Hours	Every 2 years

8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually

			be via the relevant Governance Group).
1	All death notifications are recorded and sent to the CQC	MHL team	Reported to the MHLC where necessary

9 References

CQC website

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	17 February 2022
Next review date:	17 February 2025
This document replaces:	MHA-0002-v4.1 Death of a patient subject to the Mental Health Act 1983
This document was approved by:	MHLC
This document was approved:	17 February 2022
An equality analysis was completed on this document on:	December 2021
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
4	July 2015	Cross reference to MHA Code of Practice, 2015. Changes to terminology, minor changes to procedure to reflect CQC requirements. Paragraph re patient safety team.	Withdrawn
4.1	June 2018	Amended to reflect notification being made via portal	Withdrawn
4.1	08 July 2020	Links to inTouch removed. Review date extended by six months to 13 Dec 2021.	Withdrawn
4.1	18 Aug 2021	Review date extended to 30/01/2022. Note reference on title page corrected from MHA-0009-v4.1 to MHA-0002-v4.1. All other references were correct.	Withdrawn
4.2	Dec 2021	3 yearly review with minor changes. Updated to new template and included Our Journey to Change. Minor word changes in 5.1	Published

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Mental Health Legisation					
Policy (document/service) name	Death of a patient subject to the MHA 1983					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			X	Code of practice	
	Other – Please state					
Geographical area covered	Trust wide					
Aims and objectives	Following this procedure will ensure that Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) meets its obligations in terms of informing the Care Quality Commission (CQC) of the death of any patient subject to the Mental Health Act 1983 (MHA).					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	December 2021					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	**December 2021**					

You must contact the EDHR team if you identify a negative impact - email tewv.eandd@nhs.net

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

Procedure describes a legal requirement in relation to notification to the CQC of the death of any patient currently subject to the Mental Health Act 1983.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	**X**	**No**	

Sources of Information may include:	
• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
No – Please describe future plans that you may have to engage and involve people from different groups

<table>
<tr><td colspan="6">5. As part of this equality analysis have any training needs/service needs been identified?</td></tr>
<tr><td>No</td><td colspan="5">Please describe the identified training needs/service needs below</td></tr>
<tr><td colspan="6">A training need has been identified for;</td></tr>
<tr><td>Trust staff</td><td>No</td><td>Service users</td><td>No</td><td>Contractors or other outside agencies</td><td>No</td></tr>
<tr><td colspan="6">Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</td></tr>
</table>

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	**Yes/No/ Not applicable**	**Comments**
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	