



**Public – To be published on the Trust external website**

# **Death of a patient subject to the Mental Health Act 1983**

## **Ref: MHA-0002-v4.4**

**Status: Approved**

**Document type: Procedure**

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## 1 Introduction

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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

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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

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

- |   |
|---|
| <ul style="list-style-type: none"><li>• Detained under the MHA,</li></ul>   |
| <ul style="list-style-type: none"><li>• On section 17 leave,</li></ul>  |
| <ul style="list-style-type: none"><li>• Absent Without Leave (AWOL),</li></ul>  |
| <ul style="list-style-type: none"><li>• A patient on a Community Treatment Order (CTO) who has been recalled to hospital.</li></ul> |

## 4 Related documents

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[Mental Health Act 1983: Code of Practice, TSO, 2015](#)

## 5 Informing the Mental Health Legislation Department

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

Timescale:	Action:	Notes:
On day of death or next working day	<a href="#">Notification form</a> is completed by clinical team and returned to the Mental Health Legislation Department via email.	Mental Health Legislation Department check the form and submit to CQC via the email address on the form.

### 5.1 MHL Department actions

Timescale:	Action:	Notes:
Within 1 working day of death	Inform Patient Safety Team	
Within 1 working day of death	Record date and time of notification in patients MHA file.	Form kept in patients MHA file
Within 3 working days of death	MHL team inform CQC via the email which is on the form.	

### 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

Number	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	Frequency = As required Method = Email notification Responsible = MHL department	Reported to the MHLC where necessary

## 9 References

[CQC website](#)

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	26 January 2026
Next review date	13 January 2028
This document replaces	MHA-0002-v4.3 Death of a patient subject to the Mental Health Act 1983
This document was approved by	Mental Health Legislation Committee
This document was approved	26 January 2026
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	17 February 2026
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	Withdrawn
4.3	13 Jan 2025	3 yearly review with minor changes.	Withdrawn

		Updated templates and changed flow charts to table for accessibility. Process updated in section 5 (change from using portal to submit by email) and process clarified in section 3 (to include patients on CTO),	
4.4	26 Jan 2026	Following updated advice from the CQC the requirement to submit a death notification for patients on a CTO has been removed.	Approved

## Appendix 1 - Equality Analysis Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Mental Health Legislation Department
Title	Death of a patient subject to the MHA 1983
Type	Procedure
Geographical area covered	Trustwide
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	December 2025
End date of Equality Analysis Screening	17 February 2026

Section 2	Impacts
Who does the Policy, Procedure, 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.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications NO</b> <a href="#">(Human Rights - easy read)</a></li> </ul>
<b>Describe any negative impacts / Human Rights Implications</b>	
<b>Describe any positive impacts / Human Rights Implications</b>	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Health Act 1983 Mental Health Act Code of Practice Care Quality Commission
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Reviewed by equality and diversity team
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	No

Check the information you have provided and ensure additional evidence can be provided if asked.

## 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
<b>1. Title</b>		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Y	
<b>3. Development Process</b>		
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	
<b>4. Content</b>		
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	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
<b>6. Training</b>		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
<b>7. Implementation and monitoring</b>		

Does the document identify how it will be implemented and monitored?	Y	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	AH 17 Feb 2026
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Y	
<b>10. Publication</b>		
Has the policy 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?	N/A	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	