

STANDARD OPERATING PROCEDURE DEATH OF A DETAINED PATIENT

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Guidance for Staff Responsible for Care after Death (Last Offices) (humber.nhs.uk)

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	7/5/20	New SOP created
1.1	15/09/21	Reviewed (Minor changes)
1.2	21.06.23	Full Review with minor changes. Approved at Mental Health Legislation Steering Group (21 June 2023).

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1. INTRODUCTION

This document describes the actions and requirements upon the discovery of the death of a patient detained under the Mental Health Act. 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.

(The Coronavirus Act 2020 has given some emergency powers in relation to inquests, registration of deaths and in relation to the storage and disposal of bodies.) There are some sections of the Act relating to the registration of deaths that remain active, but only for transitional purposes, where some papers have already been presented. For anything happening now, the Act is no longer in effect.

2. SCOPE

This SOP is aimed primarily at clinical staff of all professions based on the mental health and learning disabilities inpatient units and in community mental health and learning disabilities teams. However, on-call managers, on-call directors, the Mental Health Legislation Department and the Legal Services Department should also be aware of its application.

3. DUTIES AND RESPONSIBILITIES

All clinical staff responsible for the care and treatment of individuals detained under or subject to the Mental Health Act, including Community Treatment Orders or Conditional Discharge, should be conversant with this SOP. The Mental Health Legislation and Legal Services Departments of the Trust should be aware of this SOP and be able to guide clinicians in its application.

4. PROCEDURES

4.1. Death of a Detained Patient in a Mental Health or Learning Disability Unit, on Leave or AWOL

- The staff member who discovers, or is first informed of the death, must immediately report this to the staff member on duty responsible for the team.
- Contact:
 - Police and Ambulance service (if not already aware).
 - Senior (or on-call) manager (who should then inform the on-call director).
 - Responsible Clinician (or on-call consultant) and junior doctor.
- Confirmation of death should be obtained via paramedics or medical staff in attendance.
- Preserve the scene if necessary: the door of the room should be locked, and staff positioned to minimise traffic past the area (until police tell you that this is no longer needed).
- The police should be informed that the patient is subject to the MHA and that the death should be reported to the Coroner.
- Complete a Datix report. An Initial Incident Report (IIR) will also be required. For Secure Services only - a briefing report will be required for the CPaQ Team of the Provider Collaborative).
- The Notification of Death for the CQC has to be completed within the next working day. Please contact the Mental Health Legislation Team (her-tr.MentalHealthLegislation@nhs.net) or Governance Team (HNF-TF.CQC@nhs.net) for further information. This will be completed via the CQC portal with the MHLT or Governance Team.
- Inform next of kin (although the police may do this).

- Request Medical Records to extract patient notes from the EPR for the police to access, including proof of detention.
- Staff on duty should be asked to note down their recollection of events in order to give witness statements when required to do so.
- All staff and patients involved should be offered the opportunity for support and debriefing.

4.2. Death of a Patient on a Community Treatment Order (CTO) or Section 41 Conditional Discharge

- The staff member who discovers, or is first informed of the death, must immediately report this to the staff member on duty responsible for the team.
- Contact:
 - Police and Ambulance service (if not already aware).
 - Senior (or on-call) manager (who should then inform the on-call director).
 - Responsible Clinician (or on-call consultant) and GP.
- Preserve the scene, if necessary, until police tell you that this is no longer needed
- The police should be informed that the patient is subject to the MHA and that the Coroner has to be informed.
- Complete a Datix report. An Initial Incident Report (IIR) will also be required.
- The Notification of Death for the CQC has to be completed within the next working day. Please contact the Mental Health Legislation Team (her-tr.MentalHealthLegislation@nhs.net) or Governance Team (HNF-TF.CQC@nhs.net) for further information. This will be completed via the CQC portal with the MHLT or Governance Team.
- Inform next of kin (although the police may do this).
- Request Medical Records to extract patient notes from the EPR for the police to access, including proof of detention.
- Staff involved in the care of the patient should be asked to note down their recollection of events in order to give witness statements when required to do so.
- All staff involved should be offered the opportunity for support and debriefing.

4.3. Death of a Detained Patient on Section 17 Leave in a General Hospital (Expected / Natural Causes)

- The escorting staff must ask the clinicians at the place of death to inform the Coroner's Office as this is a death in custody of a patient detained under the Mental Health Act (If the patient is not escorted by Trust staff, the nurse in charge of the originating ward should be contacting the general hospital ward at least once per shift for an update on their condition).
- Staff at the general hospital are responsible for notifying the next of kin.
- The escorting staff must inform the nurse in charge of the originating ward.
- The Notification of Death for the CQC has to be completed within the next working day. Please contact the Mental Health Legislation Team (her-tr.MentalHealthLegislation@nhs.net) or Governance Team (HNF-TF.CQC@nhs.net) for further information. This will be completed via the CQC portal with the MHLT or Governance Team.
- The nurse in charge should ring the senior manager or on-call manager to inform them.
- Complete a Datix report. The completion of an IIR will also be required. For Secure Services only – a briefing report to Specialist Commissioning Team will be required.
- Staff (and patients where necessary) should be offered the opportunity to access support and a debriefing.
- Escorting staff may be asked to complete a witness statement for the coroner, confirming the patient's identity.

- The coroner will ask for proof of detention – this would be the original warrant from court if under Part III Section.
- The coroner may decide to have a brief inquest without a jury if he is satisfied at the cause of death and that he has proof of detention, but this will only take place if the funeral has been arranged.

5. REFERENCES

Mental Health Act 1983: <http://www.legislation.gov.uk/ukpga/1983/20/contents>

Mental Health Act Code of Practice 2015: <https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

Reference Guide to the Mental Health Act 2015:
<https://www.gov.uk/government/publications/mental-health-act-1983-reference-guide>

Appendix 1 - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Death of a Detained Patient
2. **EIA Reviewer (name, job title, base and contact details):** Michelle Nolan
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

<p>Main Aims of the Document, Process or Service</p> <p>This document describes the actions and requirements upon the discovery of the death of a patient detained under the Mental Health Act. 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. (The Coronavirus Act 2020 has given some emergency powers in relation to inquests, registration of deaths and in relation to the storage and disposal of bodies.)</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	Applicable regardless of the age of the detained person
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	Applicable regardless of disability
Sex	<p>Men/Male Women/Female</p>	Low	Applicable regardless of gender
Marriage/Civil Partnership		Low	Applicable regardless of marital status
Pregnancy/ Maternity		Low	Applicable regardless of pregnancy status
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	Applicable regardless of race or ethnicity
Religion or Belief	<p>All religions Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	Applicable regardless of religion or belief

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	Applicable regardless of sexual orientation
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Applicable regardless of gender characteristics

Summary

Please describe the main points/actions arising from your assessment that supports your decision:	
No action required. The SOP pertains to actions required in respect of legal and code of practice obligations arising from the mental Health Act.	
EIA Reviewer: Michelle Nolan	
Date completed: 21.06.23	Signature: M. Nolan