



Death Notification
reference:

Statutory notification about the death of a person detained or liable to be detained under the Mental Health Act 1983

Care Quality Commission (Registration) Regulations 2009 Regulation 17

Guidance on the completion of this form

From 1 April 2010, NHS service providers will be required to make notifications about the death of a patient/resident who is detained or liable to be detained as a condition of registration under the Health and Social Care Act 2008. For independent service providers, such notifications are requirement of registration from 1 October 2010. However, prior to that date, CQC will continue to require such notifications under general powers provided to it under the Mental Health Act 1983, Section 120.

You must provide information in the mandatory sections (marked*). Please also provide all other requested information. **Forms must be submitted as soon as possible after the incident.**

Type all entries where possible and enter dates in the format dd/mm/yyyy

To be forwarded to the Commission by fax or secure email within three working days of the death. This form can be emailed **VIA NHS.NET ONLY** by arrangement with the Mental Health Operations Team by calling number below. Any failure to ensure that its transmission meets current standards for secure delivery of confidential patient identifiable material will be the responsibility of the sender. It is the responsibility of the detaining/responsible authority to ensure this form is completed and sent.

Tel: 0115 873 6250

Fax: 0148 477 2179

A. Detaining or responsible authority *

Name/Address of Trust	Name/Address of Purchaser	
Name/Address of Hospital	Ward/Nursing Home	Approved Clinician

B. Details of deceased *	
Name	
Date of Birth	Date of Admission
Section	Date of Section
Ethnicity	Gender
C. Circumstances of death	
Date & Time of Death (If known)	Place of death
Time & place patient last seen alive by staff	How death occurred (if known)
Level of observation at time (please specify)	Certified Cause of Death if known
Has Coroner been informed	If so, name and contact telephone number
Have police been informed	If so, name and contact telephone number
D. Other information	
Psychiatric Diagnosis	
All medication at time of death (drug by name & dosage)	
Regular	PRN
Was the patient/resident consenting?	
Was a statutory form certifying treatment in place at the time of death? If so, please describe which form? If not, please confirm the circumstances? (e.g. Within the 3 month/1 month (CTO) period)	
Was ECT given in previous 14 days?	
Please give details of any of the following for the 7 days preceding the death	

SAMPLE - DO NOT USE

Was the patient in Seclusion/Time Out?		
Any incident of Control or Restraint?		
Any incidents of physical self-harm?		
Any record of untoward incidents?		
Was the patient/resident on Section 17 leave at the time of the death?	Was the patient/resident AWOL at the time of the death?	Did the patient die on a medical ward? If so please give details
Any other relevant information		
Contact Details (Please provide the name and professional status of the person who can be contacted about the content of this form if required):		
Contact Telephone Number:		Date:

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