#### STATUTORY INSTRUMENTS

## 2021 No. 504

## NATIONAL HEALTH SERVICE, ENGLAND

# The National Health Service Trust (Scrutiny of Deaths) (England) Order 2021

Made 23rd April 2021

Coming into force -1st May 2021

The Secretary of State for Health and Social Care makes the following Order in exercise of the powers conferred upon him by paragraph 22 of Schedule 4 to the National Health Service Act 2006(**a**).

#### Citation and commencement

1. This Order may be cited as the National Health Service Trust (Scrutiny of Deaths) (England) Order 2021 and comes into force on 1st May 2021.

## Application and extent

**2.** This Order extends to England and Wales, and applies only to England.

## Power to scrutinise deaths

- 3.—(1) An NHS trust in England may scrutinise the death of any person who has died in England where—
  - (a) a senior coroner is not under a duty to investigate the death under section 1 of the Coroners and Justice Act 2009(b), or
  - (b) it is unclear whether the death is one which a registered medical practitioner would be required to notify to the relevant senior coroner under the Notification of Deaths Regulations 2019(c).
- (2) In paragraph (1), the reference to scrutinising a death is a reference to scrutiny carried out in accordance with "Implementing the medical examiner system: National Medical Examiner's good practice guidelines", published by NHS England and NHS Improvement in January 2020(d), and includes any review which forms part of the process of scrutinising a death under those guidelines.

Signed by the authority of the Secretary of State for Health and Social Care.

<sup>(</sup>a) 2006 c. 41.

<sup>(</sup>b) 2009 c. 25. (c) S.I. 2019/1112.

<sup>(</sup>d) A copy of the guidelines is available at https://improvement.nhs.uk/documents/6398/National\_Medical\_Examiner\_-\_good\_practice\_guidelines.pdf. A hard copy may be obtained from NHS England, PO Box 16738, Redditch, B97 9PT.

## **EXPLANATORY NOTE**

(This note is not part of the Order)

This Order confers power on NHS trusts to scrutinise any deaths in England (whether or not the death takes place in a NHS trust's area), where the Coroner has no duty to investigate, or there is some doubt as to whether the death must be notified to the relevant senior coroner.

A full impact assessment has not been produced for the instrument as no, or no significant, impact on the private, voluntary or public sectors is foreseen.

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