



Department
of Health &
Social Care


*Parliamentary Under-Secretary of State for
Women's Health and Mental Health*

39 Victoria Street
London
SW1H 0EU


Nicholas Walker
HM Coroner
Hampshire, Portsmouth and Southampton


10 August 2026

Dear Mr Walker,

Thank you for the Regulation 28 report of 28th May 2026, sent to the Secretary of State for the Department of Health and Social Care about the death of Mr Jonathan Edward Doughty. I am replying as a Minister at the Department of Health and Social Care.

I would like to say how saddened I was to read of the circumstances of Mr Doughty's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the evidence you heard that Hampshire and Isle of Wight Healthcare Trust was routinely unable to secure acute psychiatric beds for patients such as Mr Doughty who lacked capacity and posed a risk to themselves. In such circumstances, a Mental Health Act Assessment cannot take place until a bed is available, and the risk must be managed in the community, often by family members or crisis team nurses who might only visit for a short time. Patients are left vulnerable and you are concerned that there is a risk that future deaths will occur unless action is taken.

In preparing this response, my officials have made enquiries with NHS England and the Care Quality Commission (CQC) to ensure we adequately address your concerns.

First, I would like to address the points raised in your report regarding assessment under the Mental Health Act, where a person is in a mental health crisis and may need to be admitted, or detained. In your report, you mentioned the term 'Mental Health Act Assessment'. This is a term that does not exist in statute, although assessments are referred to in the Mental Health Act Code. However, it is understood to broadly mean the process by which an Approved Mental Health Professional (AMHP) may interview, and two doctors examine, a person who it is felt may require an application under the Act to detain them.

Assessment under the Mental Health Act is a multidisciplinary process, coordinated by an AMHP, which considers whether a person is experiencing a mental disorder, the risks to the individual or others, their treatment needs, and whether admission or detention under the Mental Health Act is necessary. As part of the assessment, the AMHP may consider it appropriate to seek medical recommendations from two doctors. If/once medical

recommendations have been made, the AMHP has 14 days in which to consider whether to make an application for admission, or not.

As part of this assessment, there is no requirement for a bed to be available before the assessing professionals see the person. It is common practice for the AMHP to enquire of the Trust which hospitals were likely to be available ahead of an assessment interview. There should then be a shared risk assessment between the AMHP, the team supporting the individual, and bed management colleagues, as to what action could be taken to mitigate such risks where no hospital bed is available. An application for admission, however, cannot be made until a bed is available.

In this case, Mr Doughty was at risk of harming himself if aware of the plan to assess him. While we do not know all the events leading up to his death, where the risk is high and no hospital is available, an AMHP has the option to secure a warrant under s.135(1) of the Act – where the statutory grounds are met – to remove the person to a place of safety for assessment. For this assessment to take place, no hospital bed is required. Alternatively, the person can be assessed in the home, and the AMHP can consider the use of s.140 of the Mental Health Act in cases of special urgency to admit the person to hospital to be kept safe and supported while other arrangements are made. Section 140 of the Act places a duty on ICBs to give notice to local authorities of arrangements in hospital for the reception of patients in case of special urgency. This should in turn help inform AMHPs as to where beds are available in these circumstances. The term “special urgency” is locally agreed but is usually a situation where someone in a mental health crisis is so acutely unwell that failure to urgently admit the person to hospital under the Mental Health Act or an excessive wait for a bed could cause significant harm to the patient, the patient’s carers and/or family, those assessing the patient, or other members of the public.

Following Royal Assent of the Mental Health Act 2025, we are working to update the Mental Health Act Code of Practice. We will review, and seek to improve, guidance in the revised Code on assessment under the Mental Health Act, including what steps the AMHP should take when there is significant risk of harm.

The number of mental health beds required to support a local population is dependent on both local mental health need and the effectiveness of the whole local mental health system in providing timely access to care and supporting people to stay well in the community, therefore reducing the likelihood of an admission being necessary. We have committed to make regulations under existing powers to require Integrated Care Boards (ICBs) to provide information which CQC reasonably requests, and publish an action statement, where directed to do so by CQC. This will strengthen CQC oversight of how it monitors the application of the Mental Health Act in local areas, including the duty on ICBs under section 140. I have been advised that Hampshire and Isle of Wight Healthcare Foundation NHS Trust will also be responding separately and hope they are able to address the points raised regarding the provision of secure acute psychiatric beds for patients such as Mr Doughty.

You may be interested in some of the other actions being taken to improve care for people living in the community, including for those experiencing a mental health crisis.

We are transforming the current mental health system so people can access the right support at the right time in the right place. As part of our shift to Neighbourhood Health, we are piloting community-based mental health centres. People with severe mental illness will be able to walk in without an appointment if they need mental health support - as well as advice on employment, housing, or volunteering - and receive psychological therapies, medication, and other intervention. Community-based mental health centres will bring together a range of community mental health services under one roof, including crisis services and short-stay beds. People with the highest levels of need and complexity will have a coordinated and assertive community response from a multidisciplinary team. This reduces fragmentation in service delivery and patient experience, which contributes to longer waiting times and lower patient satisfaction. The model is based on international evidence and is the World Health Organisation's recommended method of service delivery. Capital funding of £473m is being made available to systems over the next four years, which includes investment to establish Community Mental Health Centres and open up to 85 Mental Health Emergency Departments (MHEDs), which provide rapid assessment and support in a therapeutic setting, helping those with mental health needs receive timely access to the right care in a calm and compassionate environment.

We are also taking steps to ensure there is consistency in the quality of care provided by community mental health teams. The Personalised Care Framework – a new approach being used by Trusts - sets out minimum standards of care so that everyone across mental health services gets the basics of good care, regardless of local configuration. The framework was published on 17 July. We are also developing a Modern Service Framework for severe mental illness which will support consistent, high-quality, and high-value care. The Modern Service Frameworks will define an aspirational, long-term outcome goal, underpinned by a set of specific quality commitments that support progress, with a focus on driving up value and equity. They will be designed to inspire and galvanise the entire system.

CQC Response

CQC were not previously aware of the sad death of Mr Doughty.

The latest ratings and inspection reports for Hampshire and Isle of Wight Healthcare NHS Foundation Trust can be found here: <https://www.cqc.org.uk/provider/RW1>

University Hospital Southampton is aware of the issue of lack of available beds. The lack of specialist beds in the correct mental health setting often means vulnerable people stay on acute wards that are not designed for people requiring detention under the Mental Health Act or the correct environment within Southampton General, which is not a specialist mental health trust, for longer while they await a placement/specialised bed. This has an impact on overall patient flow by preventing discharge, and a poor patient experience because they are not in the right place for the care they need.

CQC inspected the mental health crisis services and health-based places of safety at Hampshire and Isle of Wight Healthcare NHS Foundation Trust in September 2025, where they were rated as "Requires Improvement". This inspection was carried out as part of CQC's Adult Community Mental Health programme.

At the inspection, there were seven breaches of regulation identified relating to:

- Governance across the Trust, including governance of the health-based place of safety (HBPoS) processes, safeguarding processes, environmental oversight, risk assessment, care records, and audits.
- Staffing, compliance and oversight of mandatory training, lone working, appraisals and supervision.
- The use of HBPoS as seclusion rooms.
- Access and availability of the HBPoS.
- Direct access to fresh air at the Orchards and Elmleigh HBPoS.
- Trust response times for urgent and very urgent mental health care and oversight of this data.
- Recording and oversight of medicines.

CQC has requested comprehensive action plans from the provider in response to the breaches of regulation and will monitor progress made against these through routine quarterly engagement with the Trust.

NHS England Response

NHS England has suggested that we direct you to Hampshire and Isle of Wight Healthcare NHS Foundation Trust's response, as they are best placed to address your concerns, and have provided the following response:

The commissioning of local adult acute, older adult acute and Psychiatric Intensive Care Unit hospital provision is an ICB responsibility, informed by their local assessment of need. To support ICBs to commission hospital care that demonstrates the best therapeutic outcomes for patients and families, NHS England published the Mental Health Inpatient Commissioning Framework in 2024. ICBs have been tasked with developing and delivering 3-year plans to localise care and commission evidence-based models that meet local needs in line with the framework, with the target of delivering by 2027/28.

I have been advised that Hampshire and Isle of Wight Healthcare Foundation NHS Trust will be responding separately, and I hope they will thoroughly address the matters of concern set out in your report. I have requested a copy of their response and will review how they are rectifying the issues you have raised.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

