



## **Royal College of Psychiatrists: Proposed Amendment to the Health and Social Care Bill at Grand Committee in the House of Lords - Notification**

### **Amendment**

BARONESS MURPHY

51 Page 8, line 11, at end insert—

"( ) impose requirements as to the provision of information on the number of admissions and discharges from compulsory powers under the Mental Health Act 1983 (c. 20) and the numbers of deaths of detained patients."

### **Purpose of the amendment**

Amendment 51 would ensure that Regulations under Clause 16 of the Bill, may impose requirements regarding information on the number of admissions and discharges from compulsory powers under the Mental Health Act 1983, and the number of deaths of detained patients.

### **Reason for the amendment**

This amendment highlights the importance of statutory notifications to the Care Quality Commission (CQC) of specific information to ensure the effective monitoring of mental health care – e.g. admission and discharge under the Act including supervised community treatment; all deaths of detained patients and all unnatural deaths.

The importance of this area was highlighted by Lord Kamlesh Patel in the Public Bill Committee on the Health and Social Care Bill:

'We know from experience that this information is not just simply collected. If you look at the mandatory requirement to have ethnic monitoring for all in-patients since April 1995, it is appalling in terms of how we undertake it. There is about 46 per cent. accuracy, and we know that we can change that because we have done it at 100 per cent. If this was a statutory requirement and these were bits of information that you would need in order to care for a patient anyway, it would not be an extra burden, but it is information that would allow us to monitor trends, movements, how many children are placed on adult wards and how patients are coming into and out of the system. It is crucially important that this be in the Bill as a statutory requirement.'<sup>1</sup>

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<sup>1</sup> Health and Social Care Bill - Public Bill Committee, *Tuesday 8 January 2008*

In the Bill, the CQC power to require information to be made available to CQC, is covered by Schedule 3 c.8 120C (2) and (3), but this does not specify the type or extent of information and leaves the matter to the CQC or to Regulations.

If the Care Quality Commission is to effectively and comprehensively monitor the use of the Mental Health Act, then it is crucial that it collects information relating to admissions and discharges from compulsory powers, and the number of deaths of detained patients. It will assist the Commission in keeping track of all establishments that have detained patients, particularly smaller establishments where there may only be a few compulsory admissions. It will enable a full picture to be built up of the operation of the new Act at any point in time and on a periodic basis. While there is an expectation that the Minimum Dataset for Mental Health will collect relevant statistics on the status of mental health patients there is no requirement that this be made immediately available to the Commission nor is it certain that this will be adequate.

A list of notifications should be made mandatory on all providers, including Foundation Trusts. Unless this is mandated by the Secretary of State, or is in statute, Monitor on behalf of Foundation Trusts will almost certainly insist it can only be provided on a voluntary basis.

### **What the MHAC currently carries out**

As part of its general remit, the Commission is notified of the deaths of detained patients. These are then recorded onto a database and every unnatural cause death or natural death where practice issues are identified is the subject of a review and any recommendations are passed on to the provider and other interested parties.

When reviewing deaths, the Commission requests some preliminary information from the provider and the Coroner which is then passed to a Commissioner who has been trained to conduct a death review visit. The Commissioner will either undertake a themed visit looking at the particular circumstances and issues arising from a death or attend the inquest. The Commission will usually seek to visit if the inquest is not due to take place within six months of the death.

The Commission will seek, through its review of the circumstances surrounding the death, to establish whether there are concerns about the use of the Mental Health Act, the care and treatment of detained patients and whether good practice has been followed. The main purpose of notification and review is to ensure that lessons are learned and positive changes are implemented at all levels that will make similar deaths less likely in future.

During the year the Commission explored opportunities to work with other organisations to improve the dissemination of lessons learned and improve patient safety. The Commission is a member of the Forum for Preventing Deaths in Custody, a multi-organisation initiative set up for this purpose; and has provided statistical information to outside bodies such as the National Confidential Inquiries Sudden Unexplained Deaths Study.

The Commission held a seminar in March 2007 to obtain a wide range of views on how the Commission could review the deaths of detained patients in a way which ensures working effectively with others to have a positive impact on patient safety. This seminar was attended by staff and Commissioners, a Coroner and

representatives of other organisations with responsibilities for investigating deaths where liberty has been restricted, including the Independent Police Complaints Commission and Prisons and Probation Ombudsman. Work is now underway to finalise the options for developing this service to ensure clarity of purpose and maximum impact on services for detained patients.

Dr Rowena Daw  
Head of Policy Unit  
Royal College of Psychiatrists  
[rdaw@rcpsych.ac.uk](mailto:rdaw@rcpsych.ac.uk)

Neil Balmer  
Public Affairs Officer  
Royal College of Psychiatrists  
[nbalmer@rcpsych.ac.uk](mailto:nbalmer@rcpsych.ac.uk)  
0207 235 2351 x149