



Benchmarking Network

Waiters for mental health hospital transfer and remission

Analysis of NHS England Specialised Commissioning and Health & Justice, and Her Majesty's Prison and Probation Services audits

NHS Benchmarking Network

30th May 2018

Raising Standards through Sharing Excellence

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Background and scope

- This report summarises the results of an audit that has taken place across Health and Justice Commissioning services, Her Majesty's Prison and Probation Service (HMPPS), and NHS England Specialised Commissioning to quantify the extent of prisoners waiting for assessment and waiting for transfer to mental health facilities (secure and non-secure services).
- The data collection exercise comprised of two parts:
 - NHS England carried out a stocktake of all those waiting for assessment for, and transfer to MH beds, carried out on the prison population on 31st October 2017. Data was provided by Health and Justice Commissioning services, who then referred the data to HMPPS for data validation through a targeted sampling process.
 - Specialised Commissioning hub mental health teams carried out a parallel stocktake on 31st October 2017 to identify the number of people in prisons waiting to transfer to an adult secure mental health bed, and the number of patients in adult secure mental health beds waiting for remission to prison.
- Under Sections 47/49 or 48/49 of the Mental Health Act 1983, sentenced prisoners or those on remand can be transferred to hospital if they have a mental disorder that is certified as needing treatment in a secure hospital. Current guidelines (DH 2011) state the maximum transfer time from doctors approving transfer should be 14 days for urgent transfers.
- The audits aimed to identify:
 - How many people have severe mental health needs in the pre transfer stages to a mental health hospital
 - The length of the transfer process, establishing whether there are particular delays at points in the process
 - The profile of prisoners needing transfer to a mental health hospital, and the profile of secure hospital patients awaiting transfer back to prison



Context – current provision

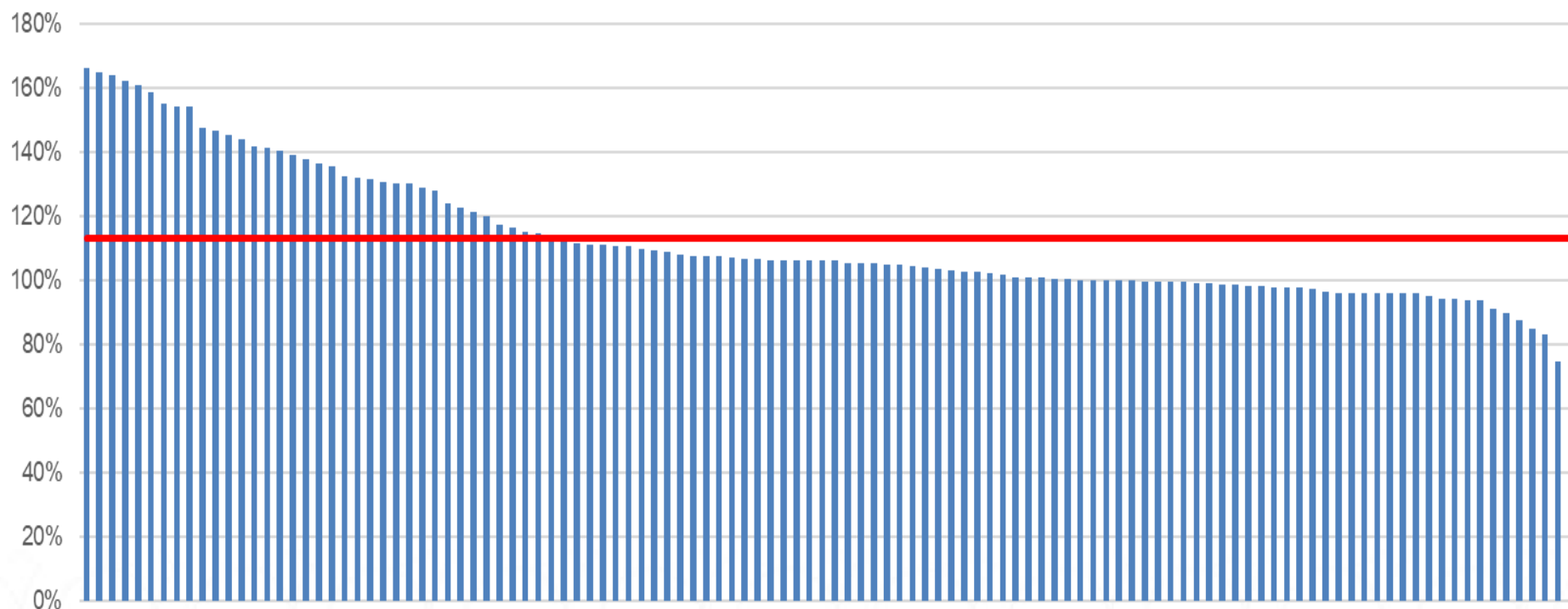
- The prison population of England and Wales is around 86,000 prisoners, with around 96% of these prisoners being male.
- Prisoners are identified as being in pre-transfer stages if either of these criteria are met:
 - Need for referral for assessment for external hospital transfer identified
 - Referral made for assessment for an external hospital transfer
- Across England there is a total of around 24,000 inpatient beds providing care to people with mental health problems and complex learning disabilities.
- The UK has relatively few mental health beds when compared with wider data from the Organisation for Economic Cooperation and Development (OECD) and occupies a position of 14th lowest of the 35 OECD countries (source OECD health database <http://dotstat.oecd.org/Index.aspx>).
- Mental health bed numbers are falling in most specialties in England, with notable reductions evident in the following areas over the last five years;
 - Adult Acute (-17%)
 - Old Age (-30%)
 - Rehabilitation and Complex Continuing Care
- The Low and Medium Secure bed base has been stable for several years. NHS England Specialised Commissioning have subsequently undertaken a comprehensive Mental Health Service Review process to model the future need for beds in terms of; geographic location, level of security, and service type including supporting the process of prison transfer and remission. The service review process is designed to effectively align capacity and demand within secure services and also within related parts of the forensic pathway including community forensic care.



Context – current provision and occupancy

- The prison population of England and Wales has almost doubled since 1990. Pressures within the prison estate also mean that occupancy rates are high when measured using the metric of Prison Population Certified Normal Accommodation (CNA). This measures occupancy against the design standard of uncrowded capacity. When assessed against CNA the England average occupancy is around 113% of uncrowded capacity (November 2017).

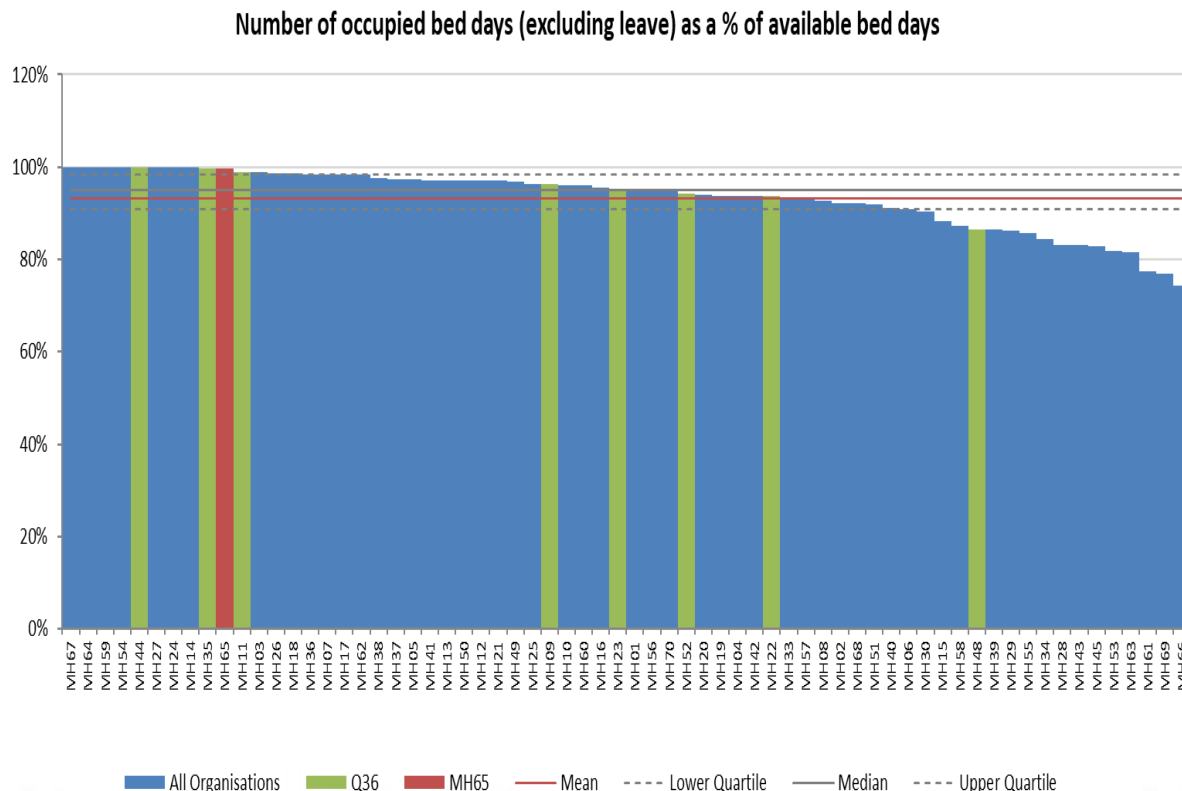
% POPULATION TO UNCROWDED CAPACITY (CNA) BY ESTABLISHMENT - NOVEMBER 2017



Mental Health bed occupancy

Adult acute bed occupancy excluding leave

- The position on wider bed occupancy in NHS mental health services provides relevant context to the audit. Bed occupancy pressures are evident across NHS mental health services with most bed types exceeding the 85% occupancy guide of the Royal College of Psychiatrists.
- Mental Health bed occupancy is measured actively by the NHS Benchmarking Network and has been consistently above 90% in adult acute admission beds for the last 5 years. Data for 2016/17 confirms that occupancy is also high in secure beds which report around 90% occupancy in the low and medium secure sectors. Occupancy in other bed categories is also high including Psychiatric Intensive Care Unit (PICU) reporting levels of 88% and adult acute beds reporting 95% bed occupancy excluding leave days, and 104% including leave.



Process Followed

Audit process

- The audit process involved collecting three streams of data;
 1. Prisoners in the pre-transfer stage (data from Health & Justice Commissioning / HMPPS for all prisoners in the assessment or transfer process)
 2. Prisoners where need for a transfer has been identified (data from NHS England Specialised Commissioning hubs and focuses on patients requiring a secure bed)
 3. Secure hospital patients awaiting remission to prison (data from NHS England Specialised Commissioning hubs)
- Advice was taken from a sub-group of the Transfer & Remission Collaborative Group. The group developed the project's data specification and designed the census used to collect the audit's data. The group confirmed the validity of the analysis concepts to be used in exploring prison transfers and remission.
- Specific areas of interest included:
 - The length of time taken for the pathway
 - Primary diagnosis
 - Remand / sentence status of prisoners on both reception & transfer
 - Current location in prison (i.e. normal location, segregation, healthcare)
- NHS England Specialised Commissioning also coordinated a parallel data collection across all 10 commissioning hubs, a 100% return rate was achieved for this element of the audit.
- NHS England Health & Justice Commissioning collaborated with HMPPS to collect data, match records, and perform initial validation of positions
- 100% of Prisons responded to the audit, 65 prisons supplied data on prisoners awaiting transfer on 31st October 2017. This represents half of the total number of prisons (117) in England and Wales. A total of 52 prisons confirmed they had no one waiting for assessment or transfer at the time of the audit.



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Data analysis - overview

Census data 31st October 2017

Number of records submitted by NHS England Health and Justice

	Number of records
Total number of records received	242
Total number of records excluded due to transfer date being before 31 st October 2017	34
Total number of records excluded due to their being received from Immigration Removal Centres (IRC)	2
Total number of records included in all high level analysis in NHS England H&J section of report	206

- Please note that prisoners identified by NHS England Health and Justice may be pre or post-assessment, therefore not all will convert to a transfer.
- Please note that the 2 records associated with Immigration Removal Centres (IRC) have been excluded from the analysis contained in this report.



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Number of records submitted by NHS England Specialised Commissioning regional teams

	Number of records
Total number of records received	76
Total number of records excluded due to transfer date being before 31 st October 2017	0
Total number of records received from Immigration Removal Centres (IRC)	0
Total number of records included in all high level analysis in NHS England Specialised Commissioning section of report	76

- Please note that prisoners identified by regional Specialised Commissioning teams have had an access assessment and have been deemed suitable for transfer (i.e. stage 2 and above in the transfer process).
- A further 19 patients were identified on the remission pathway at 31st October 2017
- Please note that Immigration Removal Centres (IRC) have been excluded from the scope of the data collected by NHS England Specialised Commissioning



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NHS England Health and Justice Commissioning data (validated by HMPPS)

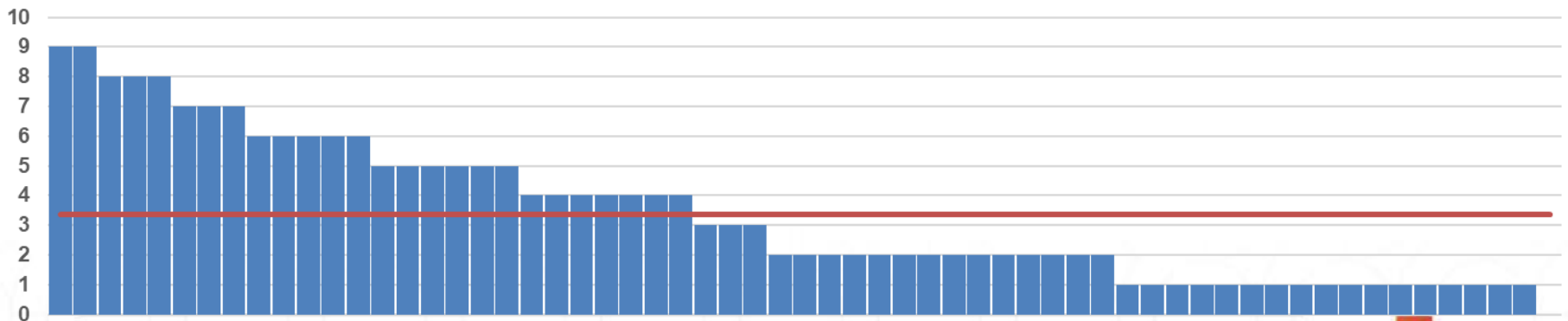
National prison stocktake conducted 31st
October 2017

Data analysis based on 206 prisoner records who
were in pre-transfer process on 31st October 2017

Data overview

- NHS England Health and Justice Commissioning Team and HMPPS carried out an audit to identify how many people in prison with severe mental health needs are in the pre transfer stages to a mental health hospital. The audit also identified the length of the transfer process
- Prisoners are identified as being in the pre-transfer stages if either of these criteria are met:
 - Need for referral for assessment for external hospital transfer identified
 - Referral made for assessment for an external hospital transfer
- 206 prisoners were recorded as having met this criteria
 - Prisoners are at various stages in the pathway and the NHS E H&J audit collected data on the specific stage in the transfer process reached by each prisoner.
 - It should be noted that the scope of the H&J audit is wider than that conducted by NHS England Specialised Commissioning as it focuses on all prisoners identified as potentially requiring transfer to a mental health hospital, including to non-secure settings and high secure settings. This data also includes a small number of patients who originate from Wales.
- Central to the higher number of cases identified by Health and Justice Commissioning and HMPPS is that some prisoners will be in the pre-assessment period and therefore not included within the NHSE Specialised Commissioning audit. The following three charts show number of cases by prison, prison type and geographical region.

Number of prisoners identified per prison

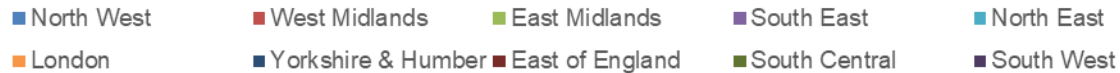


Benchmarking Network



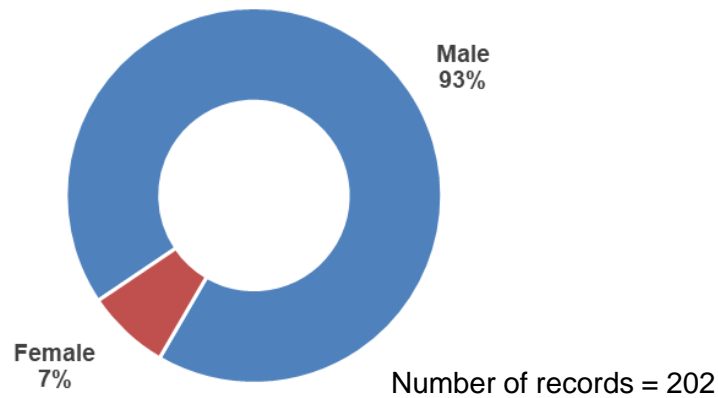
Profile by NHS England Specialised Commissioning hub region

Number of prisoners identified per prison - by region

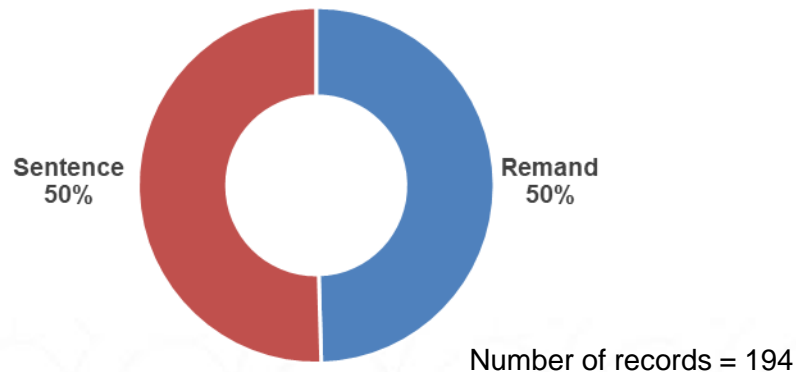


Demographics - all prisoners in a pre-transfer stage

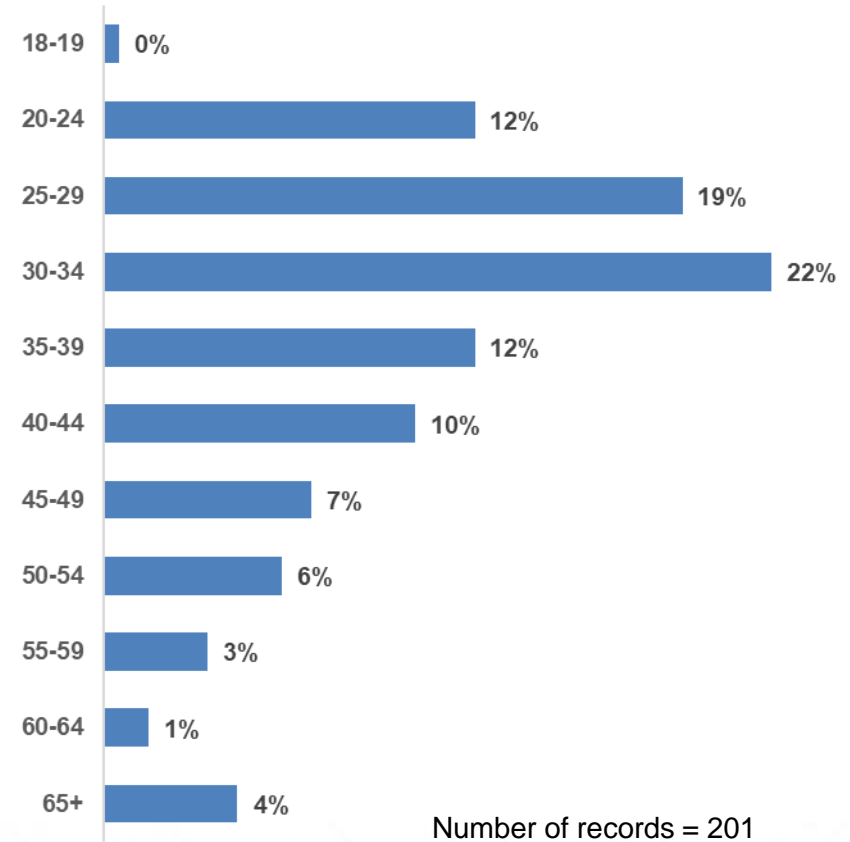
Gender



Sentence type on reception to prison



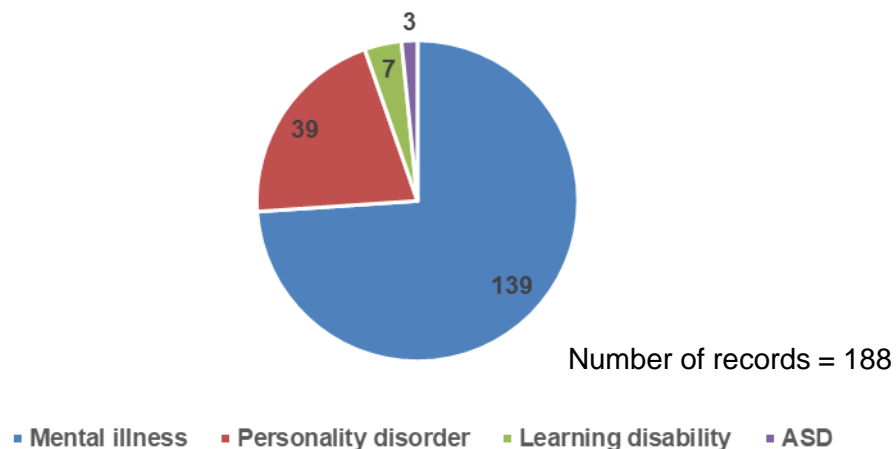
Age profile



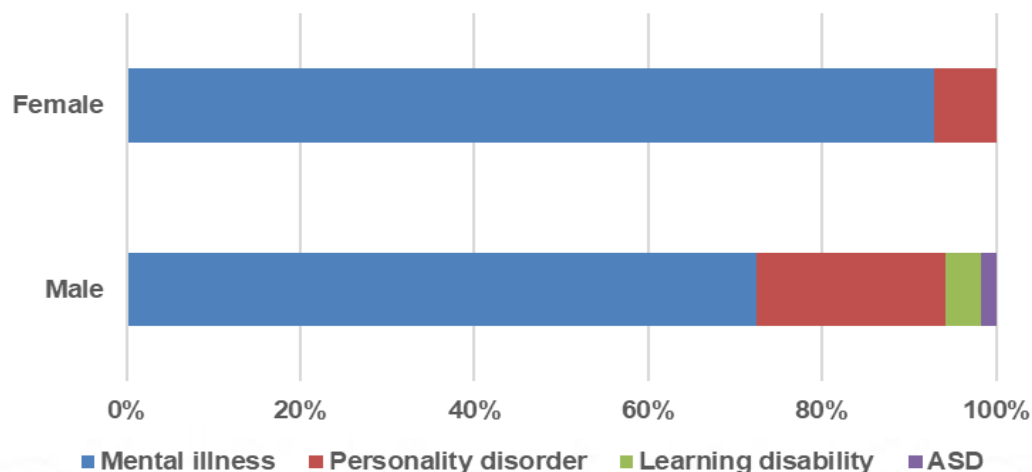
Diagnosis

- Primary diagnosis was collected for each prisoner in the pre-transfer stage.
- 73% of prisoners had a primary diagnosis of mental illness.
- 21% had a primary diagnosis of personality disorder.
- 4% had a primary diagnosis of learning disability.
- 2% had a primary diagnosis of Autistic Spectrum Disorder.
- 93% of female prisoners had a primary diagnosis of mental illness, higher than the male cohort (72%). Please note that this diagnostic position for women may be skewed by the small population of women within the pathway (14). Wider evidence from analysis of the female pathway in low and medium secure beds suggests that women would typically have lower incidence of psychosis than men, but higher incidence of diagnosis of personality disorder.
- No female prisoners had a primary diagnosis of Learning Disability or ASD.

Primary diagnosis of pre-transfer cohort



Primary diagnosis - gender

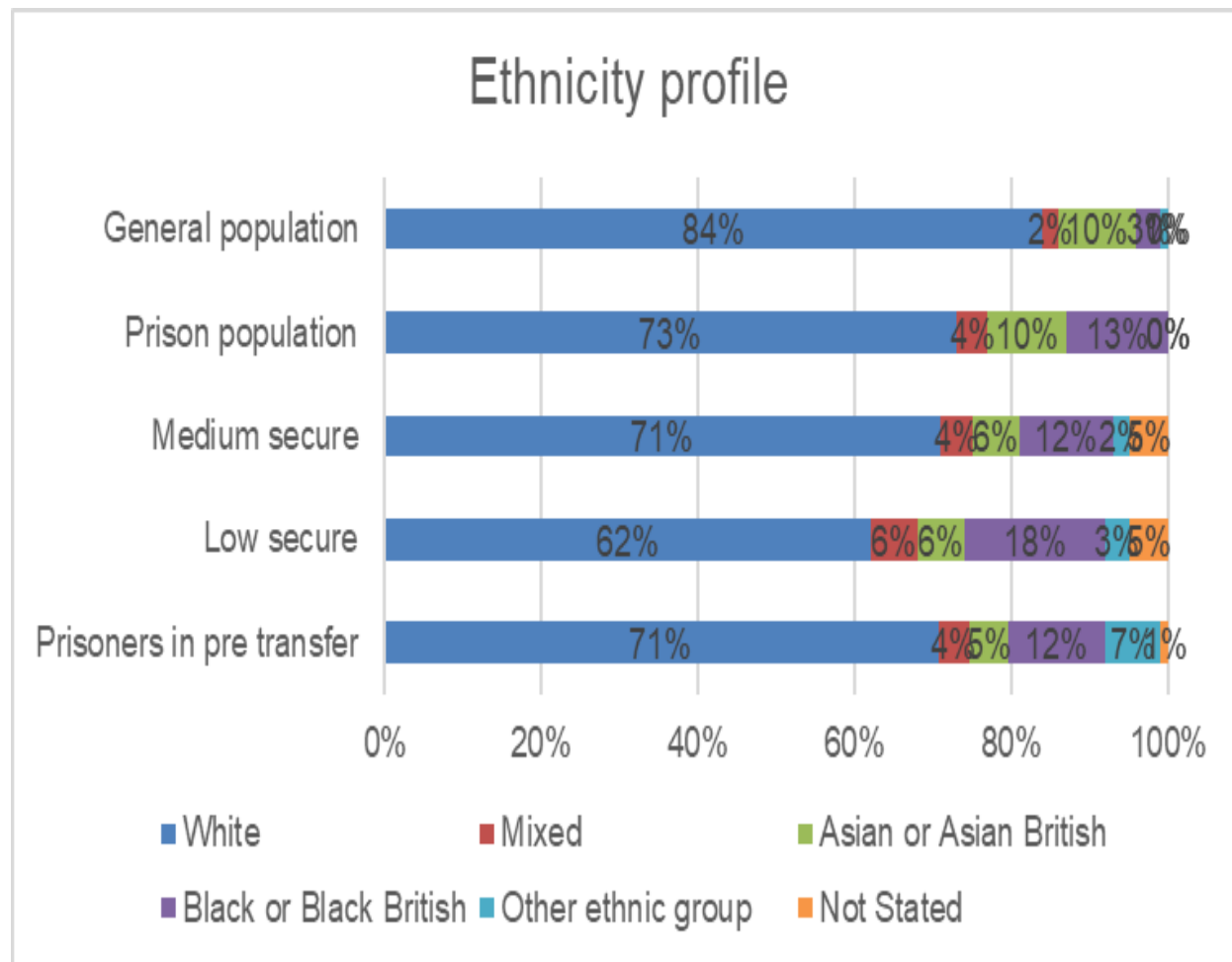


Number of records = 174

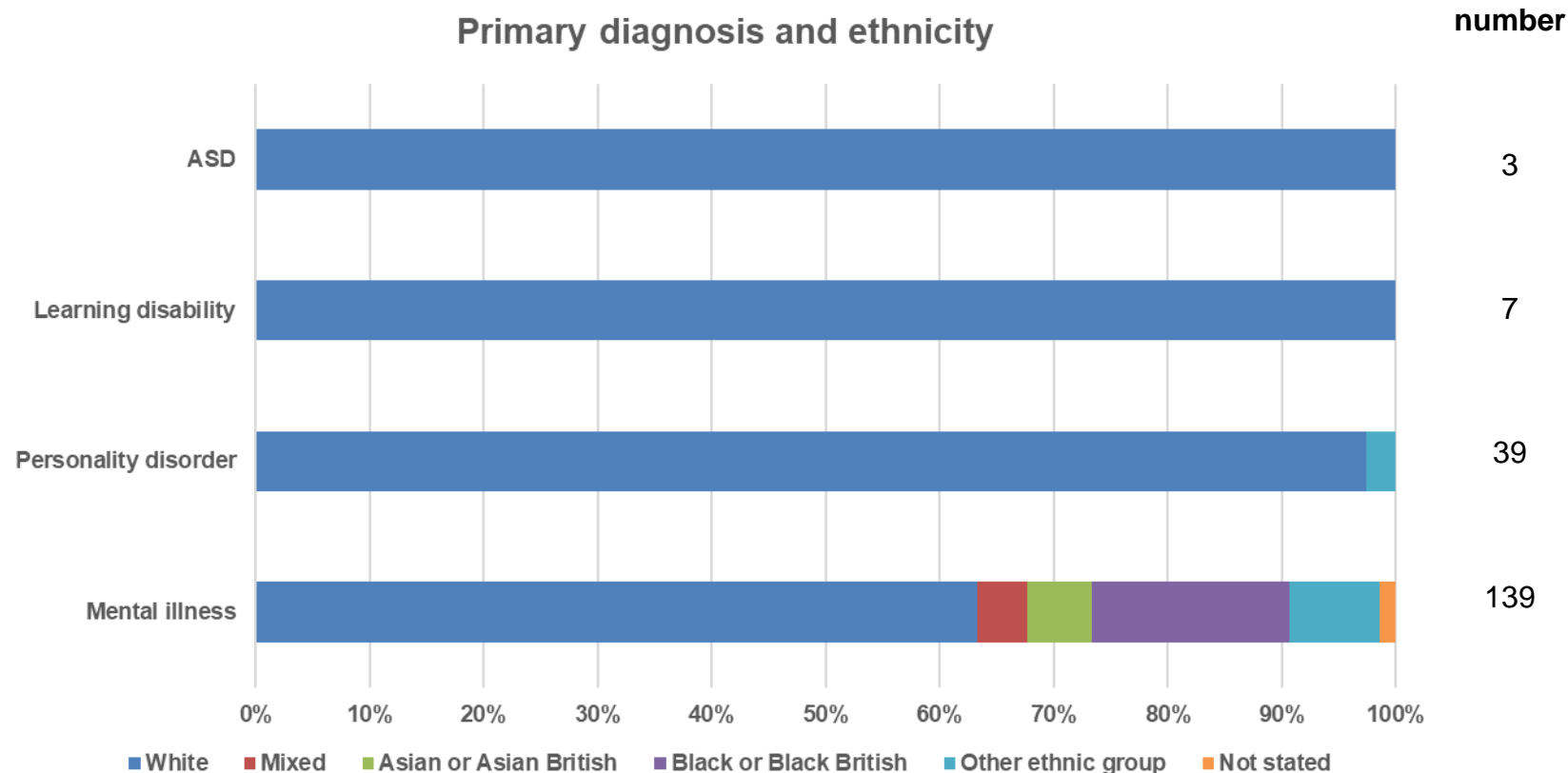


Ethnicity

- The chart to the right shows the ethnicity profile of the general population and prison population, taken from national data sources. The prison population shows an over representation of the Black British population by a factor of five, and people of mixed race by a factor of 2.
- Over-representation of the BME cohort can also be seen in low and medium secure services.
- The population of prisoners in the pre-transfer stage is broadly similar to the wider prison population in England and the medium secure hospital population.



Ethnicity and diagnosis



- 73% of prisoners in the pre-transfer stage have a primary diagnosis of mental illness. The ethnicity profile of this cohort mirrors the ethnicity profile of the wider prison population.
- The personality disorder cohort is predominantly white British.
- The LD and ASD cohort is completely white British although the low sample sizes on this metric should be noted.

Number of records = 201



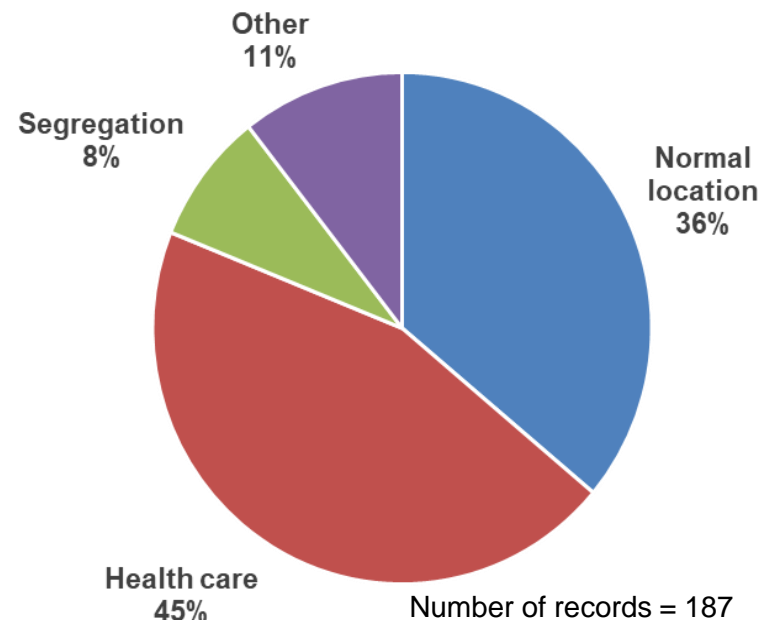
Current location of prisoners

Current location of prisoner	Normal location	Health care	Segregation	Other
Male (n = 173)	35%	46%	8%	11%
Female (n = 14)	57%	36%	7%	0%

Current location of prisoner	Normal location	Health care	Segregation	Other
White (n = 135)	40%	40%	10%	10%
Mixed (n = 7)	60%	40%	0%	0%
Asian or Asian British (n = 9)	0%	63%	0%	38%
Black or Black British (n = 22)	19%	62%	10%	10%
Other ethnic group (n = 12)	25%	67%	0%	8%

2 records did not state ethnicity of prisoners where location was identified (187 records in total)

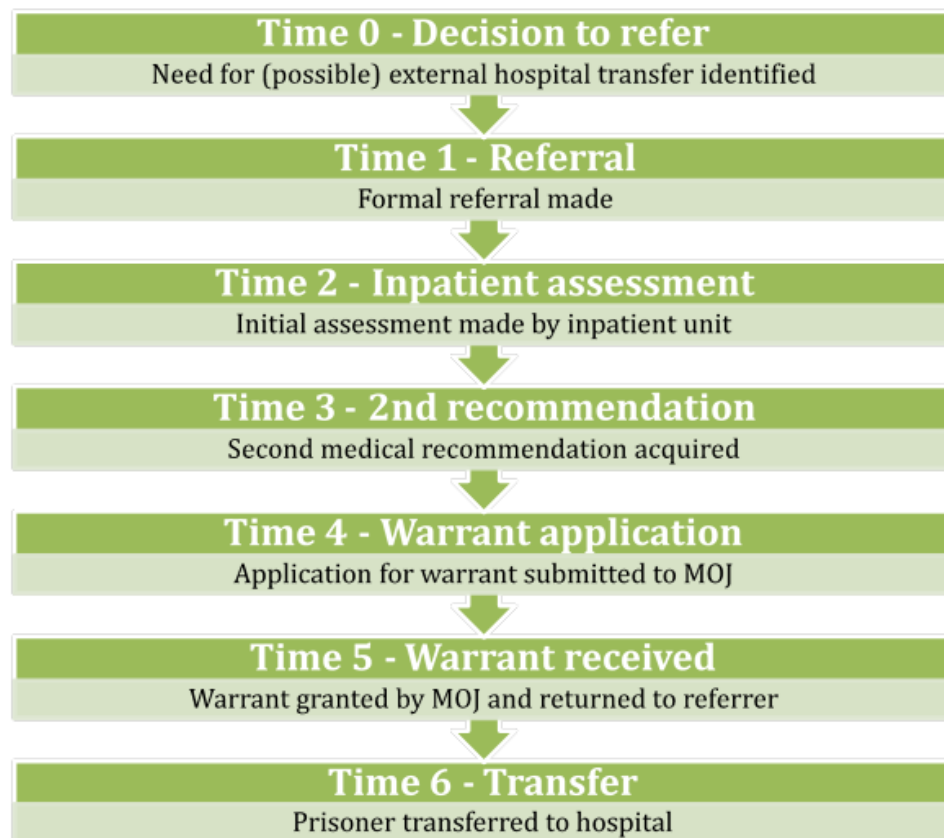
Current location of prisoner (total sample)



- 45% of prisoners in the pre-transfer stage are in a healthcare setting and 36% in their normal location.
- A further 8% are in segregation facilities.
- The data confirms that male prisoners are more likely to be in a healthcare setting than female prisoners).
- Analysis of prisoner location by ethnicity confirms that Black British and Asian prisoners are more likely to be in a healthcare setting than those who are white or of mixed race.

Stages of a secure transfer from prison

- The data provided by Health and Justice Commissioning services to HMPPS used the flowchart shown on this page to identify the stage of the pre-transfer process the patient was in on the audit date of 31st October 2017.
- The flowchart describes a generic overview of the stages of the transfer process. The flowchart references the national guidance on how referrals are made to specialist mental health services when an assessment for treatment and potential transfer is requested.
- It should be noted in interpreting the flowchart that;
 - Variation may exist in how decisions to refer are made and who makes the decision to refer.
 - A broad group of patient types may be included within the flowchart including;
 - Patients requiring urgent specialist mental health care
 - Patients requiring non-urgent specialist mental health care
 - Patients who may require out-patient care
- The range of needs covered by the assessment and referral process provides relevant context to the subsequent interpretation of data on the elapsed time taken for patients in moving through the assessment and transfer process.



*Flowchart adapted from Sharpe, R., Völlm, B., Akhtar, A., Puri, R. & Bickle, A. (2016). Transfers to and from prison to hospital under Sections 47 and 48 of the Mental Health Act between 2011 and 2014, *Journal of Forensic Psychiatry & Psychology*, 27(4), 459 – 475, DOI: 10.1080/14789949.2016.1172660



Stages of a secure transfer from prison

- The good practice guidance on the transfer process and timescales for transfer was published in 2011 and references the need to minimise delays.
- In practice, different levels of priority are applied to each patient according to the urgency of need. It is also the case that some patients waiting for transfer may subsequently be deemed not appropriate for transfer at a subsequent assessment, and the 'transfer clock' may stop.
- Work is ongoing to review guidance and provide clarity on expectations for timely transfers in more detail than it is possible to present in this report.¹
- In interpreting subsequent data on waiting times for assessment and transfer, it is important to note the important context for; how patients experience the assessment and transfer process, the prioritisation process used within the pathway, and the interpretations used in defining "clock-start" positions.
- It is also noted that work is underway across the health and justice systems to update the current transfer guidance and enhance the recording of transfer data.

Good practice procedure guide. The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act

Introduction

Context

- 1.1 Prisoners with mental illness who require inpatient treatment in secure mental health services can only be transferred to hospital under the Mental Health Act (MHA) with the agreement of the Secretary of State for Justice.
- 1.2 Sentenced prisoners are transferred under s47 of the MHA; prisoners who are on remand or unsentenced are transferred under s48. In addition, people subject to detention under the Immigration Act (IA) who meet the Mental Health Act criteria may be admitted to hospital under s48.
- 1.3 Historically prisoners and detainees have faced delays in accessing inpatient treatment. It is anticipated that by providing appropriate, timely treatment the risk of harm to self and others and the risk of re-offending where this is linked to mental illness is reduced.
- 1.4 This procedure sets out a good practice timeframe for completing transfers to inpatient treatment. In some cases, given the level of risk and severity of need, the transfer should be completed more quickly.
- 1.5 Similarly, there will be cases where although unwell or experiencing a chronic mental illness, the prisoner will not require transfer as there is no immediate risk of harm within the prison environment and/or appropriate treatment is available within the prison itself.
- 1.6 Providing appropriate intervention and treatment at the right time and in the right place is vital to improving outcomes for people with mental illness. For some prisoners with severe mental illness, a transfer to inpatient treatment will be an important element in supporting better outcomes in the longer term.
- 1.7 This good practice procedure guide has been developed after extensive engagement and collaboration with partners from the NHS, the Care Quality Commission, HM Prisons Inspectorate, the Royal College of Psychiatrists, The Royal College of Nurses, the National Offender Management Service, HM Prison Service and the Ministry of Justice.
- 1.8 This guidance supersedes and replaces the guidance on transfers¹ published by DH in 2007.

Purpose and scope

- 1.9 The purpose of this procedure is to promote good practice and support effective joint working between the agencies involved in transfer and remission processes.
- 1.10 The good practice procedure applies to adult prisoners (sentenced, unsentenced or on remand) or detainees aged 18 and over.

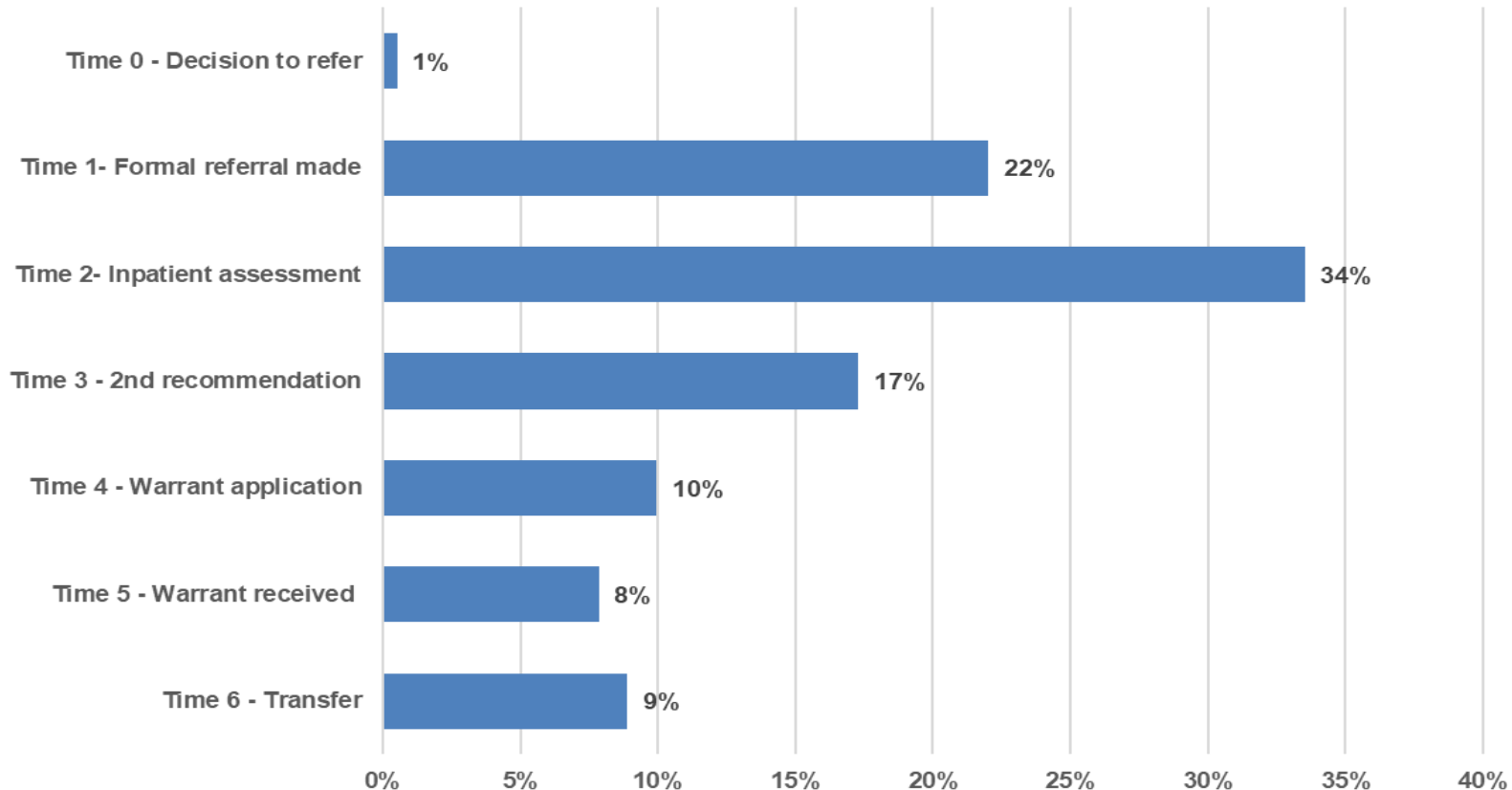
¹ Procedure for the transfer of prisoners to and from hospital under sections 47 and 48 of the Mental Health Act (1983) DH 2007

¹ Health and Justice Indicators of Performance are an internal measure for NHS England and measure 'clock start' from Time 0 in this series and only for patients who are eventually transferred. "Acceptance as suitable for transfer" is defined as the initial assessment by a Doctor, at the prison within which the patient is held – which results in the creation of a formal referral.

Excerpt taken from 'Good Practice Procedure Guide: The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act,' Department of Health, 2011. <https://www.rcpsych.ac.uk/pdf/GoodPracticeGuide.pdf>

Prisoner stage in pathway at 31st October 2017

Current Process Stage

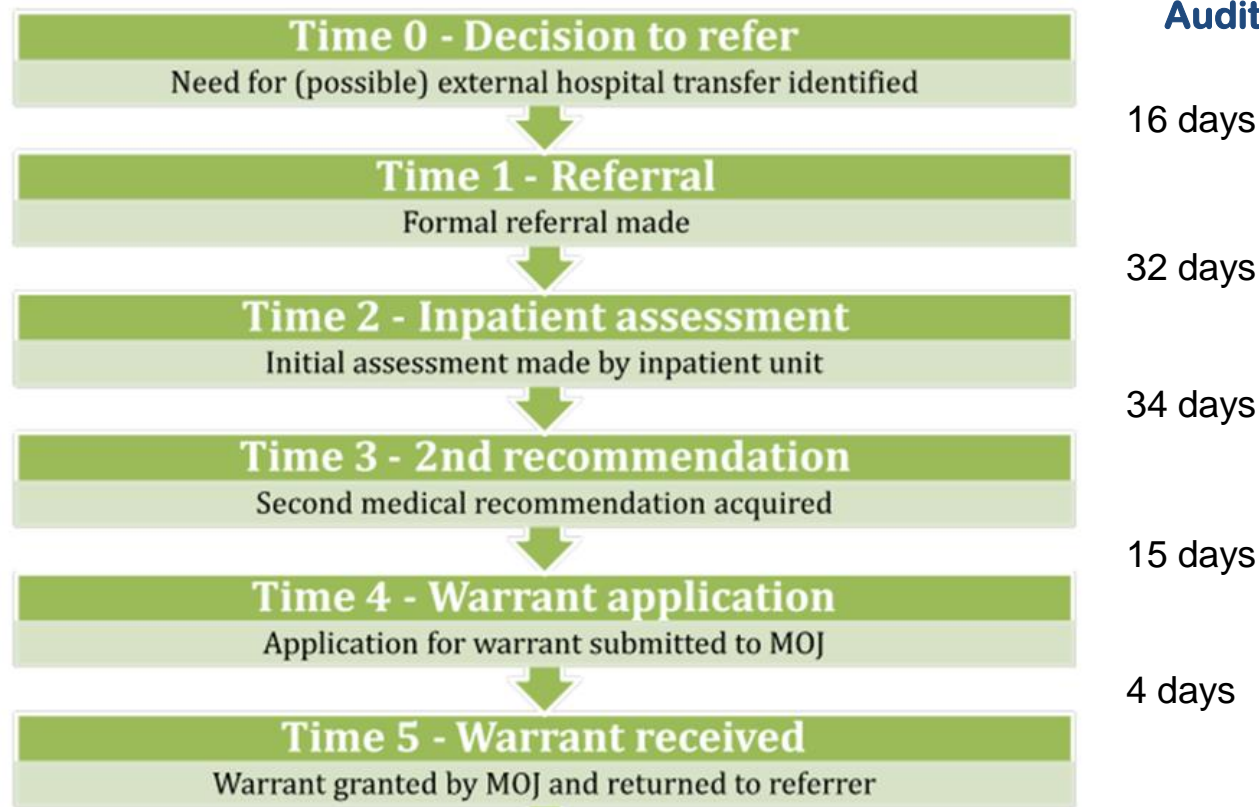


- Over half of prisoners on the pathway are in the referral or initial assessment stages. Within this around a third of all prisoners are in the initial assessment stage of the process which may include multiple assessments.
- The reporting of specific dates on this metric may include some variation between sites which is expected to improve should further iterations of this audit be undertaken in future.



Mean waiting times for transfer

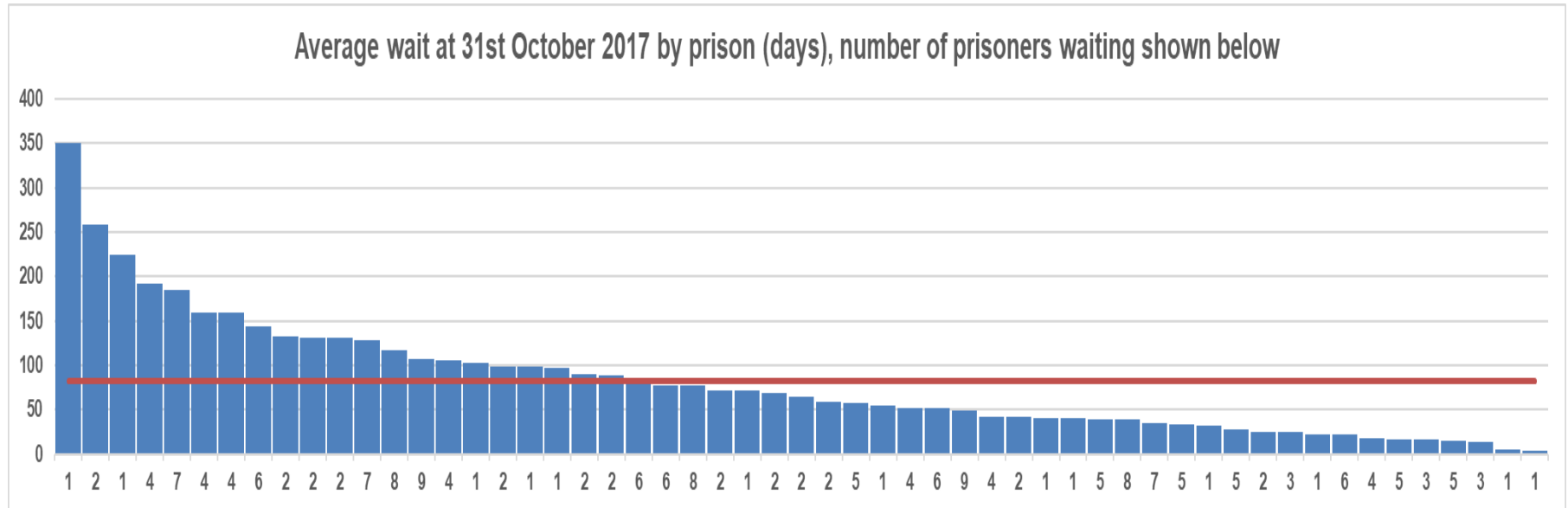
**2017
Audit**



- It should be noted that this analysis reflects a snapshot position on 31/10/2017 and not the full elapsed time for prisoners on the pathway.
- If all prisoners replicated the timescales observed at the date of census, this would suggest an average length of transfer of around 100 days.

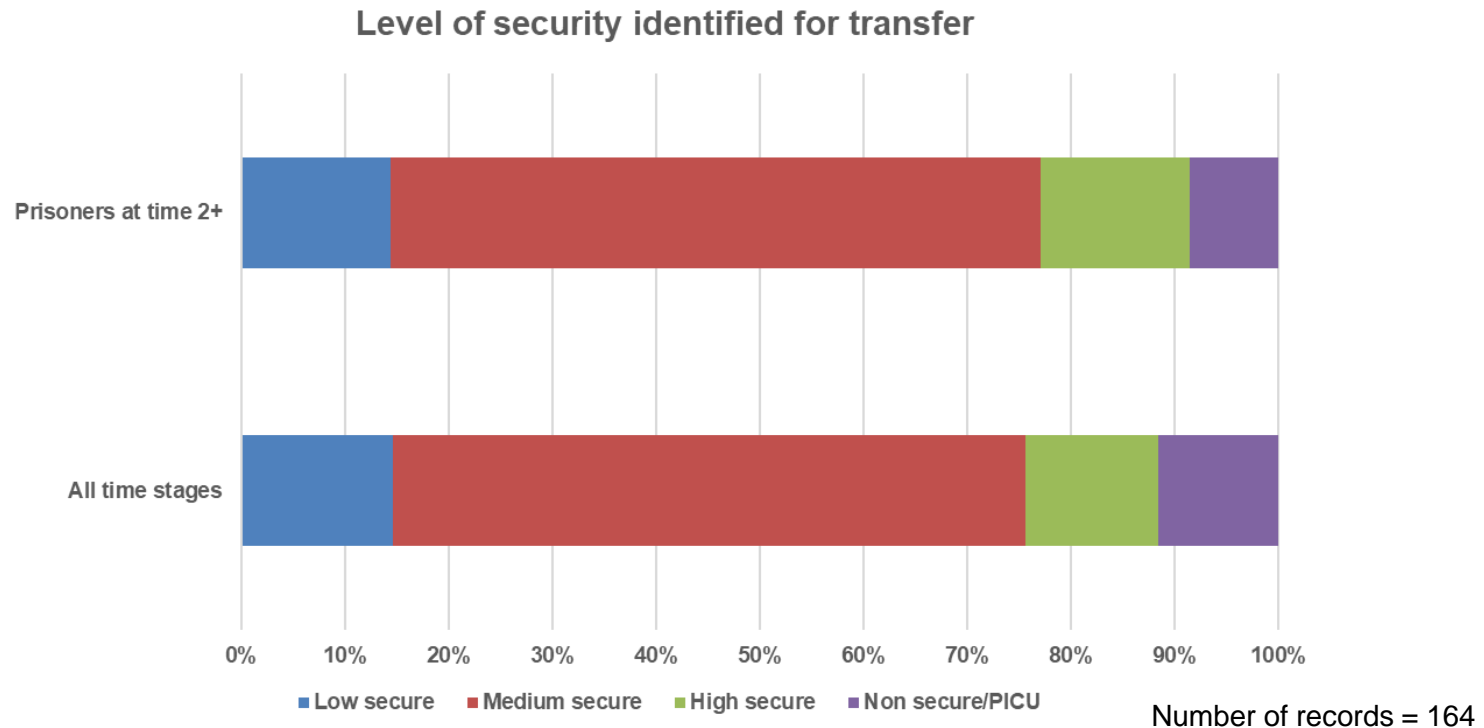


Average wait in days from decision to refer to point reached in the pathway by Prison on 31st October 2017 (prisons with no identified prisoners not shown)



- There is variation in average pathway journeys across prisons.
- The average length of time to point reached on pathway at 31st October 2017 was 82 days per prison.
- A small number of prisons had waits of less than a month and seven prisons reported time on pathway of five months or longer.
- The chart above also shows the number of prisoners waiting at each prison. There is no clear relationship evident between the number of prisoners waiting and the average length of time waiting.

Level of hospital security suggested



- Analysis of the level of security suggested for transferring prisoners confirms medium secure as the main capacity required with over 60% of prisoners required to transfer to this setting.
- Transfers to low secure and high secure are approximately equal at 13-14% and transfers to non secure services (including PICU) are around 10%.



Waiting times by suggested bed type – 31st October 2017

Bed type identified	Average time from need being identified (time 0) to 31 st October 2017
Low secure	57
Medium secure	80
High secure	123
Non secure/PICU	25
No bed type specified	94

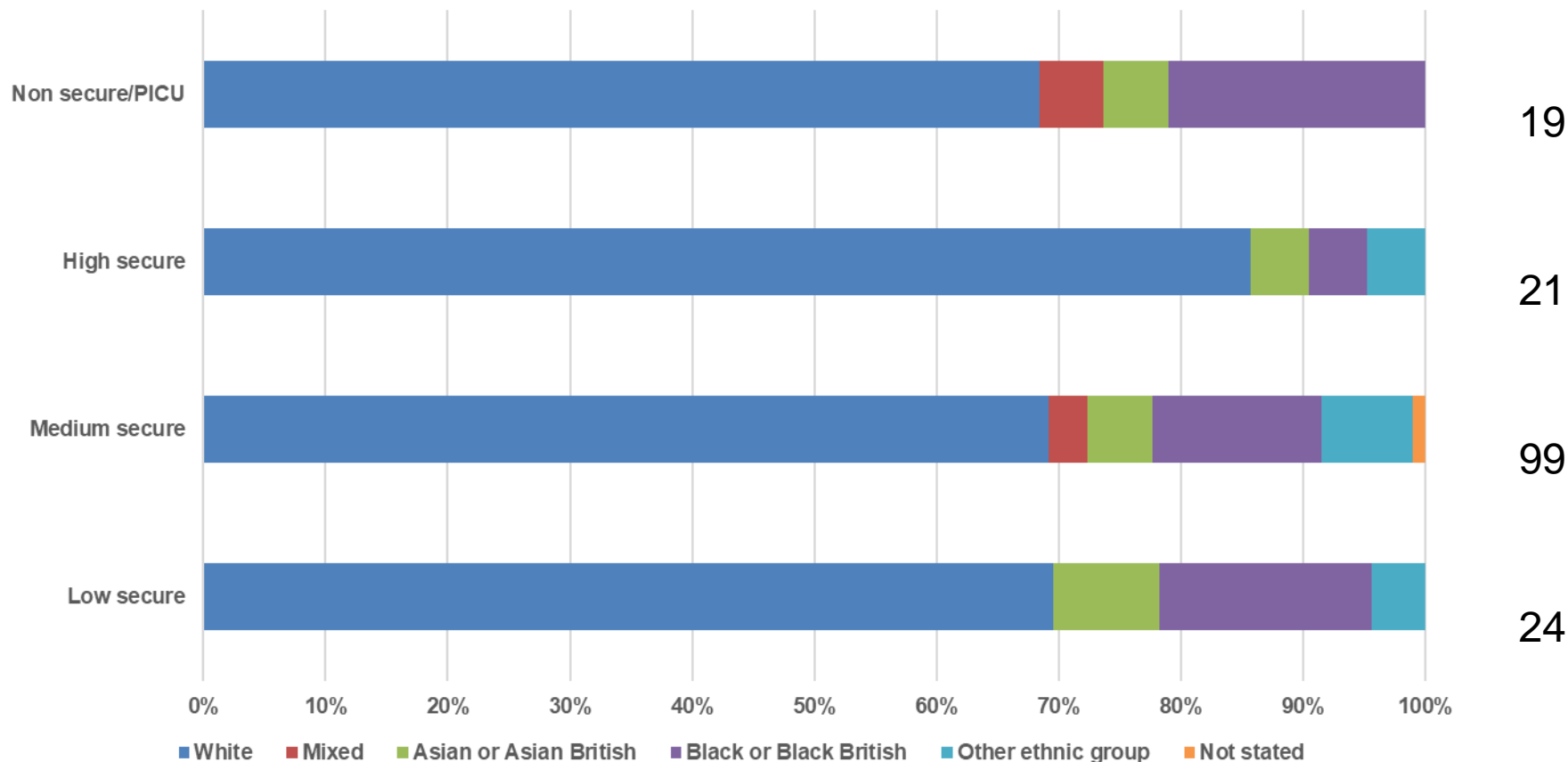
- The data shown above represents all prisoners who have been identified as potentially requiring transfer to a mental health hospital, regardless of the stage in the pathway they were in on 31st October 2017. The data shows the average time prisoners had been waiting on the 31st October 2017.
- Waiting times are influenced by recommended bed type, with longest waits being for high secure places given the relatively low number of beds in this sector and low turnover rates.
- Waiting times for medium secure beds average 80 days from identification of need to point on pathway at 31st October 2017. Access to medium secure places influences the overall shape of the elapsed pathway for prison transfers given the significance of this setting to overall transfer volumes.



Ethnicity split of prisoners by suggested bed type

Ethnicity of waiters by bed type

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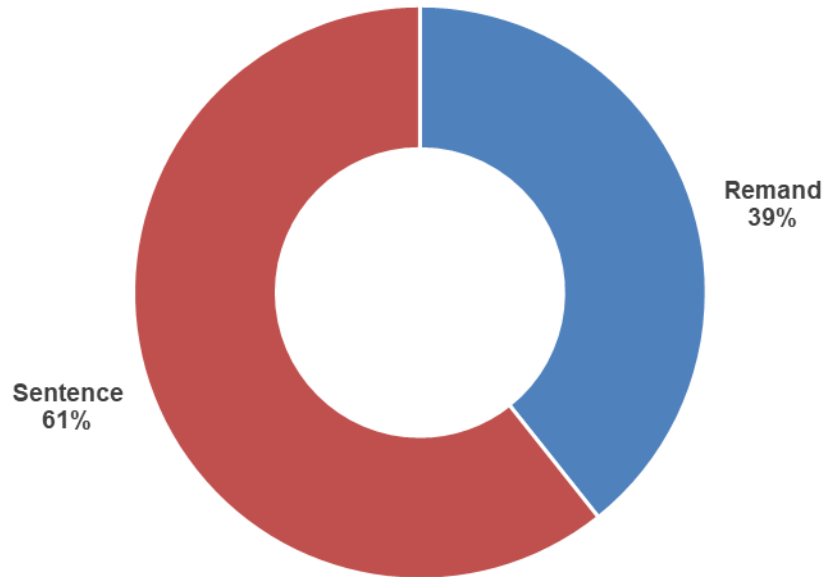


- Ethnicity of prisoners by recommended bed type is broadly consistent, with the one exception of high secure services which has less diversity than other bed types. It should be noted here that bed type is reported as that suggested at time of assessment and actual transfer beds may differ.



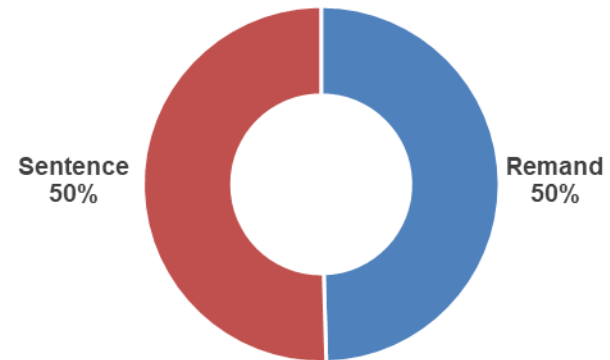
Status on transfer

Prisoner status at transfer point



Number of records = 201

Sentence type on reception to prison



Number of records = 194

- Analysis of the status of prisoners on transfer confirms an increase in the number of prisoners sentenced by point of transfer, which increases to 61% from the 50% figure noted on arrival at prison. This suggests that around 11% of prisoners are sentenced whilst on a pathway where there needs are being assessed or needs require a transfer to a mental health facility.



Data overview

- The 10 Specialised Commissioning hubs carried out an audit to identify how many people in prison with severe mental health needs are awaiting transfer to hospital. This data collection covers the patients notified to NHS England Specialised Commissioning who are waiting for transfer to a mental health bed.
- Specialised commissioning hubs provided data based on originating population with reference to prison and IRC population who have had an access assessment for high, medium or low secure - where the assessment indicates admission to a secure service is required in relation to transfer process.
- 76 prisoners were recorded as having met this criteria.
- As indicated earlier, this patient cohort are defined at a later stage in the pathway than those individuals included in the NHS E Health and Justice / HMPPS audit.



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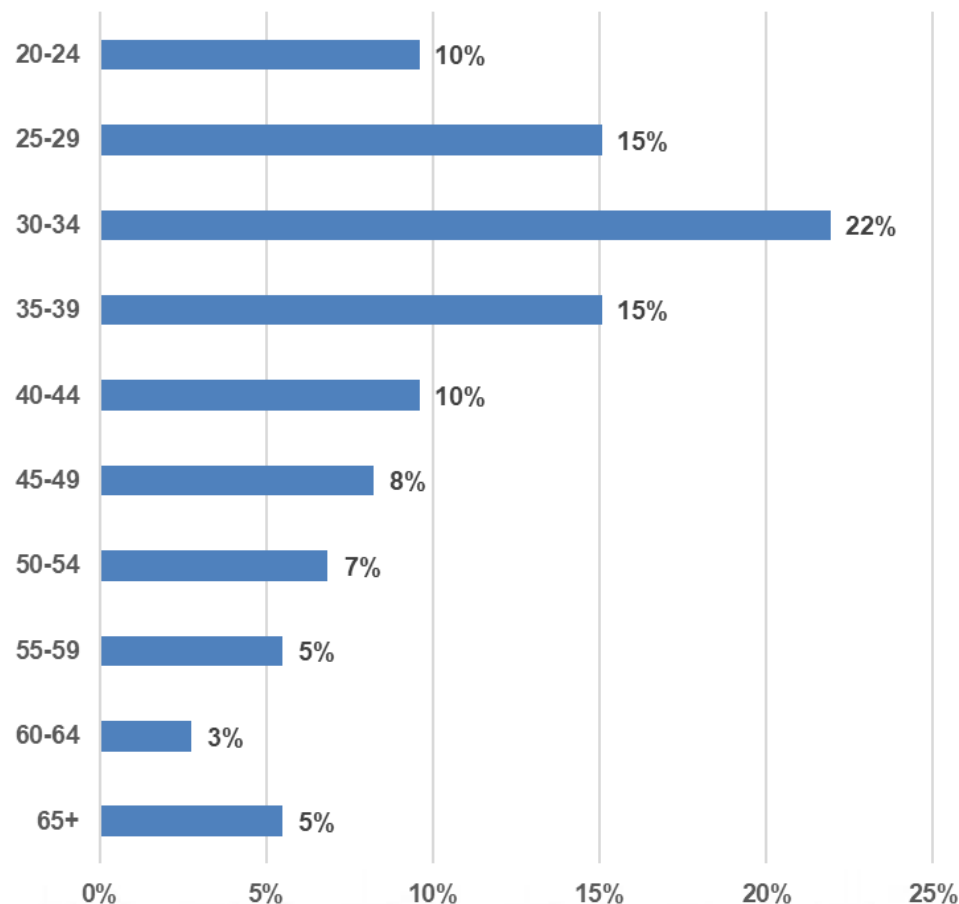
NHS England Specialised Commissioning data

76 patients waiting for
transfer on 31st October
2017

Submitting Hub (based on patient's originating location)	Number
East Midlands	4
East of England	3
London	14
North East	9
North West	13
South East	7
South West	8
Wessex	4
West Midlands	4
Yorkshire and Humber	10
TOTAL	76

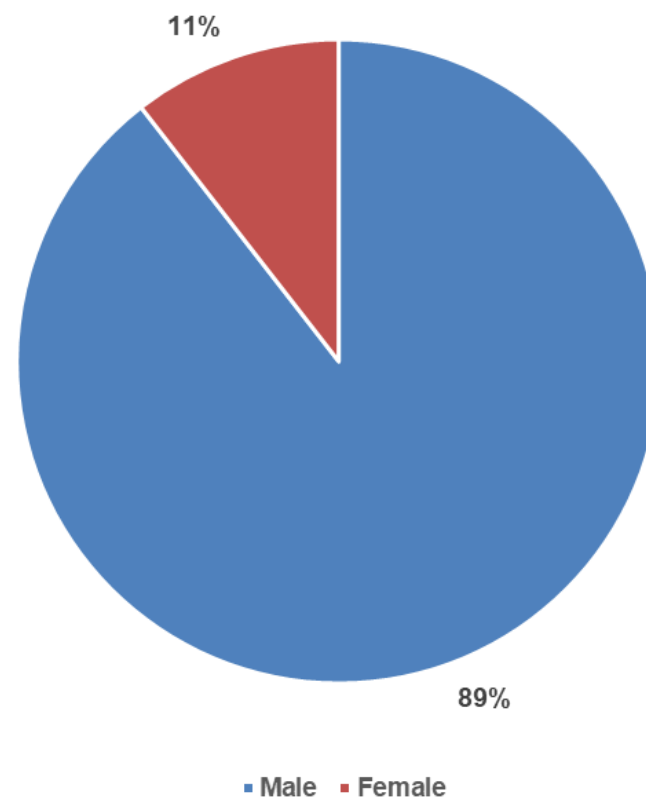
Patients waiting for transfer - demographics

Age category



Number of records = 73

Gender

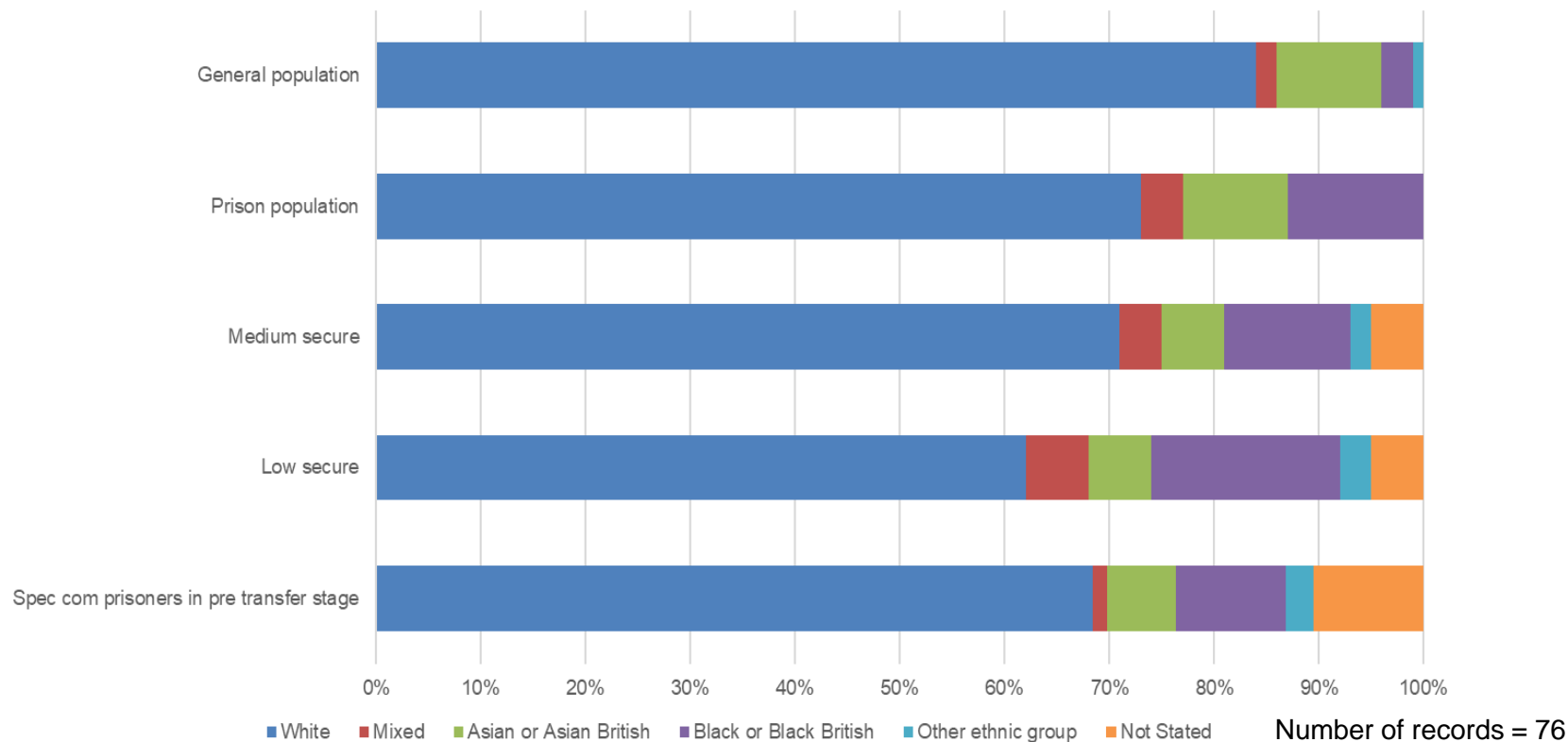


Number of records = 76



Patients waiting for transfer - demographics

Ethnicity profile



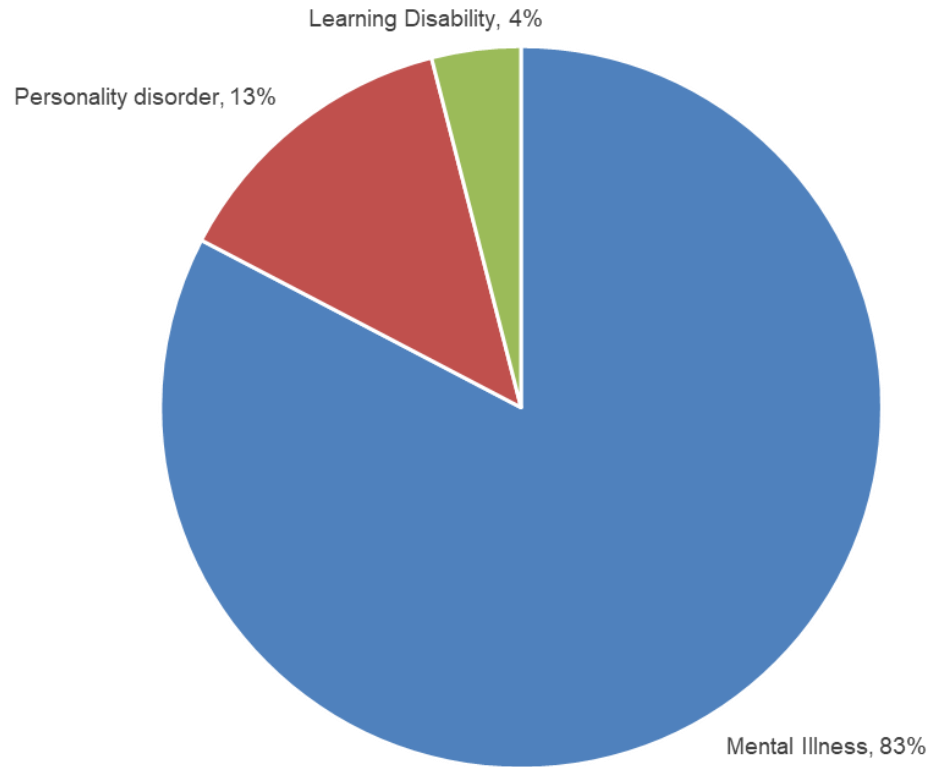
- Patients included in the NHSE Specialised Commissioning dataset have an ethnicity profile that again indicates over representation of Black British people in the transfer cohort.
- Ethnicity status was not available on 11% of records, perhaps accounting for a small degree of variation with NHSE Health and Justice data.



Diagnosis profile

- Mental Illness dominated as primary diagnosis with 83% of patients falling in to this category.
- Personality Disorder accounts for 13% of primary diagnosis, and Learning Disability as primary diagnosis for 4% of patients.

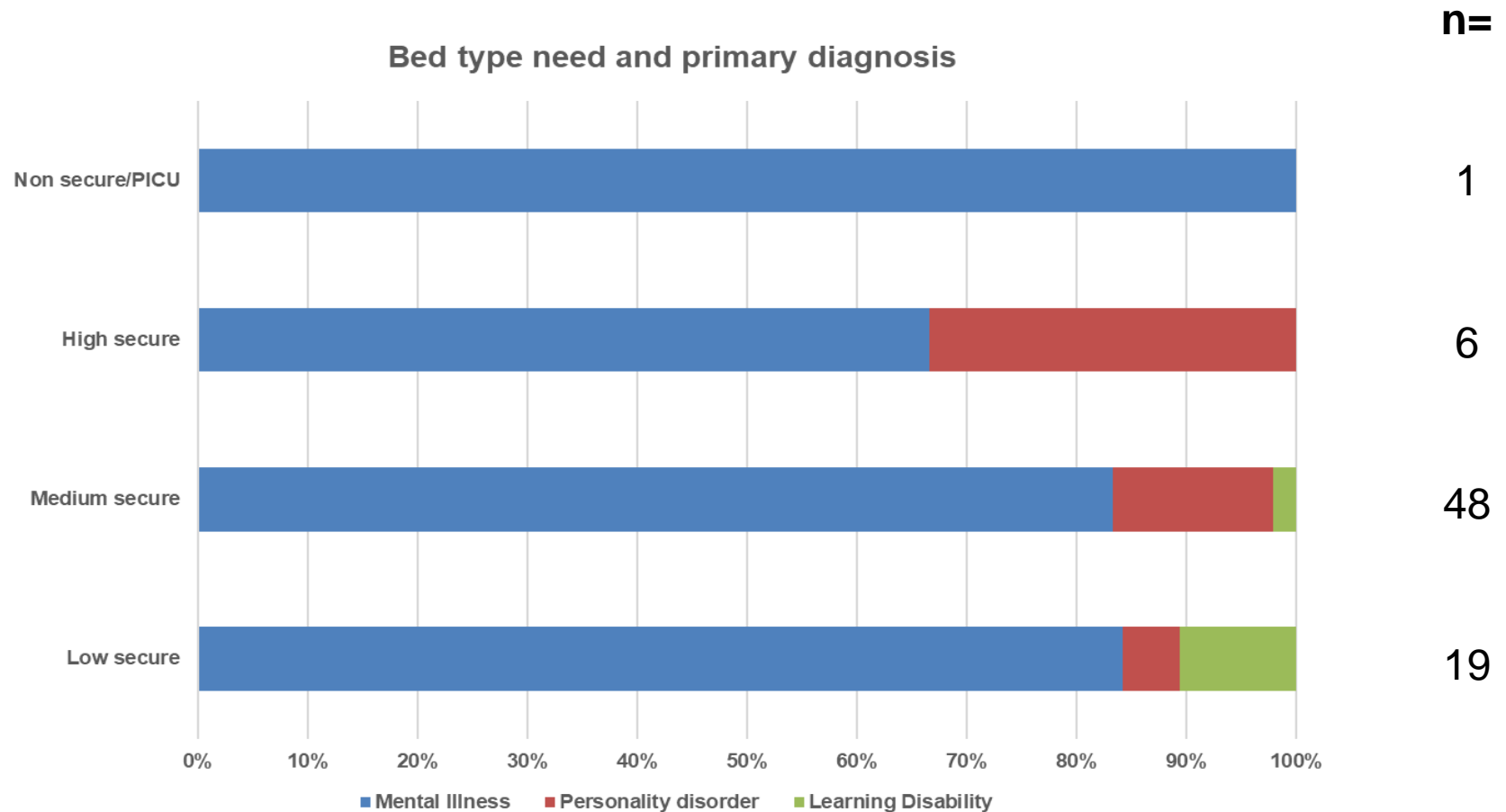
Primary diagnosis profile - all prisoners waiting for transfer



Number of records = 75



Diagnosis profile – bed type



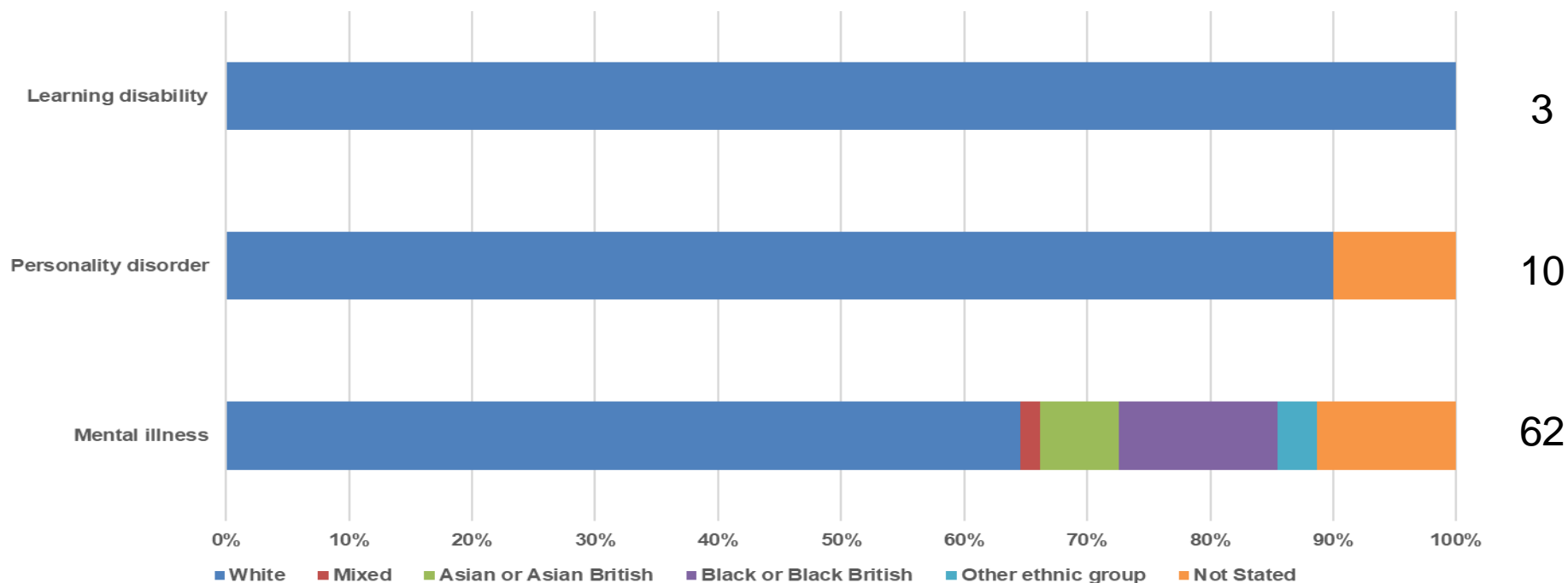
- Analysis of diagnosis by bed types confirms an expected diagnosis profile by setting. The incidence of Personality Disorders increases as recommended security level increases.



Diagnosis profile - ethnicity

Ethnicity profile and primary diagnosis

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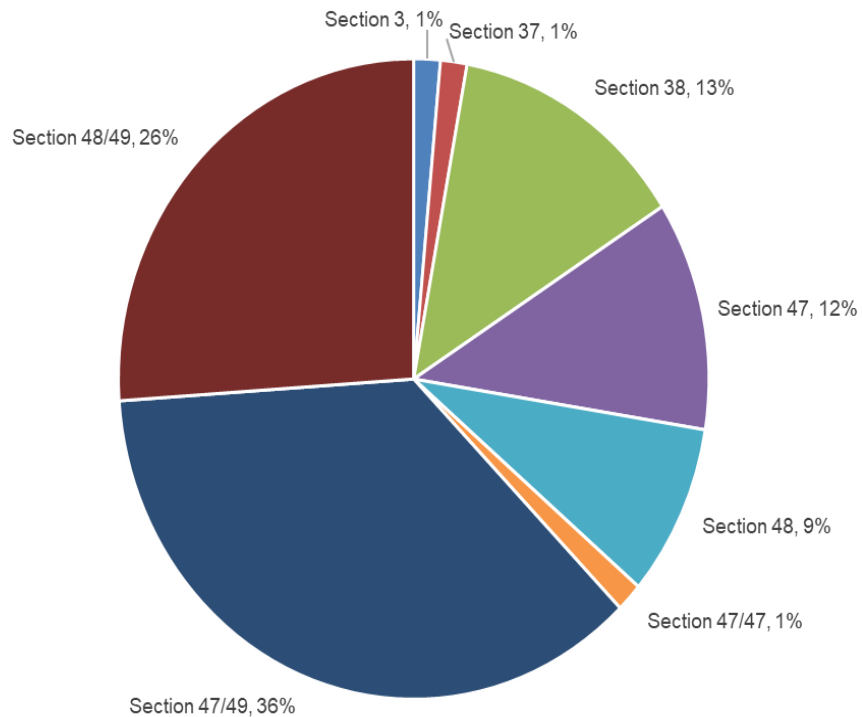


- Further analysis of primary diagnosis by ethnicity confirms that all BME patients are identified in the mental illness category.
- The personality disorder group is exclusively white British where an ethnicity record was provided.

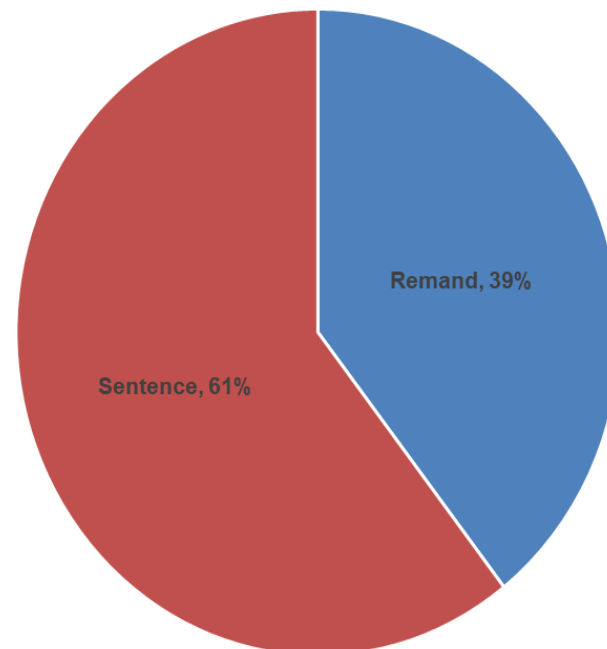


Transfer details

MHA section patient to be transferred on



Prisoner status at transfer point



Number of records = 69

Number of records = 71



Waiting times for transfer

Stages in Assessment & Transfer Process	Days
Number of days between need being identified and referral for access assessment	N/A (excluded from Specialised Commissioning process)
Number of days between access assessment referral received and access assessment being received with all information	9
Number of days from first AA referral to access assessment	21
Number of days from access assessment to 2nd medical recommendation	33
Number of days from 1st access assessment referral to 2nd medical recommendation	49
Number of days from 2nd medical opinion to scheduled date of transfer	27
Number of days from first AA referral to scheduled date of transfer (i.e. whole pathway)	80

- Analysis of the NHS E Specialised Commissioning data confirms broadly similar timescales to those identified by NHS E Health and Justice data.
- An overall 80 day pathway is identified from the 76 records, covering the time from referral for access assessment to transfer.



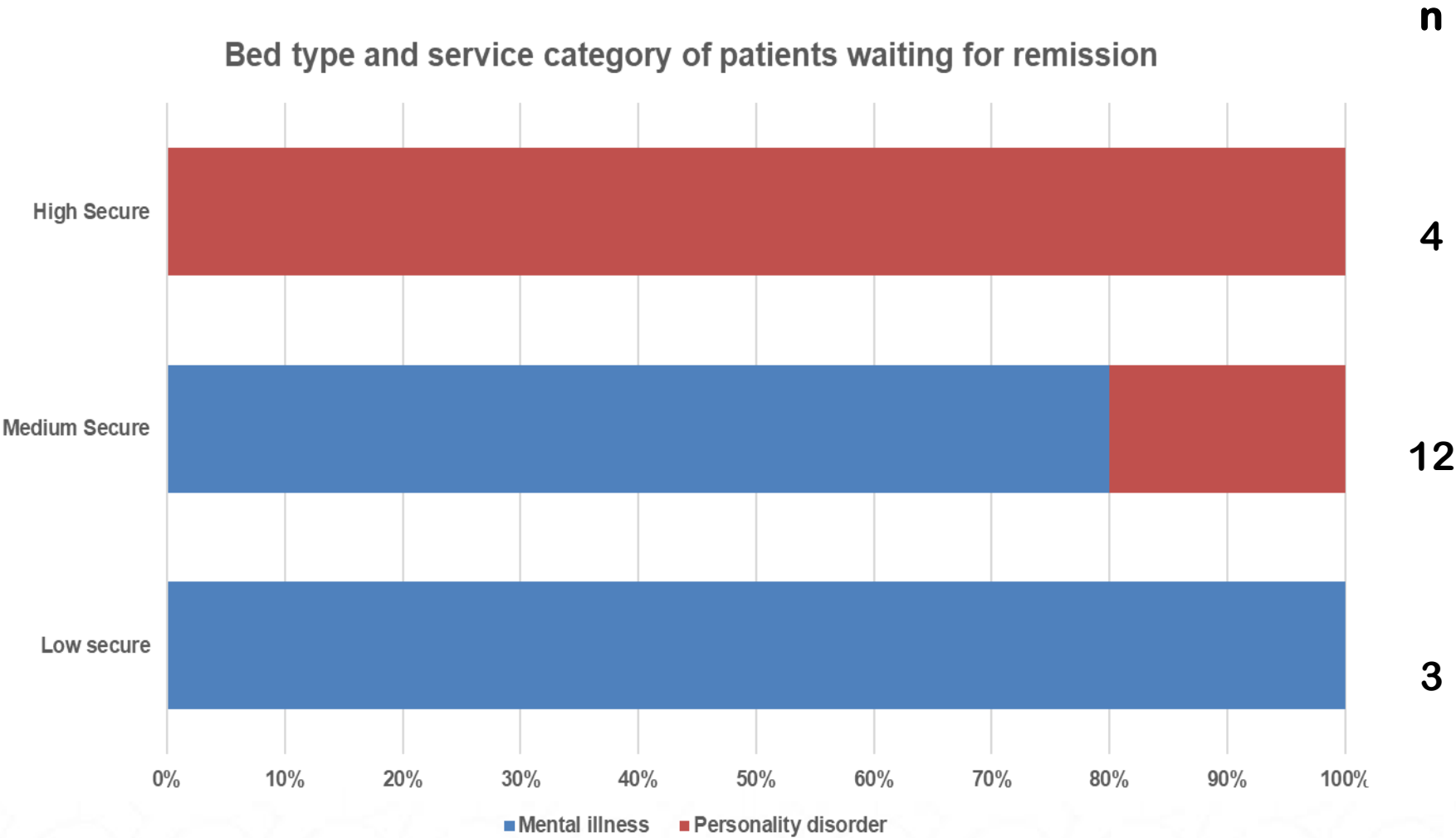
Benchmarking Network

Remissions

19 patients waiting for remission from low, medium and high secure care on 31st October 2017

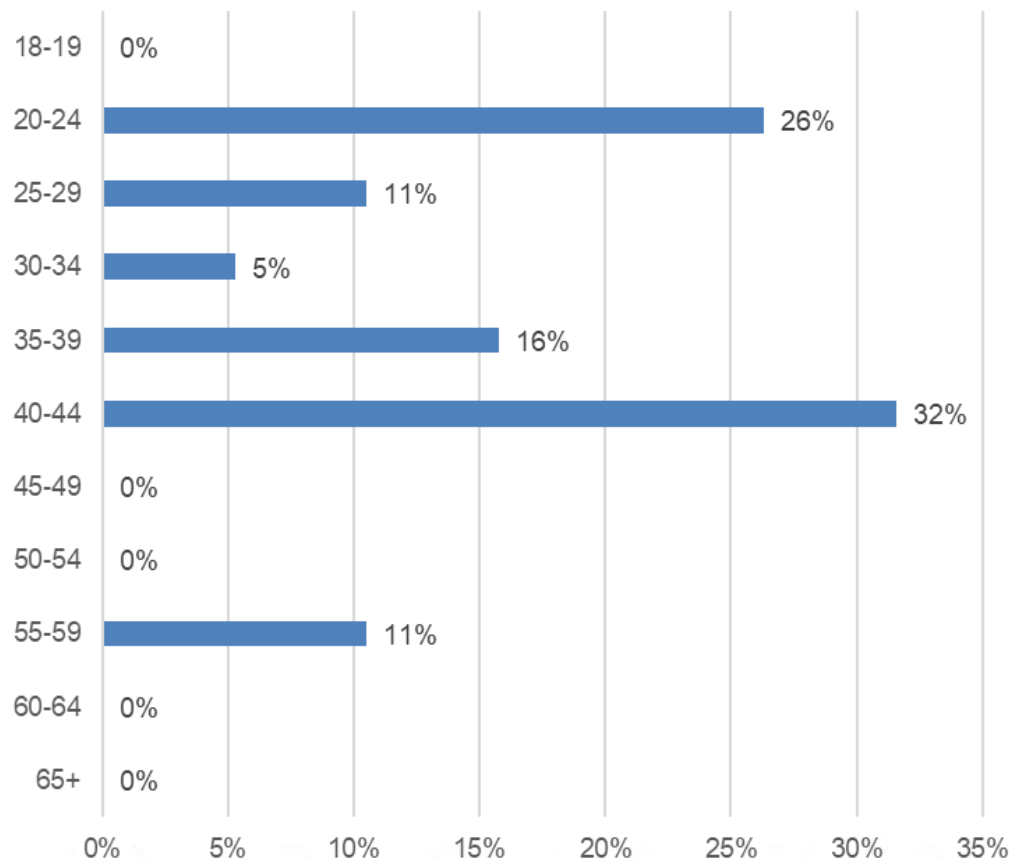
Submitting Hub (based on patient's originating location)	Number
East Midlands	0
East of England	0
London	10
North East	0
North West	4
South East	1
South West	1
Wessex	2
West Midlands	0
Yorkshire and Humber	1
TOTAL	19

Current placement



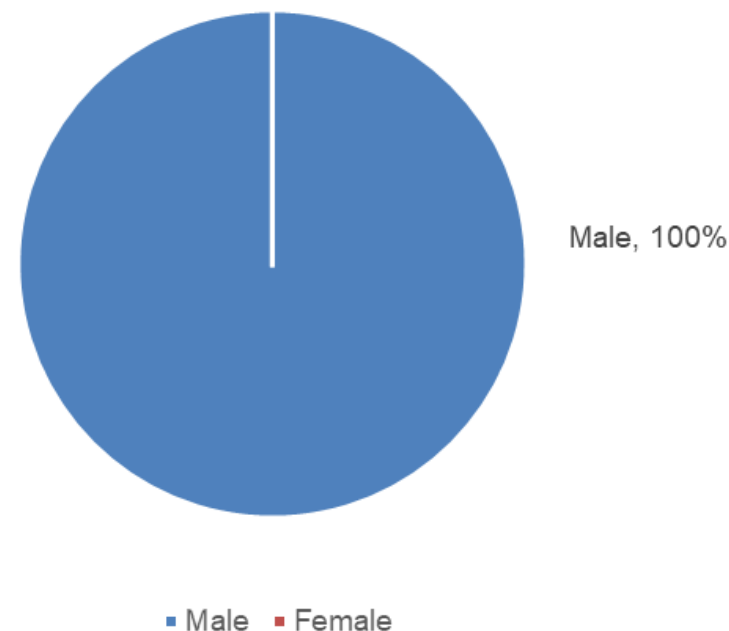
Demographics of patients waiting for remission

Age of patients waiting for remission



Number of records = 19

Gender

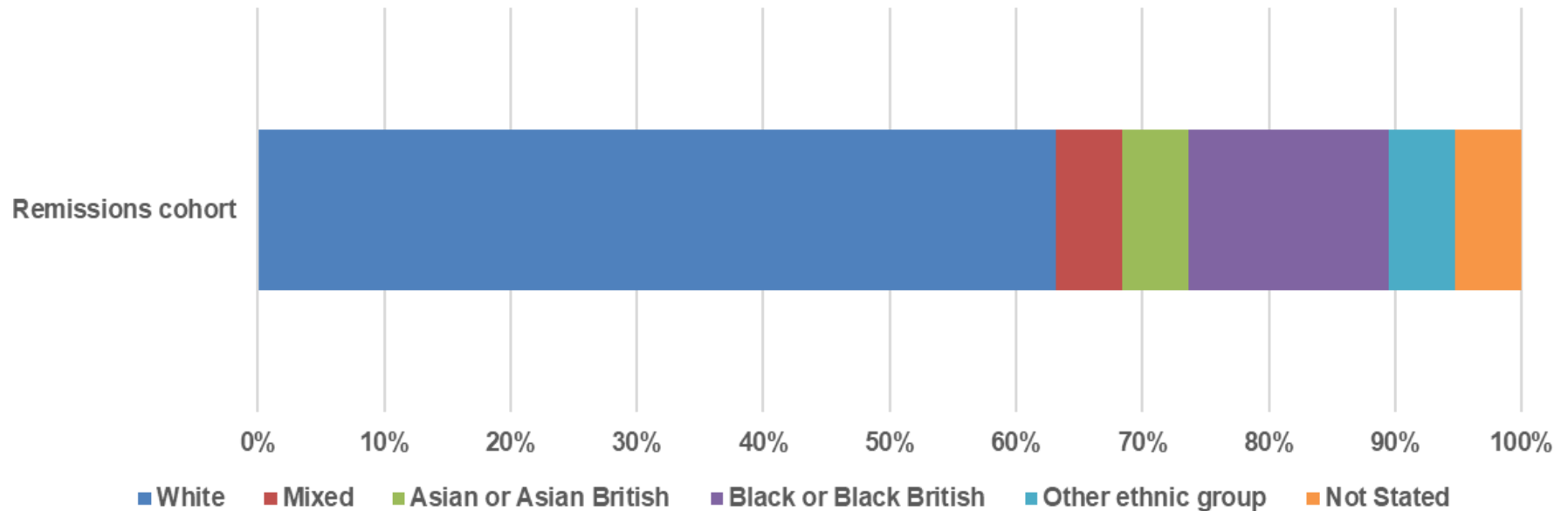


Number of records = 19



Ethnicity

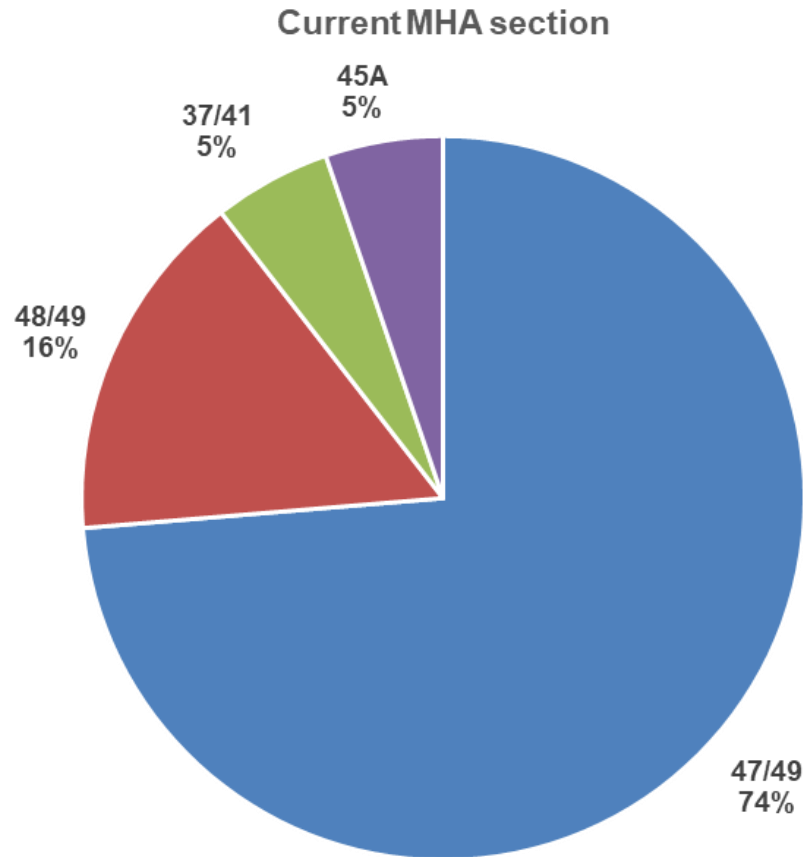
Ethnicity of remissions cohort



Number of records = 19



Mental Health Act section



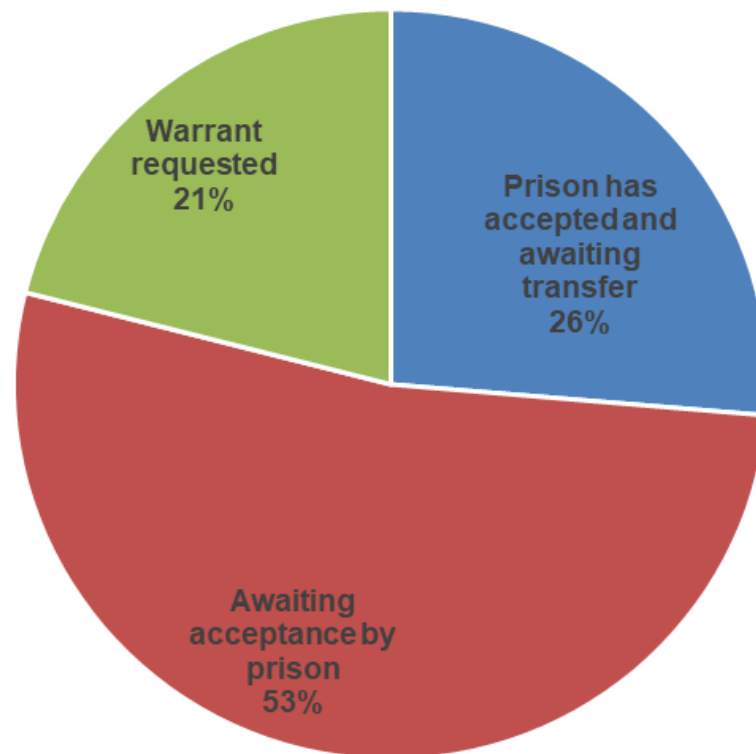
Number of records = 19



Stage in pathway

- Remissions to prison from secure hospitals are much lower in volume than transfers from prison.
- Of the 19 patients identified as being suitable for remission on 31st October 2017, just over half were awaiting acceptance by prison, and just under half in the formal warrant and transfer process.

Stage in remission pathway on 31st October 2017



Number of records = 19



Remission pathway

- 100% of the remissions cohort have had an MDT decision to return the patient to prison, and 83% of cases have had a section 117 planning meeting.
- The table below shows the elapsed time for remission by stage. The longest element of the remission process is waiting time from request to issue of warrant (48 days). However, it should be noted that the volume of cases was low and the average number of days at the time of the audit was impacted by a single, complex case.

Stage in Remission Process	Number of days
Time taken to identify appropriate accepting prison, if known (days)	6
Time taken to identify and gain agreement for transfer with prison operational staff, if known (days)	20
Waiting time from request to warrant (days)	48
Waiting time from warrant to acceptance by prison ops (days)	7

Warrants issued for remission of patients to prison specify which prison the individual will be sent to. Practical arrangements to effect remission can take some days to finalise.



Conclusions and next steps

- NHS Benchmarking Network would like to thank NHS England Health and Justice Commissioning, NHS England Specialised Commissioning, Her Majesty's Prison and Probation Service, and individual prisons for ensuring a 100% response rate to the 2017 audit of prison transfers and remission. A total of 65 prisons confirmed prisoners waiting for assessment or transfer with 52 prisons reporting no prisoners on the pathway.
- The audit confirms that variation across the prison sector is a clear theme that has emerged from the data analysis.
- The 2017 census data reveals interesting discussion points on issues such as diagnosis and prisoner location. Most prisoners are diagnosed with mental illness, with personality disorder being a minor diagnosis. This is consistent with the overall England profile of patients in secure mental health care. Prisoner location raises interesting discussion points with less than half of prisoners on the pathway located in a healthcare setting within prisons.
- Analysis of demand for secure beds reveals most pressure on bed availability in medium secure services. High secure services also have access waits due to the smaller number of beds in this sector.
- The demographic profile of prisoners confirms over-representation of Black British prisoners on the pathway, a position that is also evident in both the overall prison population and occupancy of secure mental health beds.
- NHS England and HMPPS have confirmed an intention to repeat the prison transfers and remission audit on an annual basis. Repeating the audit in future years will allow for both the questions and analysis to be suitably finessed to respond to pressing issues in both the Justice system and secure mental health care. The annual audit process will also enable the monitoring of metrics for the system including the number of prisoners entering the pathway, and the elapsed time taken to navigate both the transfer and remission processes.

