



PICU
QUALITY NETWORK
FOR PSYCHIATRIC
INTENSIVE CARE UNITS



PRISON
QUALITY NETWORK
FOR PRISON MENTAL
HEALTH SERVICES



FORENSIC
QUALITY NETWORK
FOR FORENSIC
MENTAL HEALTH SERVICES

Bulletin: Highlights from the Joint event.

“Improving Transfer and Remis- sion: A Joint Event Working to Transform Care Together”



Highlights from the Joint Event



The Quality Network for Prison Mental Health Services (QNPMHS), Psychiatric Intensive Care Units (QNPICU), and Forensic Mental Health Services (QNFMHS) successfully hosted the Joint Event on Improving Transfer and Remission on the 21 October 2025. The event took place in person at the RCPsych London Office and featured a range of speakers, and a panel discussion and on PICU, Prison and Forensic challenges. The event brought together 82 delegates and 15 presenters throughout the day. This document provides an overview of the event highlights and feedback.

Event programme:

Improving Transfer and Remission: A Joint Event Working to Transform Care Together

Tuesday 21 October 2025

The Royal College of Psychiatrists, 21 Prescot Street, E1 8BB

09:00 Registration and refreshments

Join us for refreshments before the event starts and some early networking. Admittance to the event is restricted to the registration period and within the allocated breaks.

09:25 Introduction: Perspectives on Transfer and Remission

Mark Haslam, Patient Representative, and Dr Mehtab Rahman, Chair of the QNPICU Accreditation Committee Improvement

09:50 The Integrated Support Unit: An Alternative to Hospital Transfers

Hayley Hawksby, Nurse Consultant and Lauren Edwards, Service Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

10:20 The 28 day prison to hospital transfer process - challenges and what policy changes are needed to improve timeliness from a prison mental health perspective?

Scarlett Milward, National lead for Mental Health and Substance Misuse in Prisons, Dr Sunil Lad, Consultant Psychologist and National Clinical Director, and Fi Grossick, Head of Clinical Quality, Health and Justice in NHS England

10:50 Refreshments and Networking

11:05 Panel Discussion: PICU, Prison and Forensic Challenges

Panel Chair: Professor Andrew Forrester, Co-Chair of the QNPMHS Advisory Group

Panellists: Dr Matthew Tovey, Co-Chair of the QNPMHS Advisory Group, Dr Mehtab Rahman, Chair of the QNPICU Accreditation Committee, Laura Woods, Executive Member at NAPICU, Dougal Scott, Member of the QNFMHS Accreditation Committee and Geraint Lewis, Member of the QNFMHS Advisory Group

12:05 Lunch and Networking

13:00 The Interface Between Prison and Hospital from A Monitoring Perspective

Mat Kinton, Senior Policy Officer, Care Quality Commission

13:30 Managing and supporting the interface and safe patient flow – Custody to Hospital – for patients requiring treatment under the Mental Health Act, Mental Health Transfers & Remissions

Alan Brackpool, Service Lead for Quality, Performance and Safety, Transfer and Remissions – London Prisons, and Sophie Lakin Transfer and Remission Lead, HMP Thameside and HMP Belmarsh

14:00 Refreshments and Networking

14:20 Workshop

Chair: Dr Matthew Tovey. Interactive workshop for attendees to discuss challenges faced across Prison, PICU and Forensic services in a group setting.

15:20 Break

15:40 Improving Access to Inpatient Mental Health Services for Prisoners

Dr Kajal Patel, Consultant Forensic Psychiatrist and Ross Callahan, Ward Manager, Audley Ward, St Andrew's Healthcare

16:10 The Transfer and Remission of Restricted Patients

Angie Munley, Head of Team, Mental Health Casework Section, HMPPS

16:40 Final Plenary

Mark Haslam, Dr Matthew Tovey and Dr Mehtab Rahman

17:00 End

Join the conversation on X (formerly Twitter):

@rcpsychCCQI #qnmhs @rcpsychQNPMHS #qnpmhs @rcpsychQNPICU #qnpicu

Introduction to the Joint Event

The introduction to the event was delivered by Mark Haslam, Patient Representative and Dr Mehtab Rahman, Chair of the QNPICU Accreditation Committee which focused on different perspectives of transfer and remission across the three networks. This introduction also included a piece from Sheena Foster, Carer Representative sharing the perspective of carers.

"In writing this I wanted to give some understanding of what it's like to be a carer and what we deal with when our relative with a mental illness ends up in prison. It's likely that we visit regularly and smile because we want the visit to go well. We don't talk about what's really going on for us. Every carers story will be different because we are human but the feelings are likely to be the same." - Sheena Foster, Carer Representative



The Integrated Support Unit: An Alternative to Hospital Transfers

Hayley Hawksby, Nurse Consultant and Lauren Edwards, Service Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

The first presentation of the day looked at the integrated support unit (ISU) at HMP Durham and how this is an alternative to hospital transfers. Key points are:

Why does the ISU Exist? The ISU was created to tackle a major gap in care for prisoners with acute or serious mental illness. Its goal? To reduce the need for hospital transfers, which are often delayed due to limited secure hospital capacity.

Why was change needed? Prisons can be overstimulating for patients so the ISU offers a low-stimulus, sensory informed environment that supports recovery, and reduces segregation.

How does the ISU operate? The ISU operates as a prison wing managed by officers. There are clinical staff on site seven days a week. The staff team includes a multi-disciplinary approach with nurses, support workers, speech and language therapists, a consultant psychiatrist, nurse consultant, prison staff and an art therapist. Patients undertake an individualised and recovery focused daily regime. There are also bespoke protocols on medication such as Clozapine which mirror secure units. The team partner with NHS trusts, courts, probation, substance use services, and prison teams to deliver holistic care.

What is the result? The ISU has been running since 2017. In that time 276 patients have been admitted to the unit, with only 35% still requiring hospital transfer. This means that the service has saved the NHS an estimated £136 million by preventing 179 hospital admissions. Plans are underway to expand into the female prison estate, building on the success of similar units like the Wellbeing Unit at HMP Hull.



The 28 day prison to hospital transfer process - challenges and what policy changes are needed to improve timeliness from a prison mental health perspective?

Scarlett Milward, National lead for Mental Health and Substance Misuse in Prisons, Dr Sunil Lad, Consultant Psychologist and National Clinical Director, and Fi Grossick, Head of Clinical Quality, Health and Justice in NHS England.

Following this, colleagues from NHS England presented on addressing delays and policy gaps in mental health care. Key takeaways include:

Commissioning Care

NHS England's Health and Justice team commissions prison healthcare under the principle of equivalence, aiming to provide care equal to that in the community. Delivery depends on strong partnerships with HMPPS, MoJ, and other agencies, formalised through the National Partnership Agreement.

Policy Priorities

Current policy includes the NHS Long Term Plan, focusing on prevention, digital transformation, and hospital-to-community care. Mental health reforms propose a statutory footing for the 28-day transfer process.

Current Challenges

Despite these ambitions, delays remain significant: only 32.8% of transfers meet the 28-day target, with an average wait of 55.6 days. Challenges include multiple assessments, security disputes, medication issues, rising patient acuity, and staff burnout.

Factors Affecting Transfers

Uncertainty about bed types, differences in security definitions, and fragmented systems slow progress. Disputes between prison mental health teams, casework sections, and providers often lack clear arbitration. Urgent referrals do not guarantee timely transfers, and some acutely unwell individuals risk release without care.

Solutions Discussed

Proposals include streamlining assessments, clarifying roles, improving IT systems for information sharing, and exploring virtual wards. Revising good practice guidance and service specifications is a priority, alongside prevention



Panel Discussion: PICU, Prison and Forensic Challenges

Panellists: Dr Matthew Tovey, Co-Chair of the QNPMHS Advisory Group, Dr Mehtab Rahman, Chair of the QNPICU Accreditation Committee, Laura Woods, Executive Member at NAPICU, Dougal Scott, Member of the QNFMHS Accreditation Committee and Geraint Lewis, Member of the QNFMHS Advisory Group

The panel explored persistent challenges in transferring prisoners to mental health hospitals, including long waits, fragmented systems, and unclear referral pathways. PICUs often provide quicker access than forensic services but may lack structure for complex cases, raising concerns about patient safety and appropriateness.

Discussions focused on solutions such as a single point of access, clearer referral criteria, and joint assessments to streamline processes. Panellists emphasised balancing least restrictive practice with timely care, improving post PICU planning, and fostering collaboration across services.

Audience contributions reinforced the need for practical fixes like better communication, shared training, and bridging gaps between NHS and private providers. Suggestions included live referral discussions, unified criteria, and improved data on patient movements all aimed at keeping decisions patient centered.



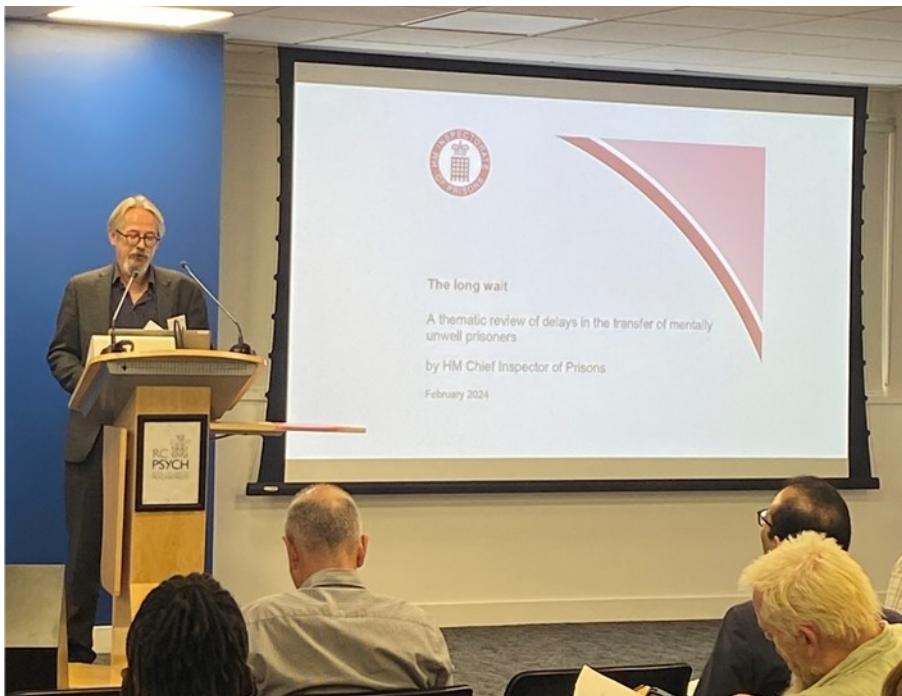
The Interface Between Prison and Hospital from A Monitoring Perspective

Mat Kinton, Senior Policy Officer, Care Quality Commission

This presentation examined the delays in transferring prisoners with severe mental health needs to secure hospitals. Fieldwork across 21 prisons and case note reviews revealed systemic issues in the prison to hospital pathway.

Key Findings:

- Excessive waiting times: Only 15% of patients were transferred within the 28-day target; urgent referrals did not guarantee timely transfer.
- Fragmented accountability: Limited oversight of commissioned providers and lack of patient centered processes.
- Harm during delays: Patients, staff, and other prisoners were negatively impacted; some very unwell individuals were released into the community while awaiting assessment.
- Bed shortages: Despite recommendations for more secure beds, progress has been minimal, and capacity remains inadequate.
- Rising prison population: Increased from 44,000 in 1993 to 83,000 in 2023, while admissions to secure hospitals rose only 25%, creating pressure on pathways.
- Aftercare failures: 82% of those entitled to Section 117 aftercare lacked a care plan post-remittal, raising human rights concerns.
- Legal and ethical considerations: Courts emphasize least restrictive practice, therapeutic benefit, and public protection in decisions on hospital vs. prison placement.



Managing and supporting the interface and safe patient flow – Custody to Hospital – for patients requiring treatment under the Mental Health Act, Mental Health Transfers & Remissions

Alan Brackpool, Service Lead for Quality, Performance and Safety, Transfer and Remissions – London Prisons, and Sophie Lakin Transfer and Remission Lead, HMP Thameside and HMP Belmarsh

The next presentation summarised managing and supporting the interface and safe patient flow. The London region has implemented a structured approach to improve Mental Health Act transfers and remissions from prison to hospital. A live operational template was introduced in April 2022 to standardise processes, ensure consistency, and provide real time data insights. Key performance indicators (KPIs) track referral to assessment, assessment to transfer, and overall referral to transfer times.



Key Insights

- Transfer Performance: Average referral-to-transfer times remain high, ranging from 40 to 100+ days depending on prison and service type. Medium secure beds account for the largest share of transfers (38–42%), followed by PICU (34–36%). High secure transfers take the longest (up to 118 days).
- Remissions: A new Pan-London Mental Health Remission Process (updated August 2025) reduced average remission times to 21.88 days, with 36 cases completed mid-year and an estimated 72 remissions by year-end (up from 57 in 2024/25).
- Operational Template Benefits: Enables prioritisation and escalation, supports clinical decision-making, and provides transparency across prisons and hospitals.
- Challenges: Persistent delays, variation between prisons, and complexity in managing different service types (acute, PICU, low/medium/high secure).

Workshop Challenges faced across Prison, PICU and Forensic services.

Chair: Dr Matthew Tovey



The workshop explored key challenges and opportunities in improving the prison to hospital transfer process for patients requiring treatment under the Mental Health Act.

- Discussions highlighted inconsistencies in security level definitions across regions and between NHS and private providers, creating barriers to timely transfers. Participants emphasised the need for clear, shared risk assessments and guidance, as well as better collaboration between prisons, hospitals, and the Ministry of Justice (MoJ). Dispute resolution often lacks clinical input, and attendees agreed that bringing the right stakeholders together early, including MoJ representatives could prevent delays and improve patient outcomes.
- Looking ahead, the group considered what “good” would look like: a streamlined, patient centered process with a single point of access, clear referral criteria, and digital tools to reduce duplication.
- Suggestions included developing a national guide for secure referrals, creating bespoke assessment teams, and fostering closer conversations between services to resolve disagreements quickly.
- Attendees also noted the importance of improving prison based mental health facilities and exploring legislative tweaks to reduce pressure on hospital beds.
- Ultimately, the workshop called for stronger collaboration, better data on referral patterns, and a commitment to equity ensuring prisoners receive the same timely, appropriate care as those in the community.

Improving Access to Inpatient Mental Health Services for Prisoners

Dr Kajal Patel, Consultant Forensic Psychiatrist and Ross Callahan, Ward Manager, Audley Ward, St Andrew's Healthcare

This session explored how commissioning structures and policies shape access to secure mental health services for prisoners.

- England: Integrated Care Boards and Provider Collaboratives manage low and medium secure services.
- Wales: A Joint Commissioning Committee oversees high and medium secure care. Both of these systems lack clear inpatient access standards, causing delays.

Transfer Times:

In England, prisoners wait an average of 78 days, with some exceeding 700 days. Around 200–220 prisoners are waiting for beds at any time. The multistep process referral, assessment, acceptance, and MoJ warrant, often leads to duplication and delays.

Key Improvements Discussed:

- Legislative reform under the new Mental Health Act.
- Clearer referral criteria.
- Digital tools to streamline processes.
- Better integration and enhanced prison based mental health facilities.
- These changes aim to reduce delays and ease pressure on hospital beds.



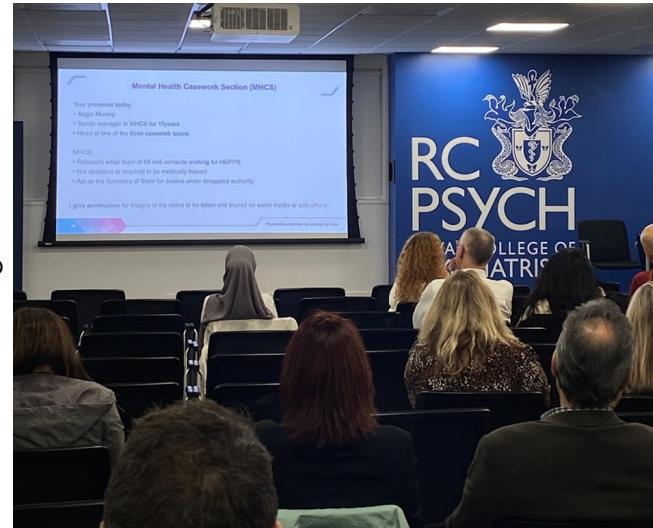
The Transfer and Remission of Restricted Patients

Angie Munley, Head of Team, Mental Health Casework Section, His Majesty's Prison and Probation Service (HMPPS)

Angie Munley explained the behind the scenes of the Mental Health Casework Section (MHCS) team. Describing their crucial role in ensuring that individuals with serious mental health needs receive appropriate care within the justice system. While MHCS staff are not clinicians, their work is essential in managing the legal and administrative processes that keep both patients and the public safe.

Who They Are

MHCS is part of the HMPPS Public Protection Group. The team of 64 civil servants manages the legal and administrative processes for transferring patients with serious mental health needs between prison and hospital.



What They Do

MHCS focuses on restricted patients detained under specific sections of the Mental Health Act. Their work ensures public protection and appropriate care for individuals within the justice system.

Transfers

Transfers require two medical recommendations (including one Section 12-approved clinician), confirmation of diagnosis, and a hospital bed. Warrants are issued for treatment, not assessment, and are valid for 14 days. The target is to issue warrants within five days of request. Risk assessments consider medical reports, security level, and offence details.

Remission

Patients return to prison when treatment ends or cannot continue. Warrants for remission are usually issued within seven days. While not legally required, a Section 117 aftercare meeting is considered best practice.

The joint event was a successful day with great collaboration. Here are some highlights from our delegates:

- An overwhelming majority **24 of 25 delegates** rated the event **Excellent** or **Good**.
- Feedback on the presenters and facilitators was extremely positive: **60% Excellent** and **40% Good**.
- The organisation received strong feedback: **15 rated it Excellent** and **10 rated it Good**.

[What did you enjoy most about the event?]

"Having the opportunity to mix with people in similar situations and share views with each other."

"Great to have all 3 networks represented and would support more meetings in this manner."

"Good range of topics and information. Opportunity to network and hear about others services. Own reflection on what we deliver."

"The topics of all the discussions were really thought provoking. Nice to also have an event which is across pathways and touch points for our patients."

Feedback Quotes

"Very useful and enjoyable day."

"A lot of discussion from different teams and learning what other areas do. I found it very interesting."

[What did you enjoy most about the event?]

"Talk on the integrated Support Unit as an alternative to hospital admissions and the benefits this has brought."

[What did you enjoy most about the event?]

"Understanding the challenges from other peoples perspectives e.g. Prison/ PICU."

A Thank You from the team at QNPMHS, QNPICU and QNFMHS!

A special thank you to our Chair, Mark Haslam, and to Dr Matthew Tovey and Dr Mehtab Rahman for facilitating the day's discussions, our exceptional presenters for their inspiring work, and our delegates for their engagement and attendance. Finally, thank you to the QNFMHS, QNPICU and QNPMHS teams who organised the event. We hope the forum provided valuable insights.



From left to right Mehtab Rahman, QNPICU Chair of Advisory Group, Maisie Webster, Deputy Programme Manager QNPICU and QNPMHS, Ciara McAree Deputy Programme Manager QNFMHS, Dougal Scott, Member of the QNFMHS Accreditation Committee, Dr Matthew Tovey, Co-Chair of the QNPMHS Advisory Group, Kelly Rodriguez Programme Manager, Geraint Lewis member of the QNFMHS advisory group, Mark Haslam, Patient Representative.