



Ministry
of Justice



HM Prison &
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Your ref:
File ref:

Dear colleague

Delays in Mental Health Casework decisions

I write further to my letter of 12 September 2017 to update you on our progress against the backlog of casework before the Mental Health Casework Section (MHCS). Before I do so, I should observe that Ministers, along with Michael Spurr (Chief Executive Officer), Phil Copple (Executive Director, Prisons) and Gordon Davison (Deputy Director, Head of the Safer Custody and Public Protection Group) in HM Prison and Probation Service, very well understand the concerns which you have expressed about the backlog and its impact on restricted patients. They have asked that they are updated regularly on progress in reducing the backlog.

Staffing

We have recruited staff to fill the existing MHCS vacancies, but are currently waiting for the recruitment and security vetting processes to conclude before we are able to identify start dates for these members of staff. In order to seek to speed up the recruitment process, we have been working closely with the shared service provider (the SSCL) to expedite the vetting process for MHCS candidates. The SSCL, which undertakes vetting as part of the corporate support services it provides under contract to the Ministry of Justice, has a substantial backlog, in part due to the priority given to the high volume recruitment of new prison officers. The Ministry of Justice is working with SSCL to reduce the time to hire as a priority. As stated before, even once all vacancies are filled it will still take some time before a substantial improvement is made on delays, as those staff need to be trained. We continue to devote as many resources as we can to addressing the backlog, including undertaking overtime exercises at weekends.

We have also been able to negotiate temporary redeployment of some trained ex-MHCS staff who moved on to new posts within the Ministry of Justice and Her Majesty's Prison and Probation Service (HMPPS).

Recovery plan

MHCS has been working closely with NHS colleagues to mitigate any impact that the delays may be having and to better understand areas where NHS is most concerned. While opportunities are limited until the significant number of MHCS vacancies are filled and new post-holders fully trained, MHCS continues to work with NHS England at a national level to identify particularly concerning cases and seek to expedite decisions and/or provision of full information to make a decision on those where appropriate. MHCS and NHS England have agreed a number of actions and are meeting fortnightly to review and discuss the position. MHCS is also liaising in a similar way with NHS Wales.

As our staff resources have yet substantially to recover, we are keeping the backlog recovery plan under review. As you are aware, the plan is designed to ensure that the most critical decisions continue to be made without delay. "Critical" decisions are those where delay could mean that a patient's life or safety is at risk, or where the lives and safety of others could be at risk (for example prison transfers, remissions, recall decisions and urgent medical leave). Compassionate leave requests are also treated at critical.

All other cases continue to be prioritised according to the date at which they became ready to consider (so that may be after the date of receipt, where we have had to seek further information), although we are now working on reliable ways to also consider the date of receipt of the application, where there have been delays in obtaining full information.

The recovery plan to this point has involved splitting available staff resource, so that 40% of staff are working on backlog cases and 60% on critical work. Now that MHCS is in a slightly better position with staffing, we have adjusted this split of staff resource to increase the resource working on backlog cases. We are able to do this and still keep critical work moving through swiftly.

We continue to prioritise hospital transfers and non-urgent medical leave over escorted and unescorted leave, due to the wider effect of delays on the system, or on an individual patient's health, while ensuring that leave decisions continue to be made alongside these other decisions. Since my last update, we have introduced processes whereby level transfers (transfer between hospitals of the same level of security) and medical leave requests are now fast tracked.

IT issues

MHCS relies exclusively on the availability of our web-based case management system to make, record and convey its decisions. Ordinarily, this brings huge benefits for the department in terms of efficiency and expedience, and it has certainly allowed us to absorb significant increases in caseload, but such reliance on an internet-based system can leave us exposed to IT failures.

Over recent months we have experienced severe network problems which have significantly impacted on our ability to function. In the past few weeks, the volume of cases we have been able to consider has been substantially affected by IT issues. These issues have been urgently raised to the highest levels in the Ministry of Justice to seek a swift resolution to the problem.

Requests to prioritise/expedite decisions

Community leave still remains the area experiencing the longest delays. We are receiving a high number of requests to prioritise these cases where exceptional circumstances are identified. As such

we are considering ways we can manage this process effectively. For ease of reference, I repeat the examples below where exceptional circumstances might exist:

Exceptional circumstances to expedite an overnight leave request might include where a s47 patient has been deemed suitable for discharge by the Tribunal, but his Parole Board review has been adjourned to enable him to be tested on overnight leave and the Parole Board hearing is forthcoming. In hospital transfer cases, if the delay in transfer is causing a chain of patients to be delayed (for example where a transfer down from medium secure means that a prisoner awaiting transfer from prison can be moved), then this might constitute exceptional circumstances for expedition.

Christmas leave

Usually at this time of year we write to clinicians to indicate the cut-off date by which we would need to receive applications for one-off leave around the Christmas period. We recognise that this is an important holiday for many patients and their families and we try to consider such applications to enable families to spend time together during the festive period where possible.

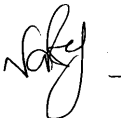
Given our ongoing work to manage the backlog of cases, we will not have the capacity to consider additional requests specifically for leave over Christmas, without further delays being added to existing general applications for escorted or unescorted leave. While I recognise that this news will be difficult to hear, I thought it was important to set realistic expectations and to do so at an early stage so that alternative arrangements can be made by hospitals and families in the event individual patients are unlikely to be able to have leave over the Christmas period.

Where you consider that there are compassionate reasons why a patient should be considered for one off leave over Christmas, clinicians should make an application on compassionate grounds in the usual way, but ideally by Monday 13th November 2017. Obviously if the compassionate grounds do not come to light until after that date, that does not prevent a later application, but if such grounds currently exist, then an application by 13th November will enable us to consider with sufficient time before the holiday season begins.

We are also working on ways to safely fast track existing escorted leave applications prior to Christmas.

I will continue to keep you updated on our progress.

Yours sincerely



Natalya O'Prey
Head of the Mental Health Casework Section

For guidance, forms and contact lists, please visit:

<https://www.gov.uk/government/collections/mentally-disordered-offenders>