

**Characteristics and needs of long-stay patients in high and medium secure forensic-psychiatric care:
Implications for service organisation ALL DATA TO BE COLLECTED AND RECORDED AS OF 01/04/13
CENSUS DATE**

Unit name: _____ Are they still an inpatient at this unit? Yes
 No

If not, where have they been discharged to?

Patient ID: _____

Name of data collector: _____

Date(s) of file review: _____

SECTION A – SOCIODEMOGRAPHICS

1. Age (on 1.4.13): _____ **2. Gender:** Male Female

3. Country of Birth: United Kingdom
 England Other (please state) _____
 Scotland
 Wales
 Northern Ireland Not known _____

4. Nationality: British Other (please state) _____
 Not known _____

5. Ethnicity: White British Mixed (white and Black Caribbean)
 White Irish Mixed (white and Black African)
 Any other white background Mixed (white and Asian)
 Black or Black British (Caribbean) Mixed (any other mixed background)
 Black or Black British (African) Not specified / disclosed
 Black or Black British (any other Black background) Other (please state) _____
 Chinese
 Asian or Asian British (Indian)
 Asian or Asian British (Pakistani)
 Asian or Asian British (Bangladeshi)
 Asian or Asian British (any other Asian background)

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- 6.Marital Status** (on admission):
- Married
 - Civil Partnership
 - In a relationship (but not married)
 - Divorced/Separated
 - Widowed
 - Never married
 - Not known

7.Highest educational / vocational qualification:

- No qualifications
- GCSEs
- A levels
- Bachelor's degree or similar graduate degree
- Bachelor's degree with honours or equivalent
- Master's degree or equivalent
- Postgraduate Certificate or Diploma
- Doctoral degree or equivalent
- City & Guilds (specify)

-
- NVQs (add level if known)

-
- Other (vocational) qualifications (please state)

-
- Not known

8.Employment status when last in the community:

- Full-time employment
- Part-time employment (more than 10 hours / week)
- Part-time employment (less than 10 hours / week)
- Full or part-time education
- Voluntary work
- Unemployed
- Other (please state)

-
- Not known

- Not been in the community since the age of 16

9.Has the patient ever been in full-time or part-time employment (more than 10 hours / week) for more than 6 months continuously in the community?

- Yes No
- Not known

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SECTION B – ADMISSION HISTORY

1.Date of admission to continuous high / medium secure care: _____

2.Date of admission to current unit: _____

3.Source of admission to continuous high / medium secure care

- Prison
- Low secure setting (NHS)
- Low secure setting (private provider)
- Other psychiatric setting
- Community (incl. police station)
- Other (please state) _____

4.Source of admission to current unit

- Prison
- High secure setting
- Medium secure setting (NHS)
- Medium secure setting (private provider)
- Low secure setting (NHS)
- Low secure setting (private provider)
- Other psychiatric setting
- Community (incl. police station)
- Other (please state) _____

5.Mental Health Act Section:

MHA section on admission to continuous high / medium secure care: _____

MHA section on admission to current unit: _____

Current MHA section: _____

Year first put on current section: _____

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6.Total number of wards stayed on during current admission to your unit:

7.Of these, how many times has the patient stayed on a ward with the following diagnostic specification?¹

Mental illness ward	_____ times
Personality disorder ward	_____ times
Comorbidity ward	_____ times
LD ward	_____ times
Neuropsychiatric ward	_____ times
Mixed diagnostic category ward	_____ times
Other diagnostic category ward	_____ times
Can't assign diagnostic category to ward	_____ times

8.How many times has the patient stayed on a ward with the following stage of treatment specification?²

Admission/Assessment ward	_____ times
Treatment ward	_____ times
High dependency ward	_____ times
Long-stay / slow stream ward	_____ times
Pre-discharge/ Rehab ward	_____ times
Mixed assessment/treatment	_____ times
Other ward type	_____ times
Can't assign treatment stage category to ward	_____ times

¹ Total times should add up to number of wards stayed on (question 6)

² Total times should add up to number of wards stayed on (question 6)

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9.Details of ward changes in the past 5 years

	Diagnostic ward specification *	Stage of treatment ward specification **	From (month and year only)	To (month and year only)	Reasons for move *** <i>(More than one reason can be used if necessary)</i>
Current ward					(does not apply as current ward)
Previous ward					
Previous ward					
Previous ward					
Previous ward					
Previous ward					

*) Please use appropriate number to indicate ward specification

- 1 Mental illness ward
- 2 Personality disorder ward (including DSPD)
- 3 Comorbidity ward
- 4 LD ward
- 5 Neuropsychiatric ward
- 6 Mixed diagnostic category ward
- 7 Other diagnostic category ward
- 8 Can't assign diagnostic category to ward

**) Please use appropriate number to indicate ward specification

- 1 Admission/Assessment ward
- 2 Treatment ward
- 3 High dependency ward
- 4 Long-stay / slow stream ward
- 5 Pre-discharge/ Rehab ward
- 6 Mixed assessment/treatment
- 7 Other ward type
- 8 Can't assign treatment stage category to ward

***) Please use appropriate number to indicate reason for move

- | | |
|---|--|
| <ol style="list-style-type: none"> 1 Behavioural difficulties 2 Issues related to non-mixing with other patients 3 Change in diagnosis 4 Patient request 5 Movement along the treatment pathway (i.e. positive progress) | <ol style="list-style-type: none"> 6 Lack of progress 7 Worsening of symptoms 8 Service related issues (e.g. restructuring of service, etc.) 9 Other reasons <u>(if used, please leave a comment in the box explaining what the reason was)</u> 10 Can't assign reason for move |
|---|--|

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10.Previous admissions during continuous care (in chronological order)

Security Level (i.e. high or medium)	Admitted (month and year only)	Discharged (month and year only)	Reason for move <i>(Please use categories on previous page, may use more than one)</i>
(First admission)			
(Second admission)			

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SECTION C – CLINICAL DIAGNOSIS AND PSYCHIATRIC HISTORY (include current and historical diagnoses)

1. <u>Diagnosis</u> ³	<u>Current symptoms</u> ⁴	<u>Comments</u>
<input type="checkbox"/> Dementia		
<input type="checkbox"/> Brain Injury		
<input type="checkbox"/> Learning disability ⁵		
<input type="checkbox"/> Autistic spectrum disorder		
<input type="checkbox"/> Schizophrenia ⁶		
<input type="checkbox"/> Schizoaffective disorder		
<input type="checkbox"/> Other psychotic disorder, please specify ⁷		
<input type="checkbox"/> Bipolar disorder		
<input type="checkbox"/> Depression		
<input type="checkbox"/> Personality Disorder ⁸		
<input type="checkbox"/> Alcohol misuse/dependence ⁹		
<input type="checkbox"/> Other substance misuse/dependence ¹⁰		
<input type="checkbox"/> Other significant mental disorders		

³ Add ICD or DSM code numbers under comments if available

⁴ Please record **A** for active symptoms (in past 6 months), **B** for no current symptoms but still receiving treatment or **C** for currently no active symptoms and not receiving treatment for this

⁵ Record last IQ in comment box if available

⁶ Record in last column if any record of treatment resistant schizophrenia

⁷ E.g. brief psychotic episode, drug-induced psychosis, etc.

⁸ Say which type(s), if information is available, in the comment box, e.g. borderline PD

⁹ Please record in the comment box if this is harmful use or dependency

¹⁰ Please record in the comments box if this is harmful use or dependency and state the name of the substances used

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2. Psychopathy

<u>Year of assessment</u>	<u>Factor 1 Score</u>	<u>Factor 2 Score</u>	<u>Total Score</u>

Tick here if a psychopathy assessment has never been completed (or if there is no evidence of one)

3. Prior to their current continuous high/medium secure admission, has the patient ever been admitted to a non-secure in-patient psychiatric facility (i.e. excluding high, medium and low secure care)?

- Yes
- No

4. If yes, how many previous admissions to non-secure in-patient psychiatric care have they had? _____

5. Prior to their current continuous high/medium secure admission, has the patient ever been admitted to a high, medium or low secure unit?

- Yes
- No

6. If yes, how many previous admissions to secure care?

Low secure _____	Year(s) admitted _____
Medium secure _____	Year(s) admitted _____
High secure _____	Year(s) admitted _____

7. How old was the patient when they were first admitted to any in-patient psychiatric care? _____

8. Does the patient have a history of self-harm or suicidal behaviour? Yes No

9a. Does the patient have a history of serious suicide attempts? Yes No

9b. During current high/medium secure care admission? Yes No N/A

SECTION D – OFFENDING HISTORY

1. Does the patient have any convictions (including index offence)?

- Yes
- No

(If no, please continue straight to Section E)

2. Age at first conviction (excluding cautions): _____

3. Age at first conviction for a violent offence, if any (excluding sexual offences): _____

4. Age at first conviction for a sexual offence, if any: _____

5. Offence type(s) at first conviction:

- Offence against the person
- Sexual offence
- Offence against property
- Theft and kindred offences
- Fraud and kindred offences
- Offence relating to police/courts/prison
- Drug offence
- Firearm/shotgun/offensive weapon offence
- Public order offence
- Vehicle/driving offence
- Other (please state) _____

6. Offence type of first violent offence:

- Murder
- Attempted murder
- Manslaughter
- Grievous bodily harm
- Robbery
- Other (please state) _____
- N/A

7. Offence type of first sexual offence:

- Rape
- Attempted rape
- Incest
- Indecent assault
- Indecent exposure
- Internet offence
- Other (please state) _____
- N/A

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8.Sentence at first conviction:

- | | |
|--|---|
| <input type="checkbox"/> Life sentence | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Hospital order (S37 or 37/41) | <input type="checkbox"/> Community/probation order |
| <input type="checkbox"/> Other indeterminate prison sentence | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Prison sentence 10+ years | |
| <input type="checkbox"/> Prison sentence 6-9 years | |
| <input type="checkbox"/> Prison sentence 4-5 years | |
| <input type="checkbox"/> Prison sentence 1-3 years | |
| <input type="checkbox"/> Prison sentence < 1 year | |

9.Age at first custodial (prison) sentence: _____

10.Most severe sentence for any offence¹¹

- | | |
|--|---|
| <input type="checkbox"/> Life sentence | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Hospital order (S37 or 37/41) | <input type="checkbox"/> Community/probation order |
| <input type="checkbox"/> Other indeterminate prison sentence | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Prison sentence 10+ years | |
| <input type="checkbox"/> Prison sentence 6-9 years | |
| <input type="checkbox"/> Prison sentence 4-5 years | |
| <input type="checkbox"/> Prison sentence 1-3 years | |
| <input type="checkbox"/> Prison sentence < 1 year | |

11.Offence type(s) of index offence:

- | | |
|---|---|
| <input type="checkbox"/> Offence against the person | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Sexual offence | |
| <input type="checkbox"/> Offence against property | |
| <input type="checkbox"/> Theft and kindred offences | |
| <input type="checkbox"/> Fraud and kindred offences | |
| <input type="checkbox"/> Offence relating to police/courts/prison | |
| <input type="checkbox"/> Drug offence | |
| <input type="checkbox"/> Firearm/shotgun/offensive weapon) | |
| <input type="checkbox"/> Public order offence | |
| <input type="checkbox"/> Vehicle/driving offence | |

12.If the index offence included an offence against the person, please indicate if it was:

- | | |
|---|---|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Attempted murder | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Grievous bodily harm | |

¹¹ Including index offence

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13.If the index offence included a sexual offence, please indicate if it was:

- | | |
|--|---|
| <input type="checkbox"/> Rape | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Attempted rape | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Incest | |
| <input type="checkbox"/> Indecent assault | |
| <input type="checkbox"/> Indecent exposure | |
| <input type="checkbox"/> Internet offences | |

14.What sentence did they receive for their index offence?

- | | |
|--|---|
| <input type="checkbox"/> Life sentence | <input type="checkbox"/> Suspended sentence |
| <input type="checkbox"/> Hospital order (S37 or 37/41) | <input type="checkbox"/> Community/probation order |
| <input type="checkbox"/> Other indeterminate prison sentence | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Prison sentence 10+ years | |
| <input type="checkbox"/> Prison sentence 6-9 years | |
| <input type="checkbox"/> Prison sentence 4-5 years | |
| <input type="checkbox"/> Prison sentence 1-3 years | |
| <input type="checkbox"/> Prison sentence < 1 year | |

15.Has the person ever been convicted of the following (tick all that are applicable):¹²

- | | |
|---|---|
| <input type="checkbox"/> Offence against the person | <input type="checkbox"/> Other (please state) _____ |
| <input type="checkbox"/> Sexual offence | |
| <input type="checkbox"/> Offence against property | |
| <input type="checkbox"/> Theft and kindred offences | |
| <input type="checkbox"/> Fraud and kindred offences | |
| <input type="checkbox"/> Offence relating to police/courts/prison | |
| <input type="checkbox"/> Drug offence | |
| <input type="checkbox"/> Firearm/shotgun/offensive weapon) | |
| <input type="checkbox"/> Public order offence | |
| <input type="checkbox"/> Vehicle/driving offence | |

16.Is a PNC record available? Yes No

17.Date of PNC record (if applicable) _____

If a PNC record is not available, please state the main sources you used to obtain information on offending history, including years of reports where applicable:

18.Total number of offences: _____

19.Total number of convictions: _____

¹² Including index offence

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20. Number of offences in the following categories:

Offence against the person	_____
Sexual offence	_____
Offence against property	_____
Theft and kindred offences	_____
Fraud and kindred offences	_____
Offence relating to police/courts/prison	_____
Drug offence	_____
Firearm/shotgun/offensive weapon	_____
Public order offence	_____
Vehicle/driving offence	_____
Other (please state)	_____

21. Has the person ever been convicted of arson? Yes No

22. If yes, how many offences of arson have they been convicted for? _____

23a. Has the individual ever been convicted of a violent or sexual offence committed within a secure (hospital or prison) or non-secure setting? Yes No

23b. If yes, how many of those offences have they been convicted for?

Sexual _____ Violent _____

23c. Did any of these take place in the last 5 years? Yes No

23d. Did any take place in ¹³

- Current unit
- Current continuous high/medium secure admission but not in current unit
- Within a prison setting
- Within a secure setting but not during current continuous high/medium secure admission
- Within a non-secure psychiatric setting

¹³ You may tick more than one box if there have been multiple incidents

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SECTION E – RISK According to HCR-20 risk assessment tool

	<u>Historical Score</u>	<u>Clinical Score</u>	<u>Risk Management Score</u>	<u>HCR-20 Total Score</u>
Most Recent (year only, up until 01/04/13)				
1 Year previous (year only)				
2 Years previous (year only)				
3 Years previous (year only)				
4 Years previous (year only)				
5 Years previous (year only)				

SECTION F – INCIDENTS

1. Hostage taking

1a. Have they ever been involved in an attempted hostage taking incident? Yes No

1b. Have they ever been involved in a successful hostage taking incident? Yes No

1c. If yes, how many of those incidents have they been involved in? Attempted: Successful:

1d. Did any of these take place in the last 5 years? Yes No

1e. Did any take place in ¹⁴

- Current unit
- Current continuous high/medium secure admission but not in current unit
- Within a prison setting
- Within a secure setting but not during current continuous high/medium secure admission
- Within a non-secure psychiatric setting

¹⁴ You may tick more than one box if there have been multiple incidents

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2.Escape/absconson

2a. Have they ever been involved in an attempted escape/absconson? Yes No

2b. Have have they ever been involved in a successful escape/absconson? Yes No

2c. If yes, how many of those incidents have they been involved in? Attempted: Successful:

2d. Did any of these take place in the last 5 years? Yes No

2e. Did any take place in ¹⁵

- Current unit
- Current continuous high/medium secure admission but not in current unit
- Within a prison setting
- Within a secure setting but not during current continuous high/medium secure admission
- Within a non-secure psychiatric setting

3.Other serious incidents

1a. Have they ever been involved in an attempted rooftop protest? Yes No

1b. Have they ever been involved in a successful rooftop protest? Yes No

2a. Have they ever been involved in an attempted room barricade? Yes No

2b. Have they ever been involved in a successful room barricade? Yes No

3a. Have they ever been involved in an attempted fire setting? Yes No

3b. Have they ever been involved in a successful fire setting? Yes No

4. Have they ever been involved in a riot? Yes No

5. Have they ever been involved in the possession of a weapon? Yes No

4.Phone / mail monitoring¹⁶

3a. Is the patient currently on phone monitoring? Yes No N/A

3b. Is the patient currently on mail monitoring? Yes No N/A

¹⁵ You may tick more than one box if there have been multiple incidents

¹⁶ This only applies in high secure settings – if patient currently not in high secure setting, check N/A

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5.Serious Incidents during admission¹⁷

	Serious physical assault on staff resulting in time off work or hospital admission	Serious physical assault on others (i.e. patients or visitors)	Serious deliberate self-harm resulting in hospitalisation	Seclusion episodes
2013 (<i>up until 1.4.13</i>)				
2012				
2011				
2010				
2009				
2003 – 2008				<i>No data needed</i>
1998 – 2003				<i>No data needed</i>
1993 – 1998				<i>No data needed</i>
Pre-1993				<i>No data needed</i>

6. Other incidents during admission

How many of these additional incidents has the patient been involved in as an inpatient during the last 2 years^{18 19}?

Threats to assault others _____ Attempted assault on others _____

Any physical assaults _____ Self-harm _____

Threats of/attempted self-harm _____ Damage to property (other than own) _____

¹⁸ i.e. 2.4.2011 – 1.4.2013

¹⁹ not to include incidents already recorded in F5

SECTION G – TREATMENT HISTORY

1.Current pharmacological treatment (please list all regular – not PRN – medication the patient was prescribed as of 01/04/13)

Current Medication

2.Compliance

Is there any documented evidence of medication non-compliance during the last 2 years?

- Yes No

If yes, give brief details:

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3.Current psychological interventions *(as of 01/04/13)*

Type of current psychological interventions <i>(in the next column please state if the patient is currently enrolled in any of these interventions)</i>	Yes/No	Group (G) or individual (I) or both (GI)	Any evidence of non-compliance with this intervention? (Yes/No)	Any comments
Mental Health Awareness				
Social Problem Solving				
Anger Management				
CBT for Psychosis				
Cognitive Analytical Therapy				
Dialectical Behaviour Therapy				
Schema-focused therapy				
Art Therapy				
Music Therapy				
Violence Reduction				
Sex Offender treatment				
Other <i>(please state)</i>				

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4.Previous psychological interventions (To cover entire period of continuous admission to high/medium secure care from first year of admission, excluding current)

Type of Previous Psychological Interventions <i>(in the next column please state if the patient has ever been enrolled in any of these interventions)</i>	Yes/No	Group (G) or individual (I) or both (GI)	Start Year	Finish Year	Completed (Y/N)	Reason for non-completion
Mental Health Awareness						
Social Problem Solving						
Anger Management						
CBT for Psychosis						
Cognitive Analytical Therapy						
Dialectical Behaviour Therapy						
Schema-focused therapy						
Art Therapy						
Music Therapy						
Violence Reduction						
Sex Offender treatment						
Other <i>(please state)</i>						

SECTION H – PHYSICAL HEALTH

1. Does the patient currently suffer from any of the following physical health problems (please tick all that apply):

- High blood pressure
- Diabetes
- Heart disease (e.g. coronary heart disease)
- Obesity (i.e. BMI > 30)
- Cancer
- Epilepsy
- Disease of the respiratory system (please state) _____
- Disease of the gastrointestinal system (please state) _____
- Disease of the musculoskeletal system (please state) _____
- Any other serious condition _____

SECTION I – CONTACT WITH FRIENDS AND FAMILY

1. Record any contact with friends and family during the last 2 years:

- Family letter contact
- Friends/acquaintances letter contact
- Family telephone contact
- Friends/acquaintances telephone contact
- Family visits¹⁹
- Friends/acquaintances visits
- No contact with family
- No contact with friends/acquaintances

If they have had contact with family members, please state what relation(s) they are to the patient (*no names please*):

2. Record their most recent score for the following HCR-20 items:

2a. Relationship Instability _____ 2b. Lack of Personal Support _____

²⁰ Both, patient visiting family / friends and family / friends visiting patient

SECTION J – REFERRALS TO SERVICES OF THE SAME OR LOWER SECURITY LEVELS

All referrals since the start of continuous admission

Year of referral	Type of service referred to	Outcome of referral

SECTION K – MENTAL HEALTH REVIEW TRIBUNALS

Record Tribunals within the past 5 years in chronological order, starting with the most recent one²⁰

Year of Tribunal	Automatic (A) or patient generated (P) referral	Outcome ^{*)}	Extra-statutory recommendations (Y/N) (If yes, please state what they were)

^{*)} Please use appropriate number to indicate outcome

- 1 Remain inpatient
- 2 Conditional discharge
- 3 Absolute discharge

SECTION L – NOTES ON COMPLETENESS OF FILE

Please indicate if there were any areas of the file where the information was incomplete or missing.

²¹ To include all Tribunals in the past 5 years, even if in previous unit