NHS
England

**2014/15 NHS STANDARD CONTRACT
FOR HIGH SECURE MENTAL HEALTH SERVICES (ADULTS)**

PARTICULARS, SCHEDULE 2- THE SERVICES, A- SERVICE SPECIFICATIONS

Service Specification No.	C02/S/a
Service	High Secure Mental Health Services (Adults)
Commissioner Lead	
Provider Lead	
Period	2014/15
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Individuals with mental disorder or neuro-development disorder who are liable to be detained under the Mental Health Act (1983) and whose risk of harm to others and risk of escape from hospital cannot be managed safely within other mental health settings, require care and treatment within a secure mental health service.

Individuals will typically have complex mental disorders, with co-morbid difficulties of substance misuse and/or personality disorder, which are linked to offending or seriously irresponsible behaviour. Consequently most individuals are involved with the criminal justice system, the courts and prison system and many have Ministry of Justice restrictions imposed.

In order to manage the risks involved, the therapeutic environment is carefully managed through the delivery of a range of security measures. A number of levels of security currently exist to manage increasing levels of risk to others. Presently these consist of High, Medium and Low secure services, each of which provides a range of physical, procedural and relational security measures to ensure effective treatment and care whilst providing for the safety of the individual and others including other patients staff and the general public.

All individuals admitted to High Secure Services will be detained under the Mental Health Act (1983 amended in 2007) and fulfil the criteria as defined by the NHS Act 2006, for people who "require treatment under conditions of high security on account of their dangerous, violent or criminal propensities." High Secure Services are provided in hospitals that have physical security arrangements equivalent to a

category B prison. They can, however, treat individuals who in a prison setting would be in a category A environment.

The decision to admit to a secure service will be based on a comprehensive risk assessment and detailed consideration of how the risks identified can be safely managed whilst in hospital. Many, but not all of those admitted to High Secure Services, will have been in contact with the criminal justice system and will have either been charged with or convicted of a violent criminal offence. High Secure Services play a key role in assessing an individual's ability to participate in court proceedings and in providing advice to courts regarding disposal following sentencing.

High Secure Services comprise of three hospitals which provide services for the populations of England and Wales and the NHS England (NHSE) commissions 100% capacity. There is an agreement between Commissioners and NHS Scotland that subject to available capacity Women from Scotland who require high secure care may access the national Women's Service at Rampton Hospital. Rampton Hospital also provides a national service for those diagnosed with a Learning Disability and those who are D/deaf. Each of the high secure hospitals serves a defined catchment population for men diagnosed with a mental illness or personality disorder.

This service specification relates to all high secure services provided for adult men and women (aged 18 and above) with mental illness, personality disorder and neuro-developmental disorders including learning disabilities.

The three hospitals are expected to work collaboratively to achieve consistency in applications of policies and practice to ensure there are equitable high secure services for patients regardless of which hospital the patient is placed.

Prevalence (numbers in secure care)

- Commissioners in England currently purchase approximately 7719 inpatient beds in secure mental health services.
    - Approximately 795 in high secure (commissioned for England and Wales)
    - Approximately 3192 in medium security and
    - Approximately 3732 in low security

National Policy

All high secure services will comply with the Department of Health Safety and Security Directions and Child Visiting Directions for high secure services and operate within the terms and conditions of the high secure licence granted by the Secretary of State. The three high secure hospitals will provide services in line with an agreed capacity requirement. All practices related to matters of security will adhere to the

Clinical Security Framework. The three hospitals will support national fora for oversight, clinical and security matters and support NHSE comply with their Commissioning Directions.

Evidence Base

Evidence for best practice exists within a range of nationally agreed standards, guidance frameworks and legislation, as well as mental health literature associated with mental disorder. Particularly relevant materials include:
- See Think Act (Department of Health (DH) 2010)
- DH Design Guide
- The Royal College of Psychiatrists Centre for Quality Improvement (CCQI) Standards Risk Best Practice
- Mental health strategy and implementation
- Criminal Justice Act
- Mental Health Act 2007 and Code of Practice
- Mental Capacity Act 2005 and Code of Practice
- NHS Act 2006 (Section 4)
- National Institute for Health and Care Excellence (NICE) guidelines for mental disorders

2. Scope

2.1 Aims and objectives of service

Overall Aim

High Secure Services provide a therapeutic psychiatric service for individuals with a mental disorder – mental illness, personality disorder, neuro-developmental disorders who present a grave risk of harm to others. The service is delivered in conditions that provide safety to the individual and a high level of security to the public.

Objectives

The core objectives for high secure services are to assess and treat mental disorder, reduce the risk of harm that the individual exhibits to others and to support recovery. Secure services provide a comprehensive range of evidence based care and treatment. Care and treatment is provided by practitioner's expert in the field of forensic mental health including consultants in forensic psychiatry.

A range of specialist offence related treatment programmes delivered either individually or within groups will be available and provided equitably across the high secure system. These will typically include sex offender treatment programmes, aggression management programmes and programmes to address fire setting. The

aim is for the individual to safely move on to a less secure service or safely return to prison.

The maintenance of security is crucial to the provision of effective therapeutic interventions in secure services. A key principle underpinning the provision of secure services is that individuals should be managed in the least restrictive environment possible in order to facilitate their safe recovery. Least restrictive refers to the therapeutic use of the minimum levels of physical, procedural and relational measures necessary to provide a safe and recovery focused environment.

These objectives will be met through:
- Ensuring every individual has an agreed integrated pathway through secure care with clear therapeutic objectives agreed as early on in the admission as possible.
- Effective assessment of mental health and risk needs prior to admission
- Further specialist assessment of mental health and risk needs to identify the links between mental disorder and risk.
- Management of mental disorder and risk using specialist interventions and treatments to stabilise mental state and reduce risk of harm. Delivered in a timely manner.
- Supporting recovery and rehabilitation through engagement and self-management.
- Timely discharge or transfer along the care pathway meeting Multi-Agency Public Protection Arrangements (MAPPA) expectations where required.
- Use of the Care Programme Approach (CPA) process and equivalent My Shared Pathway outcome measures to monitor progress and minimise length of in-patient stay in secure care.
- Having appropriately trained staff working in secure services.
- Having effective clinical governance and external monitoring processes of the secure care pathway.
- Compliance with Ministry of Justice expectations for restricted patients.

Ensure that the needs of the individual are considered at all times specifically black, and minority ethnic groups, and these needs inform the care plan.

2.2 Service description/care pathway

It is expected that individuals will be treated and managed within a whole care pathway approach with services working collaboratively with each other in order to ensure that the admission and any transfer within the secure care pathway is achieved seamlessly and efficiently. The pathway through care should be identified early in admission though may be subject to change depending on changing needs or circumstances.

Multi-disciplinary working and the CPA process will underpin service delivery. The multidisciplinary team will include appropriately trained medical staff including

forensic psychiatrists, clinical psychologists, mental health nursing staff, occupational therapists and social workers supported by other therapists including for example art therapists, and specialist clinical pharmacist.

It is expected that each individual will be treated and managed in accordance with a 'care pathway'. The Care pathway will be planned jointly with the care provider for the individual's home locality. This will usually be the local area medium secure unit or prison. The care pathway, whilst not prescriptive, describes the individual's anticipated journey of transition into, through and out of the high secure services. In general it can be described in five phases:
- Referral
- Assessment and Pre-admission
- Admission
- Forensic Care Pathway
- Transition

Components of a high secure service

The fundamental strategic aim for all secure mental disorder services is a model of integrated services incorporating all levels of security. To this end high secure services will be strategically commissioned taking account of the wider forensic networks and care pathways.

The core tasks of these services is to undertake the necessary clinical and risk interventions to enable the individual to either return to prison or to continue treatment in a less secure environment.

The services will have specialist skills in risk assessment and management of individuals who have mental health problems and present a risk of harm to others. Services would have an in depth knowledge and understanding of the Criminal Justice System and relevant legal issues. Forensic services will work within the appropriate health, criminal and legal systems.

The components of a high secure service include:

Referral

To maintain contact with catchment forensic service to ensure smooth transition should the individual require a period of care in high security.

Assessment and pre-admission

Assessment of need for admission to high secure care and advice where admission is not offered.

Admission, Care and Treatment

Evidence based specialist assessment, treatment and management of mental disorder - mental illness, personality disorder, neuro-developmental disorder.

Evidence based assessment, reduction and/or management of risk, specifically the risk of harm to others through the provision of specialist offence related treatment programmes which can be delivered either individually or within groups that address offending and risk behaviours.

On-going appropriate risk assessment and proactive risk management strategies

Assessment of fitness to plead/stand trial of in-patients and provision of advice to Courts regarding psychiatric disposal options.

Individualised care and treatment provided in the least restrictive environment (least restrictive refers to the therapeutic use of the minimum levels of physical, procedural and relational measures necessary to provide a safe and recovery focused environment).

Development of a Care Plan reflecting an outcome based whole care pathway approach including transition and engagement with the next step provider

Recovery and outcome focussed multidisciplinary treatment and intervention with the Care Programme Approach (CPA) forming the cornerstone of the delivery of an effective care pathway through high secure care.

The maintenance of healthy carer and family relationships through the early identification of carers at admission, and their engagement and involvement throughout the pathway of care. Support to carers should be provided to enable this.

Access to social, educational and occupational opportunities that is meaningful and supports rehabilitation and recovery (minimum 25 hours per week)

Meeting physical health care needs through a full range of primary health care interventions including health promotion and physical health screening.

Full cooperation with the First Tier Tribunal system to ensure timely review of authority for detention of patients

For 'restricted' patients, compliance with the Ministry of Justice requirements.

Providing effective involvement infrastructures to ensure involvement of all individuals in decision making at all organisational levels.

Providing effective governance arrangements to ensure the service complies with best practice.

Maintaining a programme of internal clinical and security training to support the

above objectives.

Engagement in Research and Development (R&D) that contributes to the developing forensic mental health and learning disabilities evidence base. A duty to cooperate between the three high secure services to expand the evidence base for clinical practice with the most challenging patients in the mental health system.

A duty to cooperate between the three high secure services to assist one another in the event of a major incident e.g. a flood, a fire, or a major security breach.

Providing Social work services in line with national standards as set out following the Lewis Report in, 'National Standards for the provision of Social Care Services in the High Security Hospitals' Social Services Inspectorate (2001).

Maintaining security equivalent to Category B in the Prison estate to prevent escape from within the secure perimeter.

Forensic Care pathway and Transition

Effective and early liaison with local area services and relevant others to facilitate discharge planning reflected through an assertive care pathway management approach to ensure that transition to medium/low secure services or prison is carried out in a timely manner.

Development of a Care Plan reflecting an outcome based whole care pathway approach equivalent to My Shared Pathway and focusing on transition and engagement with the next step provider.

For individuals supported in the community by forensic mental health teams, development of a community care plan reflecting a whole person approach to recovery and rehabilitation into the community based on risk assessment and proactive risk management strategies.

Effective and early liaison with catchment forensic service and relevant others to facilitate timely transfer to local services individuals supported post discharge by community forensic mental health teams.

Risk Management

High secure services shall meet the risk management requirements appropriate for the care and safety of all individuals. This will include (but is not limited to) compliance with the following:

The risk assessment and management should aim to support self-assessment and management through engaging the individual as much as possible and by providing the individual with information and support about the risk assessment process.

The risk assessment and management model/s shall incorporate the principles of hazard identification, risk reduction, risk evaluation and a risk management process which includes a recognised risk communication process.

The services shall have a dynamic risk assessment model/s in place to support clinicians in making day to day decisions about individual care.

Care plans should reflect risk assessment and reduction over the course of the individual's detention.

The service shall undertake significant event analysis of all Serious Incidents (SIs) identifying learning points and evidence of shared learning.

The service shall undertake CPA and risk assessment audits with evidence of completing the audit cycle.

The Service shall utilise the Historical, Clinical, Risk, Management 20 (HCR 20) assessment tool and evidence that this information has been shared with receiving clinical teams either within the service or when an individual is transferred to other services.

The Service shall comply with Ministry of Justice conditions in relation to managing risk for restricted patients (for example if permission is granted to allow a patient leave absence to attend an outpatient appointment on condition handcuffs are used then handcuffs must be used).

The Secure Pathway

The forensic/secure pathway should promote and enable recovery and independence of the individual whilst ensuring protection of the public. The pathway will include the provision of appropriate levels of physical, procedural and relational security within a range of environments including high, medium and low secure. Individuals in high secure care will require a combination of physical, relational, and procedural security to remain safe. Individuals who do not require a combination of procedural, physical and relational security will not be appropriately placed in secure forensic services.

The application of security measures should aim to promote a safe and therapeutic environment, whilst pro-actively encouraging independence, responsibility and recovery. The application of security should therefore be based on the risk needs of the individual, be as least restrictive as possible, and imposed only when risks have been identified. Hence high secure services are the most restrictive in the pathway due to the risks the individual presents. The balance between procedural, relational and environmental security will depend on the individual's need and progress along their pathway to transfer out of high secure care.

Placement within the pathway will be determined by the level of risk of harm to

others presented by the individual concerned. Progress and transition along the pathway will be determined by the reduction in assessed risk of harm to others, and a reduction in the need for care and supervision. Secure care environments should be characterised by their ability to meet the needs of the individual and in meeting identified outcomes. Transitions between services along the care pathway should be as seamless as possible and kept to a minimum in order to provide effective continuity of care.

The indicators and criteria used for assessing progress and transition along the pathway will include:

Nature and degree of mental disorder and its relationship to risk
- Level of risk to others
- Level of care and supervision required
- Need for input from specialist services or staff
- Need for offence/risk behaviour related therapy
- Level of compliance with treatment/care plan
- Level of engagement in structured and meaningful activities
- Level of misuse of drugs or alcohol

Exit criteria from High security

Individual's will move out of High Secure Hospital care when:
- They no longer need a category B or above perimeter
- They no longer present a grave danger to the public
- They no longer present a severe risk of escape or absconding from a lower degree of security
- They no longer require the enhanced levels of physical, relational and procedural security provided in a high secure environment

Referral

The referral arrangements, assessment process and service user experience will be as outlined within the Access Assessment Commissioning Guidance (May 2012), and implemented using equitable nationally agreed access assessment procedures and protocols and supported by forensic case managers.

It is important to note that each referral is unique and the receiving clinical team should determine the urgency of the referral on receipt. Discussions between referrer, assessing clinicians and case managers may be required.

The following describes the normal referral and assessment process for admission to high security. The Secretary of State may on occasions 'direct' an individual for admission to high security.

Referral process

Referral should have relevant gate-keeper's support.

Assessment by clinical stream within the High Secure Service within 21 days of receipt of all relevant information.

If considered suitable for admission, referral to admissions panel within 14 days of assessment.

Formal written report within 7 days of admission panel meeting.

Written confirmation of decision of admission panel to include time scale for admission or rationale for decision not to admit and alternative recommendations.

Formal written Caldicott compliant report and confirmation of decision to admit to commissioner.

Bed offered with 24 weeks of assessment.

If not considered suitable for admission a formal written report including outcome of assessment with 7 days of assessment to include rationale and including advice on the future care and management of the individual in the current care environment

The referrer will have the opportunity to apply to an Appeals System which will review the decision not to admit. The Area Team Commissioner may or may not participate in the process but the final outcome must be agreed with him / her.

For cases assessed as urgent referred from Prison, the 14 day transfer guidance will be adhered to.

Assessment

The assessment report will adhere to recommendations in the guidance document 'Access Assessments Commissioner Guidance 2012', and will contain details relating to:
- Patient demographics (Responsible Commissioner)
- Current clinical presentation
- Current risk issues
- Identified care and treatment needs
- Clear recommendation of the least restrictive care environment
- Proposed care and treatment plan
- Recommendation to the admissions panel

Pre-Admission management

The High secure provider shall maintain and manage a waiting list for all Individual's assessed as accepted for admission. The provider shall submit to the Area Team Commissioner details of this waiting list in accordance with the requirements

contained in Schedule 6 (Contract Management, Reporting and Information Requirements).

Should the individual not be admitted within the agreed timescale and the individual continues to require admission to High Secure Services, the provider shall inform the Area Team Commissioner including information regarding reasons for delay and a plan to achieve admission.

Pre-admission the service should:
- Provide the referrer with information for the individual about the admitting service
- Provide the individual with verbal or written feedback about the outcome of the assessment and initial next steps.
- Have a 'buddy' system with contact made with the individual prior to admission if possible.
- Identify initial therapeutic targets
- Identify relevant physical health care records to identify physical health care needs.
- Ensure that an initial Care Plan will be in place from the day of admission to the secure service. The Care Plan/s will be individualised, gender sensitive and recovery orientated and address health and risk needs. Secure services will ensure care is provided with the purpose of meeting the individual's goals and outcomes. These outcomes should be equivalent to the 8 outcome areas as outlined in the document My Outcomes, Plans and Progress from My Shared Pathway.
- Identify Payment by Results (PbR) cluster1
- Obtain an accurate medication history to facilitate the medicines reconciliation process.
- The provider shall ensure that for D/deaf individuals (That is individuals who are culturally deaf (Deaf) and or audiologically deaf (deaf) all referrals are directed to the service in Rampton Hospital:
- The assessment process ascertains the most recent language assessment (including communication barriers) and that this is used to ensure the necessary communication/hearing aids are organised - A brief communication assessment is undertaken by Rampton staff at the time of the initial assessment and following admission, a more formal communication assessment is undertaken by the Speech and Language Therapist and Deaf Support Worker, including video recording of the patient. A detailed audiometry assessment is also undertaken.
- Preparation will be made to ensure the individual will be admitted to the appropriate ward (D/deaf Services) - Following the initial assessment a decision will be made by the Clinical Team whether admission to D/deaf Services is the most appropriate placement.
- The Provider shall ensure that for individuals with learning disabilities all referrals are directed to the service in Rampton Hospital.
- Evidence is provided by the referrer that the patient has a learning disability based on an assessment by both a suitably qualified specialist psychiatrists and

similarly qualified psychologist
- In addition there must be evidence of both reduced intellectual functioning and problems with adaptive living skills which arose in the developmental period (by convention before age 18)
- Appropriate needs led communication requirements are obtained from the referrer and other pre admission needs assessed to support successful transition and settlement into high secure services environment.
- Following the decision to admit, the Care Plan will clearly include the assessment and description of additional or extraordinary requirements for the individual's transition.
- The Provider shall ensure that for women all referrals are directed to the service in Rampton Hospital.
- An appropriate assessment team will be appointed and the appropriate clinical stream within the national women's high secure service will be identified.
- If assessed as being required, an appropriate 'first 72 hours' safety transitional Care Plan will be agreed.

Admission, Care and Treatment

Multi-disciplinary assessment and care planning involving the individual is a continuous process whose focus changes from assessment to management to self-management as the individual moves through the care pathway.

The first three months will focus mainly on orientating the individual to the service, assessing and meeting initial physical and mental health care needs, assessing and managing risk and commencing the appropriate care and treatment.

Components of the admission assessment will include:
- Physical health needs:
  - Physical examination and routine investigations
  - Management of physical health conditions
- Mental health needs:
  - Assessment and management of mental state
  - Psychological assessment
  - Nursing assessment
  - Undertake Health of the Nation Outcome Scales (HoNOS) Secure
- Relationship needs
  - Social circumstances assessment (including any safeguarding issues)
- Risk needs:
  - Psychological assessment
  - Nursing assessment
  - Undertake HCR 20
  - Drug and alcohol assessment
- Daily living, educational and occupational needs
  - Occupational therapy assessment
- Review of the individual Care Plan, developed, where possible, in collaboration with the individual, based on a multidisciplinary assessment of need

- Admission to the appropriate care pathway e.g. Mental Illness/Personality Disorder/Deaf/deaf/ Learning Disability/Women
- Have a physical health care check on the day of admission or where this is clinically inappropriate, within the first week of admission or exceptionally as soon as is safe thereafter with regular subsequent reviews.

Care Programme Approach (CPA) review meetings

The Care Programme Approach (CPA) will be implemented for all individuals. The CPA will form the basis of all care planning and treatment options, dynamically supporting the transition through the High Secure Services pathway through to discharge.

This will be supported by the first multidisciplinary meeting occurring within two weeks of admission with an initial working care plan(s) being developed within four weeks and a comprehensive Care Plan being produced in time for the first CPA meeting. The aims of the meeting will be to:

Review assessments (supported by medical, nursing, psychology, Occupational Therapy (OT) and social work reports).

Review PbR cluster

Confirm Forensic pathway (1-5)

Confirm care co-ordination arrangements and responsibilities.

Review 8 Outcome areas from My Outcomes, Plans and Progress document or equivalent

Identify further assessment and intervention needs. Fixed term treatment programmes shall be agreed as an integral part of the initial assessment for admission or at a subsequent CPA review. Such packages should contain clearly defined milestones and outcomes which can be reviewed at CPA review with the decision to continue clearly recorded.

CPA meetings

The frequency of CPA review meetings will be based on the needs of the individual in order to promote a truly patient centred, recovery and outcomes based approach to care planning and review. The high secure service will as a minimum have a full CPA review meeting which includes external invitations to all key stakeholders every 12 months. Care planning and progress review CPA meetings of key clinicians and the individual patient will be more frequent and as a minimum every six months.

The service will endeavour to schedule the CPA review dates such that the Case

Managers are able to attend. Such scheduling will be in collaboration with the relevant Case Manager. In addition, the Case Manager can arrange with the respective Responsible Clinician to attend multidisciplinary team meetings as required to enable greater frequency of engagement in the individuals care pathway and the development of effective clinical working relationships between the service and the Commissioner.

Case managers will be provided with documentation of the CPA meeting via secure route who will decide on further distribution

Catchment forensic service will be provided with documentation of the CPA meeting via a secure route.

Individuals will be supported to prepare for the meeting with their advocacy worker if appropriate. The service will ensure that they are compliant with the 'Service User Defined CPA Standards (2009)'.

The Provider shall ensure that individuals who are D/deaf:
- Have access to continuing communication assessment and development e.g. appropriate language lessons (British Sign Language BSL).
- Have access to sign language interpreters and communication support workers.
- Are cared for in a ward environment (Appropriate Milieu) or has an individual care plan that is conducive to the overall treatment and rehabilitation of an individual who is D/deaf.

The aims of the meeting will be to:
- Review assessments (supported by medical, nursing, psychology, OT and social work reports).
- Review and evaluate progress with interventions and treatment programmes.
- Review Care plans to:
    - Identify progress that has been made in achieving therapeutic objectives set
    - Identify any barriers to progress and recovery
    - Identify further assessment (mental health and physical) and intervention needs including rationale.
    - Identify which other agencies need to be engaged (e.g. next service in pathway) Where it is anticipated an individual will be discharged to a health care provider (medium secure services (MSU)), the service will ensure the appropriate catchment area MSU is invited to care planning meetings and mechanisms are in place to maintain links and engagement through the individuals stay within the high secure hospital.
    - Update and agree therapeutic objectives in relation to the 8 outcome areas as defined in My Summary Outcome Plan or equivalent.
    - Review/ update discharge/ transition date
    - Support the individual's engagement in their recovery.

The output of the review will be:

- An agreed revised Care Plan– based on the eight My Shared Pathway outcome areas or equivalent identifying interventions and treatment outcomes anticipated including meeting physical health needs.
- Formal minutes of the review to include consideration of indicative discharge date.

Forensic Pathway

The Pricing and Currency Forensic Pathway to which the individual is allocated will assist in identifying the range of interventions required to meet identified needs within an agreed timeframe.

The Forensic Pathway will vary according to individual needs, but will reflect an individualised recovery and outcome based whole care pathway approach.

Assessment and management will be multi-disciplinary.

The principle of recovery will underpin all interventions.

Components will include:
- Assessment, Treatment and management (including self-management) of mental disorder. Treatment will be based on NICE and other national guidance expert opinion and the provisions of the Mental Health Act and Code of Practice on Consent to Treatment and may include medication and other physical treatments, psychological therapy and social interventions. Interventions may include: mental health awareness, emotional regulation, hearing voices groups, relapse prevention.
- Assessment, treatment and management (including self-management) of risk of harm to others. Treatment will be based on NICE and other national guidance and evidence based practice and may include medication (for example anti-libidinal medication for sex offenders) psychological therapy and social interventions. This will include Specialist offence related treatment programmes delivered either individually or within groups by appropriately qualified and experienced staff trained in their use. Offence analysis and formulation will underpin interventions to address risk and offending behaviour. Types of intervention may include:
- Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), schema therapy, positive behavioural support and mentalisation. Interventions should include:
  - sex offender treatment,
  - fire setting interventions,
  - substance misuse programmes,
  - thinking skills and problem solving,
  - anger management,
  - violent offender management programmes.

- Assessment, treatment and management (including self-management) of

physical disorder and supporting a healthy lifestyle. Treatment will be based on NICE and other national guidance and may include medication and other physical treatments, psychological therapy and social interventions. These should include access to primary care, access to dietician and healthy food, access to physical activity, smoking cessation.

- Assessment of and enhancing of life skills and social cultural and spiritual needs. Taking into account their age and gender. This will include educational and occupational activities, work experience, social and cultural activities.

All treatment interventions and programmes should be delivered in a timely manner without un-necessary delay and regularly evaluated with progress reviewed at CPA meetings. Any significant delays will be reported to the Area Team Commissioner.

Individuals will have access to their clinical records (when requested) with the exception of third party/restricted information, or information that would result in risk or harm,

The service shall ensure that for individuals who are D/deaf, have a learning disability or have a gender specific treatment requirement, they will have access to treatment programmes (including enabling programmes) specifically design and/or tailored according to their needs e.g.: Trauma and Self Injury Programmes (TASI), Managing Emotions Programmes, Communication Development e.g. BSL.

Secure services form part of a mental health care pathway and will therefore need to maintain close links with other providers of the individuals secure pathway and commissioners. The service will work collaboratively with catchment forensic services and commissioners so as to expedite the transfer of individuals as soon as it is appropriate. Secure mental health services will be bound by rules of patient confidentiality. There will be a need to share information about the individual with other agencies including the Ministry of Justice. Reasons for sharing information may include: for the purposes of rehabilitation and move on out of secure care, secondary to their detention under the Mental Health Act, for the purposes of managing the care pathway, to manage risk. When sharing the individuals information services will follow Caldicott guidance and where possible inform the individual of the information being shared about them.

Transition

Transition from high secure services (including back to prison) will be considered throughout the pathway and will occur at the appropriate juncture and in a timely fashion, The decision to discharge or transfer the individual will usually be agreed at formal CPA review meetings except, when a patient is discharged by a Tribunal against advice. Prior to any First Tier Tribunal when discharge against clinical advice is understood to be a significant possibility, the Clinical Team will hold a Section 117 (S117) meeting and invite the local / community forensic services from the patient's home area and MAPPA if appropriate to consider a contingency discharge plan.

The service shall ensure that for individuals who are considered resistant to treatment or for those whose risk has been identified by the Ministry of Justice or another agency as not being suitable for discharge, a bespoke Care Plan should be developed and shared with the Area Team Commissioner.

Transfer and discharge will be managed by the clinical team and Commissioners and representatives such as case managers and the catchment forensic service will be involved in decisions relating to the transfer from high secure care. The service will ensure that all relevant parties (including future clinical teams and the Ministry of Justice if appropriate) are informed and involved as early as possible in the transfer process.

Where a patient requires transfer to an alternate mental health service the Provider will:

- Ensure a formal referral for an access assessment is made to the catchment NHS Medium Secure Service.
- Ensure there is an agreed Appeal System if the intended medium secure service does not accept that the patient is ready for a medium secure service placement.

Transfer and discharge will be managed by the clinical team and commissioners and representatives such as case managers and the catchment forensic service will be involved in decisions relating to the transfer from the high secure service. The service will ensure that all relevant parties (including future clinical teams and the Ministry of Justice if appropriate) are informed and involved as early as possible in the transfer process.

Components of transfer arrangements

A S117 meeting will take place prior to discharge/ transfer. Where transition is a return to a prison environment all discharge arrangements including the Care Programme Approach (CPA) meetings will be undertaken with the appropriate prison mental health team.

Information will be shared as appropriate adhering to Information Governance arrangements and Caldicott principles, and will include:
- Current Outcomes, Plans and Progress or equivalent documentation
- Copies of the last CPA review documentation
- The most recent risk assessment and management plan
- Record of all current medication and physical healthcare needs

A formal clinical (multidisciplinary) handover Discharge/ transfer care plan addressing the individuals need for health and social care. Pre-Discharge planning arrangements will ensure appropriate provision is made with the receiving service provider for the individual to have access to appropriate benefits/entitlements where they apply.

At discharge/ transfer the service will ensure the individual's belongings (including money) are transferred.

The service will ensure appropriate transport arrangements are made and appropriately qualified staff are part of the escorting transfer team consistent with the individual's risk assessment.

The Area Team Commissioner will be informed of the transfer/discharge.

The service shall ensure the appropriate reports are received by the Ministry of Justice (where applicable) without unnecessary delay.

Immediately prior to Discharge, each patient shall be assessed by an appropriately qualified member of clinical staff in the patient's current placement to ensure that the agreed Discharge criteria are met.

The Provider will formally transfer the patient and for those patient who have been subject to Trial Leave arrangements, formally transfer at the end the Trial Leave arrangements.

Additional Service Components

Pharmacy Services
The treatment of mental disorders with medication is fundamental in allowing patients to access other therapies. The provision or access to pharmacy services should:

- Comprehensively fulfil the requirements of the medicines management agenda as per Care Quality Commission (CQC) Outcome 9.
- Ensure relevant legislation and best practice in relation to the procurement, supply, storage and prescription of medication.
- Ensure accountability in relation to controlled drugs.
- Provide other health professionals with education and training to enable safe use of medicines by competent staff.
- Support patients with their treatment and concordance. The medication regimen is reviewed by pharmacy services for appropriateness and safety.
- Contribute to, and assist with the monitoring and review of compliance with Mental Health Act legislation.
- Improve admission and discharge processes with regard to medicines reconciliation processes.

Leave of Absence (including Trial Leave) including all Section 17 leave

The three hospitals will work together to ensure there is equity in access to leave of absence across the three hospitals with consistent procedures and practice.

The service will ensure as far as is reasonably practicable that the process undertaken in the granting of leave of absence of the individual from the high secure hospital or pre discharge Trial Leave is assessed and managed taking account of the safety and welfare of the individual, staff, carers, the family, the general public and having due regard to possible victim issues.

The three High secure hospitals have a standard Leave of Absence form (LAPA: Leave of Absence Planning and Authority form) which details the purpose, risks, and associated management plans for the period of leave. The form specifies the staff and non-staff resources required to safely manage the patient, and the risks associated with the leave and the place being visited.

The service shall on request provide a copy of the Patient Leave Policy to the Area Team Commissioner for review. Each planned Trial Leave will be risk assessed and managed with due regard for the services duty of care to the individual and the Area Team Commissioner statutory duty of care.

All programmes of Trial Leave will be subject to an agreed Care Plan specifying purpose, objectives, restrictions and use of resources. Details of all Trial Leave and the associated Care Plan shall be reported in advance of any Trial Leave to the Nominated Locality Care Coordinator.

The service shall report and agree all episodes of Trial Leave with the Area Team Commissioner.

The Provider will maintain links with the individual whilst on Trial Leave (usually six months) and where Trial Leave is unsuccessful, the high secure hospital will readmit the individual onto the appropriate place on the care pathway.

Special Observations and Enhanced Observations

Special or enhanced observations should only be considered within a framework of support and engagement with patients and staff to minimise the need for prolonged special or enhanced observation.

For all High Secure Services the three hospitals will work together to ensure a consistent approach and, this will be assured through:

Development and implementation of a three hospital policy for Special Observations

Policies that support the core values of engagement collaboration and negotiation with the individual to minimise risk to self or others.

The maintenance of environmental and procedural safety to uphold dignity, respect and care for the individual and reflect their immediate needs and the needs of others

Undertaking regular review of the continuing need for the observation and

observations reduced to the minimum level at the earliest opportunity while maintaining safety.

Review and Amendment of the individual' Care Plan, where appropriate, detailing each area of need (including levels of observation and escorts if required), how and when it will be met and by whom.

Delivering Special Observations as may be required when an individual exhibits overt physically aggressive behaviour towards others, or is an active risk to themselves.

Emergencies

For all emergencies the Provider shall:
- Ensure that sufficient staff with appropriate skills, training and competence are available to maintain individual, staff and visitor safety at all time
- Ensure that appropriate medical on site or on call arrangements are in place.
- Ensure that a safe environment is maintained for all individuals and visitors to the services premises employing an appropriate risk management strategy to minimise potential hazards.
- Ensure that there are appropriate arrangements and agreements in place with Secondary Care Providers to allow for the treatment and emergency transfer of individuals to other facilities
- Ensure that the transfer of individuals to a provider of other health services is in accordance with a policy previously agreed between the service and Area Team Commissioner and will be in accordance with national guidelines and protocols and with good clinical and practice.
- Be responsible for arranging appropriate transport for high secure individuals to other health services.
- Ensure it has at each of the service Premises adequate equipment, medication, fluids and transfer arrangements to deal with medical emergencies including a clinical deterioration whether gradual or sudden, during restraint procedure in accordance with NICE Guidance 25, 'Violence – The short term management of disruptive/violent behaviour in in-patient psychiatric settings and emergency departments'.
- Ensure it has agreed procedures to deal with medical emergencies, including the immediate treatment, stabilisation and transfer of the individual to an appropriate NHS Trust which can provide the level of critical care required and any other steps that could reasonably be required to minimise the adverse consequences of the medical emergency, including compliance with the latest UK Resuscitation Council Guidance on advanced life support.

Primary Healthcare

All individuals have access to the full range of Primary Health Care Services, including health promotion, dentistry and optometry, and in particular have access to:
- Information on the primary health care services available, including access

hours and service details
- Appropriate primary health care services within the same timescales and same range as the general population, according to the Department of Health guidelines and Good Clinical Practice.
- Primary Care Practice staff who hold the appropriate professional or vocational qualification and receive professional support
- Appropriate age and gender specific screening in line with the Department of Health guidance.
- A general health assessment and health checks on an annual basis.
- Due to the specific needs of this population support will be given for smoking cessation and weight management.

Secondary Healthcare

Where the individual requires secondary care at the recommendation of the primary care clinical staff the service shall:
- Make the necessary arrangements in accordance with the agreed protocol to meet the appropriate national waiting time for treatment targets, within
- the scope of the individual's legal status and in accordance with Good
- Clinical Practice.
- Where practicable, notify the Co-ordinating Commissioner three operational days prior to the transfer of the individual from the high secure hospital or if that is not practicable within five operational days after such transfer.
- In an emergency or urgent clinical need where notification within the required time scale is not possible, the service will notify the Co-ordinating Commissioner as soon as is reasonably practical.

Patient/Carer Information and Involvement

The three hospitals will work together to ensure a consistent approach to information sharing and involvement.

In keeping with the recovery model, individuals will be encouraged to take as much responsibility as possible for their own wellbeing and progress. As far as possible services will encourage individuals to be involved in all decisions about themselves. This includes being an equal member and fully involved with multidisciplinary meetings, care programme approach review meetings, and other meetings relating to their care and treatment.

Secure services will have in place an involvement strategy and system to support individuals to be involved in their care, treatment and pathway plans, and decision making at all levels of the organisation. This includes representation in governance structures, policy making and service development. Services will have an involvement action plan to ensure implementation and development of the strategy.

All information about the service, treatment and care plans will be in a format that individuals can access and understand taking in to account individual communication

needs. Plain language will be used in documentation.

An Independent Mental Health Advocacy (IMHA) service will be provided to ensure individual rights are safeguarded. Advocacy services will work towards the self-advocacy model and will support individuals as necessary and specifically in relation to CPA meetings and transition planning.

'The abandoned illness': A report by the Schizophrenia Commission recommends that practitioners discuss medication options fully with service users, providing quality information so that informed decisions can be made, and hospital pharmacists provide second options where necessary. It recommends that all mental health providers ensure that people with schizophrenia and psychosis are aware of their right to request a review of their medication including, where appropriate, access to a specialist pharmacist, and are encouraged to exercise it in practice.

Carer Engagement and Involvement

Secure services will have in place a carer engagement and involvement strategy and system to support carers to be involved in the care, treatment and recovery pathway plans subject to agreement with the individual concerned. The strategy will define how the needs of carers will be addressed and supported.

A key objective of the strategy is to ensure that the maintenance of healthy carer and family relationships is a priority and recognized as a key outcome area.

The Principles outlined within the document 'Triangle of Care' (National Mental Health Development Unit (NMHDU)) will be adopted and implemented, which will ensure:
• The identification and support of carers
• That staff are carer aware
• Policies and practice protocols for the sharing of information with carers are in place
• Individuals are identified who take responsibility for carer policies
• Information is readily available for carers including care pathway information and signposting to further information resources
• A range of carer support services is available

2.3 Population covered

Service User Groups covered including exclusion criteria

This service specification relates to all high secure services provided for men and women with mental illness, personality disorder and learning disabilities.

The service will be accessible to men and women over the age of eighteen, except in very unusual circumstances when a clinical and/or risk determination is agreed for a young person to be admitted in the interests of the individual through the agreed

collaborative Child and Adolescent Mental Health Services (CAMHS) framework.

Individuals whose level of risk is deemed manageable in conditions of medium security or within a prison should not be admitted into the high secure service.

High Secure Mental Illness Services

The service will provide a high secure service for men, including men who are deaf. All admissions of men with mental illness must be in accordance with the catchment areas. There will be a small number of individuals in an 'out of catchment' area hospital owing to their specific individual clinical needs, legal reasons, security reasons, national requirements or for reasons related to the safety of other individuals. A repatriation exercise was completed in January 2011 hence any admission or transfer between hospitals will need to be agreed by the NHSE on an exceptional basis.

High Secure Services for People who are Deaf

Nottinghamshire Healthcare NHS Trust (Rampton Hospital) offers a service to individuals who require high secure care and who are also D/deaf. The service for men has national designation as the National High Secure Deaf Service. However, it is expected that active clinical support will be offered to the High Secure Women's Service for any women who are D/deaf. It provides comprehensive multi-disciplinary team assessment, treatment and rehabilitation for up to 10 deaf male individuals, irrespective of their diagnoses or treatment pathways. There are 5 specialist deaf staff working within the unit with the deaf and all therapies are undertaken in British Sign Language (modified as appropriate). The service is offered to all male deaf offenders throughout England and Wales who require hospital care under conditions of high security, as well as providing an in-reach service to deaf men placed at HMP Moorlands and active clinical support to the High Secure Service for Women.

High Secure Services for Personality Disorder

The service will provide a high secure service for men. All admissions of men who are assessed as having personality disorder and requiring treatment in condition of high security must be in accordance with the catchment areas. There will be a small number of individuals in an 'out of catchment' area hospital owing to their specific individual clinical needs, legal reasons, national requirements or for reasons related to the safety of others. A repatriation exercise was completed in January 2011 hence any admission or transfer between hospitals will need to be agreed by the NHSE on an exceptional basis.

High Secure Services for Learning Disability

Nottinghamshire Health Care NHS Trust (Rampton Hospital) provides a national service for men with learning disability from England and Wales.

High Secure Services for Women

Nottinghamshire Health Care NHS Trust (Rampton Hospital) provides a national service for women who require treatment in conditions of high security from England and Wales (and with Commissioner approval, referrals from Scotland and Northern Ireland).

Enhanced Personality Disorder Services (ESPD)

Nottinghamshire Health Care NHS Trust (Rampton Hospital), as part of the transitional arrangement associated with the new Offender Personality Disorder pathway, continues to provide a service for men who require an enhanced care service within conditions of high security.

2.4 Any acceptance and exclusion criteria

Acceptance Criteria:

Suffering from a mental disorder (including mental illness, neuro-developmental disorder, learning disability and personality disorder) as defined within the Mental Health Act 1983 (as amended by the Mental Health Act 2007), which is a nature and/or degree warranting detention in hospital for medical treatment and appropriate treatment is available.

Detained under the Mental Health Act 1983 (as amended by the Mental Health Act 2007).

Individuals will predominantly present a risk of harm to others and to manage this risk requires in-patient care, specialist risk management procedures and specialist treatment interventions.

Those suitable for transfer from prisons will generally be charged with, or have been convicted of, a specified violent or sexual offence as defined in Schedule 15 of the Criminal Justice Act 2003 or another serious offence, such as arson.

Individuals may also, on occasion, be accepted without criminal charges pending, where there is clear evidence of a danger to others in the context of mental disorder. In such cases, there will generally be a pattern of assaults and escalating threats, which may, in the light of an assessment constitute grounds for admission.

Individuals with a mental disorder directed to conditions of security by the Ministry of Justice.

Exclusion criteria:

Individuals who do not present a 'grave danger' to the general public should not be admitted to High Security and will be referred to medium or low secure services.

Individuals will not be admitted to high security if the predominant risk is of self-harm and who do not present a significant risk of harm to others. An exception to this might be for individuals serving long prison sentences for non-violent or non-sexual offences who, because of the risk of escape or as a result of Ministry of Justice direction, cannot be transferred to a non- secure environment.

Individuals who are severely learning disabled (non-verbal) who present with dangerous behaviours who in the majority of cases require bespoke packages of care in non-high secure settings.

2.5 Interdependencies with other services

The high secure services will work in partnership with:

- NHS England (NHSE)
- Appropriate NHS/Independent/Third Sector providers (inc: adolescent)
- Advocacy Services including Independent Advocacy as appropriate.
- Carer Support Services
- Department of Health
- Ministry of Justice
- Police
- Probation services
- Her Majesty's Prison Service (HMPS) and Prisons in respect of the annual audit of compliance with the Safety and Security Directions
- Social Care Agencies
- Care Quality commission
- Appropriate Regulators
- Clinical Commissioning Groups
- Multi Agency Public Protection Arrangements (MAPPA)
- Courts
- Primary and secondary care providers

The service is expected to have protocols in place to enable it to share clinical information with other agencies when appropriate which are underpinned by Caldicott principles and information governance structures.

The high secure services will establish close working relationships with other services which form part of the individual's care pathway.

In support of the care pathways the service will provide advice to referrers and recipients on the management of individuals as appropriate and required to ensure a safe and without incident transfer of the individual, reflecting a whole system approach to effective secure care pathways.

Appropriate accommodation will be made available by the high secure hospital for the provision of advocacy services. This will be underpinned by a robust protocol of

engagement agreed between the high secure hospital and the advocacy service.

Training, Education and Research/Development activity programmes will reflect service priorities and clinical needs in ways in which the outcomes are targeted and used to influence and benefit care and social outcomes for individuals and service development. The service will ensure that staff are able to participate in these activities, without affecting care and treatment or business continuity.

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

Applicable national standards

All high secure services will comply with the Safety and Security Directions and Child Visiting Directions for high secure services; operate within the terms and conditions of the high secure licence granted by the Secretary of State and support the NHSE in complying with the Commissioning Directions. The three high secure hospitals will provide services in line with an agreed capacity requirement. All practices related to matters of security will adhere to the Clinical Security Framework. The three hospitals will support national fora for oversight and clinical and security matters. The National Institute for Mental Health in England (NIMHE) 'Protocol for work between High Secure Hospital Social Care Services and Local Authority Social Services Departments (2003)' sets out the protocol for work between the high secure hospitals and the Local Authority Services.

The high secure services will be subject to reviews by the Care Quality Commission (CQC) or its successor body and will be required to address any recommendations made arising from their inspection visits.

All secure providers will ensure that issues in relation to an individual's culture are considered and addressed within their policies, procedures and staff competencies.

For individuals with a learning disability guidance in relation to Health Action Plans and Person Centred Planning will be used.

NICE Guidance for treatment of schizophrenia, bipolar affective disorder, emotionally unstable personality disorder and any other as applicable.

4. Key Service Outcomes

The three high secure hospitals will work together to ensure the services provide a consistent approach for assessment and treatment during the inpatient phase of an individual's pathway. This will be achieved by delivering high-quality, individualised, pathway-based, care packages. The aim will be to help individuals back into society, whilst keeping the risk of harm to others minimal. Least restriction principles should be applied at all points.

Services will be tested against measurable, service-wide, outcomes. These will include high levels of patient and carer satisfaction, and minimized levels of adverse incidents and complaints.

Services will be expected to report separately to organisations concerned with the quality and safety of services, including the Quality Network of the College Centre for Quality Improvement and the Care Quality Commission.

My Shared Pathway (MSP) - This recovery and outcomes based approach to the planning and delivery of care around 8 identified outcome areas for secure services has been introduced across medium and low secure services during 2012/13. The 8 outcome areas have been drawn from a number of existing assessment tools and developed through a national programme of focus groups and pilot projects. MSP is not a recovery tool. It supports existing recovery tools and other resources aimed at supporting individuals to engage in a recovery based approach.

The MSP is a developing programme and further refinement of the outcome areas and development of outcome measures will be taken forward as a quality development, including the convergence of approaches across high secure services.

The high secure hospitals will use an adapted version of the 'My Outcomes, Plans and Progress' to evaluate progress. Outcomes will include but not be limited to the following:

- **My Mental Health Recovery**
  The management of self-care, how much understanding an individual has about managing their mental health difficulties, how well they cope with stress and how they manage their relationship with their clinical team
- **Stopping my Problem Behaviours**
  Individual problem behaviours, what treatment they have had to reduce their risky behaviour and how they will manage these risks in the future.
- **Getting Insight**
  An individual's understanding of their mental health, behaviour and the link between these and the reasons they are in hospital. This includes how much understanding they have about all the difficulties they have experienced and how much help they think they need to deal with these difficulties.
- **Recovery from Drug and Alcohol Problems**
  Any drug and alcohol problems an individual may have had and what treatment they have had for these. It should also look at the plans that have been made

for the future to help prevent these problems from happening again.

- **Making Feasible Plans**
  Plans an individual has made for the future in terms of their health, where they will live and what support they will need. Also focuses on want stresses they might face in the future.
- **Staying Healthy**
  An individual's physical health, how they will manage their health in the future and how to lead a healthy lifestyle, both in hospital and when they leave
- **My Life Skills**
  An individual's activities and interests as well as all the skills they will need to help them live the life they want to lead once they leave hospital.
- **My Relationships**
  An individual's relationships. These not only include family or friends, but also their relationships with other people around them in hospital. Looking at how they get on with their clinical team and thinking about the relationships they will have with people who'll support them once they leave hospital

Services will use the standardised statements and scale within the 'Outcomes, Plans and Progress' document or equivalent collaboratively with individuals to gain an understanding of where the individual and clinician feel they are within each of the above outcome areas. This will lead to a collaborative outcomes plan with milestones which will support further achievement in each outcome area. This plan will then be reviewed and monitored through multidisciplinary team (MDT) meetings and CPAs. Ideally the outcomes will be incorporated into the CPA documentation ensuring an outcome focus is embedded within the service.

Services will also need to evidence awareness and use of recovery focussed tools and approaches in ensuring that individuals are as fully involved as possible in the understanding and rating of each outcome area and collaborative plan.

It is unlikely that an individual will need to have reached the end of their journey in any one area before being ready to move on. The key outcomes that will determine whether an individual is likely to be ready to move to a less secure environment are those that relate to risk of harm to others. All domains are, however, likely to be important to an extent for most individuals.

All outcomes for the service should be recovery focused, patient centred and risk aware. These should focus on supporting the transition of the individual to their next step on the pathway. They should support individuals in taking responsibility for their recovery and how they engage in this. As a result of this there should be improvement in the individual's quality of life and prevention of readmission to hospital. One outcome should be the reduction in re offending due to mental health issues. Support needs to be given to individuals in making feasible plans about how they will manage their day to day life back in the community that can be supported in their next step on the pathway. This needs to include discussion of their problem behaviours, identifying these and how they can be managed in the community including early indicators of relapse or risk factors.

Outcome measures which should be considered include:
- My mental health recovery
  - Readmission rates of community patients
  - Occupied bed days/length of stay for patients
  - Length of time from discharge to readmission
  - HoNOS Secure
  - Mental Health Minimum Data Set (MHMDS)
  - Mental Health Quality dashboard
- Stopping my problem behaviours
  - SUI trends and incidents
  - Care plans should identify risk and relapse early indicators and relapse prevention plan.
  - Care plans should identify offence paralleling behaviours
  - HCR 20
  - Structured Assessment of Protective Factors (SAPROF)
  - Short Term Assessment of Risk and Treatability (START)
- Getting insight
  - Advance directives
  - Agreed care plan
  - Individual engagement with CPA review process
  - Use of recovery tool
- Recovery from drugs and alcohol problems
  - % of patients with dual diagnosis
  - % of appropriate care plans addressing substance misuse
- Making feasible plans
  - Service user satisfaction survey responses
  - Carer satisfaction survey responses
  - Complaints
  - Attendance of Responsible Clinician and care co-ordinators to CPA meetings
- Staying healthy
  - Registration with GP
  - % of appropriate patients with clozapine blood monitoring
  - Physical health outcomes
- My Life skills
  - % of individuals with regular meaningful activity for 25hrs per week
- My relationships
  - Identified carers
  - Carer assessments undertaken
  - Ward climate scale (e.g. Essen Climate Evaluation Schema)

5. Location of Provider Premises

5.1 The Provider's Premises are located at:

Mersey Care NHS Trust – Ashworth Hospital, Parkbourn, Maghull, Liverpool L31 1HW

- Male Mental Illness Services
- Male Personality Disorder Services

Serving:-
- The North West
- The West Midlands
- Wales

Nottinghamshire Health Care NHS Trust – Rampton Hospital, Retford, Nottinghamshire, DN22 OPD

- Male Mental Illness Services
- Male Personality Disorder Services

Serving:-
- The East Midlands
- The East of England
- The North East
- Women's Services
- Services for Men who are culturally Deaf (D) and audiologically Deaf (deaf)
- Enhanced Personality Disorder Services (ESPD) – an element of the
- DH/NOMS Offender Personality Disorder Programme
- Learning Disability Services for men

Serving:-
- England
- Wales

West London Mental Health NHS Trust – Broadmoor Hospital, Crowthorne, Berkshire, RG45 7EG

- Male Mental Illness Services
- Male Personality Disorder Services

Serving:-
- London
- The South West
- The South East Coast
- South Central

NHS England C02/S/a

Change Notice for Published Specifications and Products

developed by Clinical Reference Groups

Amendment **to the Published Products**

Product Name	HIGH SECURE MENTAL HEALTH SERVICE SPECIFICATION

Ref No	**CO2/S/a**

Programme of Care Lead	**NICK BROUGHTON/LOUISE DAVIES**

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
That High Secure Hospital Services were equivalent to Cat A Prison	Revised to indicate equivalent to Cat B Prison	Page 1 (last paragraph) and Page 2 (first paragraph)	Factually inaccurate	John Wallace	25/11/2013
Numbers of beds in high, medium and low security.	Changed to current numbers	Page 2 Prevalence	Factually inaccurate	John Wallace	25/11/2013
"PBR"	Pricing and currency	Page 15	Update terminology	John Wallace	25/11/2013

See paragraphs 3 and 4	Established process in place	Page 19, paragraphs 3 & 4	Clarity / factual accuracy	John Wallace	25/11/2013